

COUNTY OF YOLO

Department of Community Service
Environmental Health Division



292 W. Beamer Street, Woodland CA 95695
Phone: (530) 666-8646 Fax: (530) 669-1448

FOR OFFICE USE ONLY

DATE RECEIVED: _____ RECEIVED BY: _____
FEES PAID: _____ STAFF ASSIGNED: _____
RECEIPT #: _____ CHECK # or CC: _____
FACILITY ID: _____ SERVICE REQUEST #: _____

Request for Service: Public Water System

- Change of Ownership (4645):** *An existing Public Water System (PWS) applying for an amendment to a domestic water supply permit due to a change of ownership or reactivation of the PWS. A permit amendment will be issued.*
- Permit Amendment (4646):** *An existing PWS applying for an amendment to a domestic water supply permit due to an addition or modification of the source of supply, or addition or change in the method of treatment, or change in classification.*
- Variance, Exemption and Waiver (4601):** *An existing PWS applying for variance, exemption or waiver to the requirements per Yolo County code and California Health and Safety code.*
- System Plan Review (4603):** *A new PWS applying for a domestic water supply permit for which no domestic water supply permit has been previously issued.*
- Water System Evaluation (4610):** *An existing PWS requesting assistance in file review and/or site visit for compliance.*
- Miscellaneous Consultation (Hourly Fee) (PE4604)**
- Enforcement Action Fee (Hourly Fee) (PE4602)**
- Other:** _____

Public Water System Name:		
Primary Contact Name:	Title:	
Phone Number:	Email:	
Mailing Address:	City:	Zip Code:

Person Requesting Service <i>(If different than above):</i>		Title:
Phone Number:	Email:	
Mailing Address:	City:	Zip Code:
Billing address <i>(If different than above):</i>	City:	Zip Code:

By signing this agreement, I am responsible to ensure the required fee is paid, and I have the authority from the responsible party to request these services. I hereby certify that the information in this document is true and correct to the best of my knowledge.

Signature: _____ Date: _____