



County of Yolo

DEPARTMENT OF COMMUNITY SERVICES

Environmental Health Division

292 W. Beamer Street, Woodland, CA 95695
Phone (530) 666-8646 | Ehealth@yolocounty.gov

APPLICATION FOR DOMESTIC WATER SUPPLY PERMIT

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

Address: _____

System Name: _____

System Number: _____

To: Yolo County Department of Community Services
Environmental Health Division
292 West Beamer Street
Woodland, CA 95695

Email: Environmental.Health@yolocounty.gov
Phone: 530-666-8646

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:

- System Type: Community Transient-noncommunity Nontransient-noncommunity
- With Treatment: No Yes If yes, type of treatment: _____
- Proposed Areas of Serving (e.g., school, restaurant, church): _____

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: _____
Phone: _____
Email: _____

FOR OFFICIAL USE

Date Received: