



**COUNTY OF NEVADA
COMMUNITY DEVELOPMENT AGENCY
ENVIRONMENTAL HEALTH DEPARTMENT**

950 MAIDU AVENUE, SUITE 170, PO BOX 599002, NEVADA CITY, CA 95959-8617
(530) 265-1222 FAX (530) 470-2939 www.mynevadacounty.com

State Small Water System Permit Application

Water System Name: _____

Legal Owner(s): _____

Owner(s) address: _____

TO: **NEVADA COUNTY ENVIRONMENTAL HEALTH
950 MAIDU AVENUE, SUITE 170, PO BOX 599002, NEVADA CITY CA 95959**

Pursuant and subject to the requirements of Section 1167275, 116340, Water and Water systems of the California Health and Safety Code (CHSC) and section 64211 of the California Code of Regulations, Title 22 relating to domestic water supplies, application is hereby made for a permit to:

(Applicant must state specifically what is being applied for - whether to operate a water system, to construct new works, to use existing works, to make alterations or additions in works or sources. Note California Code of Regulations, Title 22, Section 64211, regarding information to be submitted with application. Additional sheets may be attached if necessary.)

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) am (are) acting under authority and direction of the responsible legal entity under whose name this application is made.

By: _____

Title: _____

Address: _____

Telephone: _____

Dated: _____