

COUNTY OF SANTA CRUZ
APPLICATION
FOR
DOMESTIC WATER SUPPLY PERMIT

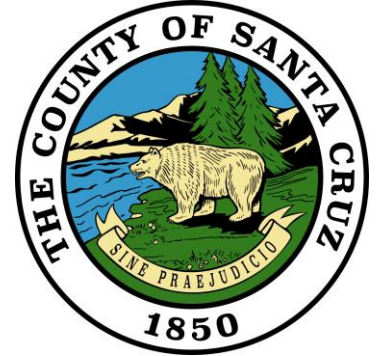
FROM:

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

Address: _____

System Name: _____

System Number: To be assigned upon approval



TO: County of Santa Cruz
Health Services Agency
Environmental Health Division
DrinkingWater@SantaCruzCountyCA.gov
701 Ocean St, Rm. 312
Santa Cruz, CA 95060

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

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: _____

01/2024