

## Sanitary Survey Application

Drinking Water – Group A & B Water Systems

Submittal Date	Memo Number	Review Fee

WATER SYSTEM INFORMATION
<i>Name of Water System &amp; ID Number</i>
<i>Well Address (Inc. City)</i>
<i>Well Parcel Assessor's Account Number</i>

WATER SYSTEM MANAGER		
<i>First Name</i>	<i>Last Name</i>	<i>Contact Phone</i>
<i>Mailing Street Address</i>		
<i>Mail City</i>	<i>Mail State</i>	<i>Mail Zip/Postal</i>

### SERVICES REQUESTED - *Please see the Environmental Health Fee Schedule for current fees.*

**Select One:**

- Group A Water System Sanitary Survey
- Group B Water System Sanitary Survey

### CERTIFICATION AND ACKNOWLEDGMENT

*By signing this document, I certify that the above information is provided as true and accurate to the best of my knowledge.*

*Property Owner/ Agent name printed*

*Signature of Property Owner/ Agent*

*Date*