**MONTEREY COUNTY**

APPLICATION

FOR  
DOMESTIC PUBLIC WATER SUPPLY PERMIT FOR

CHANGE IN OWNERSHIP

FROM:

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Applicant:

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

Address:

System Name:

System Number:

TO: **MONTEREY COUNTY HEALTH DEPARTMENT**

**ENVIRONMENTAL HEALTH BUREAU**

**1270 NATIVIDAD ROAD**

**SALINAS, CA 93906**

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 new water supply permit due to **change in ownership** and for:

(If applicable, applicant must state any proposed changes to sources,

treatment, service area, system classification, or other changes that require a permit amendment per CSDWA, Section 116550

*Application requirements include all supporting documents, including TMF assessment – Forms/templates available at* [*www.mtyhd.org/PWS*](http://www.mtyhd.org/PWS)

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.

FOR OFFICIAL USE

Date Received:

Signed By:

Name/Title:

Address:

Telephone:

Email:

Dated: