

**PUBLIC SMALL WATER SYSTEM
REPAIR/MODIFICATION PERMIT**

SMALL WATER SYSTEMS PROGRAM
CALL FOR INSPECTIONS
(916) 875-8400

ENVIRONMENTAL MANAGEMENT DEPARTMENT
11080 White Rock Rd., Ste. 200
Rancho Cordova, CA 95670

**Note: THIS PERMIT IS INTENDED FOR WORK ON THE WATER SYSTEM OTHER THAN WORK INVOLVING THE WELL.
A WELL PERMIT MUST BE OBTAIN FOR ANY WORK ON THE WELL AND/OR WELL PUMP.**

FOR OFFICE USE ONLY

<input type="checkbox"/> DISAPPROVED	Date Received: _____	
<input type="checkbox"/> APPROVED WITH CONDITIONS (See comments)	Date Issued: _____	SR Number: _____
	Total Fee: _____	Receipt Number: _____
By: _____	Date: _____	
Final Inspection By: _____	Date: _____	
Comments: _____		

INSPECTING DIVISION: SMALL WATER SYSTEMS PROGRAM

WATER SYSTEM NAME: _____ WA No. _____
SITE ADDRESS: _____ City: _____ Zip: _____
Nearest Major Cross Street: _____
Property Owner: _____ Phone Number: _____
Contractor: _____ License Number: _____ Type: _____
Contractor Address: _____ Expiration Date: _____
City: _____ Zip: _____ Phone: _____

DESCRIBE WORK TO BE PERFORMED:

It shall be the responsibility of the applicant to maintain a copy of this permit at the worksite during all stages of permitted activities.

INTENDED USE: PUBLIC WATER SYSTEM

I will comply with all Codes, Rules and Regulations of the State of California and County of Sacramento pertaining to or regulating Small Water System repairs and notify the department within five days of the completion of my work so a final inspection can be performed.

Signature: _____	<input type="checkbox"/> Property Owner	<input type="checkbox"/> Contractor
Print Name: _____	<input type="checkbox"/> Agent for Property Owner	<input type="checkbox"/> Agent for Contractor
Company Name: _____	Phone: _____	
Mailing Address: _____		
City, State, Zip: _____		
<input type="checkbox"/> Our Copy	<input type="checkbox"/> Customer Copy	