



County of San Diego

DEPARTMENT OF ENVIRONMENTAL HEALTH AND QUALITY

Small Water System Program

5500 Overland Ave. #170, San Diego, CA 92123

Phone: (858) 694-3113 | WaterSamples.DEH@sdcounty.ca.gov | www.sdcdehq.org

WATER PROVISION DECLARATION

Water System Name:	System Number:
Physical Address:	Facility Email:
Water System Owner:	Facility Phone:
Property Owner Name:	Property Owner Phone:
Property Owner Address:	Property Owner Email:

WATER PROVISION INFORMATION

1. Number of **houses, mobile homes, or other occupied buildings** served by the water well(s): _____
2. Total number of **residents, short-term rental tenants, and visitors** at the facility per month, if variable:

January		April		July		October	
February		May		August		November	
March		June		September		December	

3. Number of days that total number of **residents, tenants, and visitors** frequent the facility per month:

January		April		July		October	
February		May		August		November	
March		June		September		December	

4. Number of **year-long** residents: _____
5. Total number of **residents** at the facility per month, if variable:

January		April		July		October	
February		May		August		November	
March		June		September		December	

I declare under penalty of perjury that the statements on this application are correct to my knowledge. It is the owner's responsibility to notify this office if the water provision information of the facility changes.

Facility/Property Owner Signature:	Date:
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