

# ENVIRONMENTAL HEALTH DEPARTMENT

## LAND USE AGENCY



810 COURT STREET JACKSON, CA 95642-2132 PHONE (209) 223-6439 FAX (209) 223-6228

### WATER SYSTEM INFORMATION SHEET

*Please Complete the Form and Return with the Annual Permit Fee*

**OWNER/OPERATOR:** \_\_\_\_\_

Mailing Address: \_\_\_\_\_ Telephone: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**FACILITY:** \_\_\_\_\_

Site Address: \_\_\_\_\_ Assessor's Parcel No: \_\_\_\_\_

City: \_\_\_\_\_ Site Telephone: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Nature of Business: \_\_\_\_\_

**EMERGENCY NOTIFICATION:**

	Name	Day Phone	Night Phone
Contact #1			
Contact #2			

**DESCRIPTION:**

Owner/Manager/Operator \_\_\_\_\_

No. of Service Connections (i.e. Residences/campsites with water/barns/mobile homes, etc.) \_\_\_\_\_

No of days in a year that facility will be operated: \_\_\_\_\_

Population Served on a daily basis: \_\_\_\_\_ (Maximum No.) \_\_\_\_\_ (Minimum No.)

Number of days in a year that there are at least 25 persons on site: \_\_\_\_\_

Water Source (well, spring, lake) \_\_\_\_\_

Treatment Type(s) if any \_\_\_\_\_

As the owner or officially designated representative, I attest under penalty of perjury, that the information contained above is complete, accurate, and up to date.

\_\_\_\_\_  
Owner/Operator's Signature

\_\_\_\_\_  
Date