

ENVIRONMENTAL HEALTH DEPARTMENT

COMMUNITY DEVELOPMENT 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: _____

Number of days in a year that there are the SAME 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