

MONTEREY COUNTY HEALTH DEPARTMENT  
ENVIRONMENTAL HEALTH BUREAU  
DRINKING WATER PROTECTION SERVICES



APPLICATION FOR AN **AMENDED**  
SMALL WATER SYSTEM PERMIT (2-14 CONNECTIONS)

Return Application to: Monterey County Health Department  
Drinking Water Protection Services  
1270 Natividad Road  
Salinas, CA 93906

Name of System: \_\_\_\_\_ Date: \_\_\_\_\_

1a. Legal Owner of System \_\_\_\_\_ Phone No. ( ) - \_\_\_\_\_  
(Individual or Association)

1b. System contact \_\_\_\_\_ Phone No. ( ) - \_\_\_\_\_

2. Mailing Address \_\_\_\_\_  
Street/P.O. Box

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

3. Describe Reason for permit amendment (i.e., new well, change number of connections, change name, modify infrastructure): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

4. Include all applicable documents (i.e., well log, site map, treatment plan, etc.)

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.

Applicant's Name (print): \_\_\_\_\_

Applicant's Signature: \_\_\_\_\_

Title: \_\_\_\_\_

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

Telephone: \_\_\_\_\_

Email: \_\_\_\_\_