



Sonoma County Department of Health Services - Environmental Health Division  
3273 Airway Drive, Suite D ♦ Santa Rosa, CA 95403  
Phone (707) 565-6565 ♦ Fax (707) 565-6525 ♦ www.sonoma-county.org

## Application for Water Supply Permit

Date: \_\_\_\_\_

To: County of Sonoma Department of Health Services, Environmental Health Division

From: \_\_\_\_\_  
(Name of water system/company)

Pursuant and subject to all of the terms, conditions, and provisions of Division 5, Part 1, Chapter 7, Section 4010.8 of the California Health and Safety Code and all amendments thereto relating to domestic water supplies, application is hereby made to County of Sonoma Department of Health Services, Environmental Health Division, for a water supply permit.

Indicate item(s) for subject application:

- Continue to use existing water system
- Construct or expand existing water system and/or water sources
- Add treatment and/or make improvements to existing treatment facilities
- Amend existing permit to reflect changes to water system

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signature

Print Name

1) \_\_\_\_\_

2) \_\_\_\_\_

3) \_\_\_\_\_

Water System Mailing Address \_\_\_\_\_

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

**Note:** If a corporation makes application, it must be signed in the name of the corporation by its duly accredited officer. If this application is made by a partnership, all members must sign.