

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

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

ENVIRONMENTAL MANAGEMENT DEPARTMENT
10590 Armstrong Avenue, Suite A
Mather, CA 95655

**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

DISAPPROVED
 APPROVED WITH CONDITIONS (See comments)

Date Received: _____
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: _____ Property Owner Contractor
Print Name: _____ Agent for Property Owner Agent for Contractor
Company Name: _____ Phone: _____
Mailing Address: _____
City, State, Zip: _____
 Our Copy Customer copy