

**Shasta County Department of Resource Management
Environmental Health Division**

1855 Placer Street, Suite 201, Redding, CA 96001, Telephone (530) 225-5787, Fax (530) 225-5413
www.ehd.co.shasta.ca.us

**APPLICATION FOR DOMESTIC WATER SUPPLY
PERMIT AMENDMENT**

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

Address: _____

System Name: _____

System Number: _____

To: Shasta County Department of Resource Management, Environmental Health Division
1855 Placer Street, Suite 201
Redding, CA 96001

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 116525 and 116550 relating to changes requiring an amended permit, application is hereby made to amend an existing water supply permit. Applicant must state specifically what is being applied for whether to construct new works, make alterations or additions in works or sources, or change or modify treatment.

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change or modify treatment.)

FOR OFFICIAL USE
Date Received:

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: _____

Telephone: _____

Dated: _____