

**Shasta County Department of Resource Management
Environmental Health Division**

1855 Placer Street, Suite 201, Redding, CA 96001, Telephone (530) 225-5787, Fax (530) 225-5413
www.ehd.co.shasta.ca.us

APPLICATION FOR DOMESTIC WATER SUPPLY PERMIT

Applicant: _____
(Enter the name of legal owner, person(s) or organization)

Address: _____

System Name: _____

System Number: _____

To: Shasta County Department of Resource Management, Environmental Health Division
1855 Placer Street, Suite 201
Redding, CA 96001

Pursuant and subject to the requirements of the California Health and Safety Code, Division 104, Part 12, Chapter 4 (California Safe Drinking Water Act), Article 7, Section 116527 and/or 116525, relating to domestic water supply permits, application is hereby made for a domestic water supply permit to operate.

(Applicant should state the type of system, e.g., community, transient-noncommunity, or nontransient-noncommunity, and the proposed area of services.)

FOR OFFICIAL USE
Date Received:

I (We) declare under penalty of perjury that the statements on this application and on the accompanying attachments are correct to my (our) knowledge and that I (we) are acting under authority and direction of the responsible legal entity under whose name this application is made.

Signed By: _____

Title: _____

Address: _____

Telephone: _____

Dated: _____

DDW 06/2019