



Community and Economic Development
Environmental Health Division

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Deputy Director

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APPLICATION FOR NEW WATER SYSTEM PERMIT

OWNER INFORMATION

Owner Name: _____

Owner DBA: _____

Owner Address: _____ City: _____ State: _____ Zip: _____

Mailing Address: _____ City: _____ State: _____ Zip: _____

Care of: _____ E-Mail Address: _____

Business Phone: () _____ Home Phone: () _____ Mobile Phone: () _____

FACILITY INFORMATION

APN: _____

Physical Address: _____ City: _____ State: _____

Zip: _____

Mailing Address: _____ City: _____ State: _____

Zip: _____

Care of: _____

Business Phone: () _____ Home Phone: () _____ Mobile Phone: () _____

_____ Manager/Operator: _____ E-Mail Address: _____

WATER SYSTEM INFORMATION

Water System Name: _____ Water System LPA#: _____

Number of Connections: _____ Number of People Served: _____ Season Begin: _____ Season End: _____

Name of Water System Operator (if applicable): _____

License Type (Circle all that Apply): Treatment 1 2 3 4 5 and/or Distribution 1 2 3 4 5

License Number(s): Treatment _____ Distribution _____

EMERGENCY CONTACT INFORMATION

Contact # 1

Name: _____ E-Mail Address _____

Day Phone: () _____ Night Phone: () _____

Contact # 2

Name: _____ E-Mail Address _____

Day Phone: () _____ Night Phone: () _____

Will there be a change of operation? Yes / No

If yes, describe new operation: _____

Will any equipment be upgraded or added (e.g.- storage tank, well, distribution lines)? Y/N _____
If yes, submit a list of the additional or upgraded equipment(s) and provide a set of plans.

MAIL INVOICES TO: OWNER _____ FACILITY _____ ACCOUNTING DEPT _____
CARE OF _____

MAIL CORRESPONDENCE TO: OWNER _____ FACILITY _____ ACCOUNTING DEPT _____
CARE OF _____

BILLING AND COMPLIANCE ACKNOWLEDGEMENT: I, the undersigned owner, operator or agent, acknowledge that all site specific Environmental Health Department hourly charges and annual health permit fees associated with this facility or activity will be billed to the party identified as the **RESPONSIBLE PARTY FOR BILLING** on this form. I also certify that all operations will be performed in accordance with all applicable Madera County Ordinance Code and/or Standards and State and/or Federal Laws.

APPLICANTS' SIGNATURE: _____ DATE: _____