

**REQUEST A WATER SUPPLY PERMIT AMENDMENT APPLICATION**

Water System Name: \_\_\_\_\_ System No.: \_\_\_\_\_

Site Address:

Water System Owner (Property Owner):

Address:

Phone No.: \_\_\_\_\_ Email: \_\_\_\_\_

Person Completing This Form:

Title:

Address:

Phone No.: \_\_\_\_\_ Email: \_\_\_\_\_

What is the general purpose for your permit application request? Check all that apply:

Change of ownership \_\_\_\_\_ Addition of storage tank >100,000 gallons \_\_\_\_\_

Change in source of supply: \_\_\_\_\_ Distribution system increase by >20% \_\_\_\_\_

Add (Submit State of California Well Completion Report(s), if applicable) \_\_\_\_\_ Change in treatment (describe below):  
Add \_\_\_\_\_

Remove \_\_\_\_\_ Remove \_\_\_\_\_

Status change \_\_\_\_\_ Other change \_\_\_\_\_

Are CEQA or NEPA documents required? Yes No Unknown

Are CEQA or NEPA documents available? Yes No

Attach CEQA documentation. Include if applicable:

- Notice of Exemption (NOE)
- Notice of Determination (NOD)
- If project is non-exempt provide the final conditions of either the Negative Declaration (ND), Mitigated Negative Declaration (MND), or Environmental Impact Report (EIR)

If proposing new water system facilities, please describe the *reason* for such facilities:

Please describe the *proposed* water system facilities (source[s], treatment [including purpose], storage, service area):

Will the *proposed* changes to the water system components and/or infrastructure require changes to the existing building footprint(s) or increased capacity? Yes No If yes, please describe:  
(e.g. construction of a new treatment shed, expansion of service area to newly constructed facilities):

Will the proposed changes to the water system components and/or infrastructure require any ground disturbing actions? Yes No If yes, please describe:

Will there be increased or new discharges from the proposed changes to the water system?  
Yes No If yes, please describe:  
(e.g. increased backwash discharge, new treatment with backwashing, disposal of brine)

Consolidation Potential: Is your system located within one (1) mile of a public water system?  
If yes, list the system name(s) and approximate distance?

Attach any County permitting documents (Use/Planning Permit application and Conditions of Approval)

Please describe the project timeline:

Construction start date:

Construction completion date:

Comments:

Change of Ownership System Contact Information: Please complete and attached Water System Contact Form 7-18.      Attached      Not Applicable

Section 116525 (a) of the California Health and Safety code: No person shall operate a public water system unless he or she first submits an application to the department and receives a permit as provided in this chapter. A change in ownership of a public water system shall require the submission of a new application.

Section 116550 (a) of the California Health and Safety code: No person operating a public water system shall modify, add to or change his or her source of supply or method of treatment of, or change his or her distribution system as authorized by a valid existing permit issued to him or her by the department unless the person first submits an application to the department and receives an amended permit as provided in this chapter authorizing the modification, addition, or change in his or her source of supply or method of treatment.

**For Division Use Only**

**Date Stamp Below**

For new well amended permit copy RWQCB staff when emailing checklist to applicant

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