



**ENVIRONMENTAL HEALTH BUREAU  
DEPARTMENT OF HEALTH**

1270 Natividad Road, Salinas, CA 93906 (831) 755-4507 (831) 796-8680 fax

**SEWAGE TREATMENT AND RECLAMATION  
FACILITY OPERATING PERMIT  
Contact Information Update**

**A. GENERAL INFORMATION**

**Facility:**

<b>Name:</b>		
<b>Address:</b>	<b>City:</b>	<b>Zip:</b>
<b>Contact Person:</b>	<b>Phone:</b> ( ) -	

**Legal Owner of Facility:**

<b>Name:</b>	<b>Phone:</b> ( ) -	<b>Type of Ownership:</b> <input type="checkbox"/> Individual <input type="checkbox"/> Corporation <input type="checkbox"/> Government Agency <input type="checkbox"/> Partnership <input type="checkbox"/> Other _____
<b>Address:</b>		
<b>City:</b>	<b>State:</b>	<b>Zip:</b>

**Business Operating Facility:**

<b>Name:</b>	<b>Phone:</b> ( ) -	<b>Type of Business:</b> <input type="checkbox"/> Individual <input type="checkbox"/> Corporation <input type="checkbox"/> Government Agency <input type="checkbox"/> Partnership <input type="checkbox"/> Other _____
<b>Address:</b>		
<b>City:</b>	<b>State:</b>	<b>Zip:</b>
<b>Plant Operator:</b>	<b>24-Hour Emergency Phone :</b> ( ) -	<b>Certificate #:</b>

**Billing Address:**

<b>To the Attention of:</b>		
<b>Address:</b>		
<b>City:</b>	<b>State:</b>	<b>Zip:</b>

**Potable Water Source serving Facility:**

<input type="checkbox"/> Private Well
<input type="checkbox"/> Private Water System <i>name:</i> _____
<input type="checkbox"/> Public Water System <i>name:</i> _____

**Regional Water Quality Control Board, Central Coast Region**

<b>Discharge Permit No:</b>
-----------------------------

**B. CERTIFICATION**

As owner or his authorized agent, I represent that the information herein submitted is correct to the best of my knowledge.

**1. Owner of Facility**

**Signature** \_\_\_\_\_

**Name (Print or Type)** \_\_\_\_\_

**Title** \_\_\_\_\_

**Date** \_\_\_\_\_

**2. Operator of Facility**

**Signature** \_\_\_\_\_

**Name (Print or Type)** \_\_\_\_\_

**Title** \_\_\_\_\_

**Date** \_\_\_\_\_

**For Office Use Only:**

Date	Received By	Date EC Update	FA#	PR#