

Sierra County Human Services  
Environmental Health  
P.O. Box 7  
Loyalton, CA 96118  
Phone: (530) 993-6716  
Fax: (530) 993-6790  
[envhealth@sierracounty.ca.gov](mailto:envhealth@sierracounty.ca.gov)



Vickie Clark, Director  
Sierra County Human Services

Celia Sutton-Pado, MD  
Health Officer

**APPLICATION FOR DOMESTIC WATER SUPPLY PERMIT**

Water System Name: \_\_\_\_\_

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

City / Town \_\_\_\_\_ Zip: \_\_\_\_\_

Contact Person (Primary): \_\_\_\_\_

Mailing address \_\_\_\_\_

Phone Numbers: 1. \_\_\_\_\_ E-Mail: \_\_\_\_\_  
2. \_\_\_\_\_

Contact Person (Secondary): \_\_\_\_\_

Mailing address \_\_\_\_\_

Phone Numbers: 1. \_\_\_\_\_ E-Mail: \_\_\_\_\_  
2. \_\_\_\_\_

Water System Owner: \_\_\_\_\_

Ownership Type  Individual  Mutual  Corporation  Public  Other: \_\_\_\_\_

Owner's Mailing Address: \_\_\_\_\_

Billing Address (if different): \_\_\_\_\_

Pursuant and subject to the requirements of the Title 22 California Code of Regulations (CCR), Article 3, Section 64211-64217 relating to State Small Water System and California Health & Safety Code, Section 116340, application is here-by made for; Check all that apply.

State Small Water System Permit  Amendment  Change of Ownership  Other \_\_\_\_\_

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.

By: \_\_\_\_\_  
Title: \_\_\_\_\_  
Address: \_\_\_\_\_  
Telephone: \_\_\_\_\_

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

**RETURN APPLICATION TO:**  
**Sierra County Environmental Health**  
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(530) 993-6716

*For Office Use Only* Water System ID Number \_\_\_\_\_ Date Received: \_\_\_\_\_

