Ventura County Environmental Health Division
800 S. Victoria Ave., Ventura CA 93009-1730
TELEPHONE: 805/654-2813 or FAX: 805/654-2480
Internet Web Site Address: *www.ventura.org/rma/envhealth*

WATER SUPPLY CERTIFICATE - FOR SUBDIVISIONS

(Will-Serve Letter)

PLEASE ALLOW A MINIMUM OF 2 FULL BUSINESS DAYS FOR PROCESSING

TO BE FILLED OUT BY APPLICANT

1. Project Number: _____
   TRACT MAP, PARCEL MAP, PARCEL MAP WAIVER
2. Total number of water supply connections: _____ + _____
   existing proposed
3. Assessor's Parcel Number: ___ ___ ___ - ___ - ___ ___ ___ - ___ ___ ___
4. Owner's/Applicant's Name: _____
5. Mailing Address: _____
   Street City Zip
6. Telephone: _____

TO BE FILLED OUT BY WATER PURVEYOR

Date: _____

The _____
Water Purveyor

has received a request to provide domestic water to the total number of connections identified above.

This letter is to certify that:

1. The water purveyor holds an unrevoked permit to operate a public water system issued by the State of California Department of Health Services or the Ventura County Environmental Health Division;
2. As of this date, the water system conforms with:
   a. State Primary Drinking Water Standards as described in the California Code of Regulations (CCR), Title 22, Section 64421 et seq or see attached explanation, AND
   b. CCR, Title 22, Section 64560; AND
3. a. The water purveyor has entered into a binding agreement with the property owner enforceable by the owner and the owner's successors in interest to the land, providing, on terms substantially the same as those given the water purveyor's customers generally, for the new connections described above.

   OR

   b. The proposed parcel(s) will be served through an existing connection provided by the purveyor.

By: _____ _____
DESIGNATED WATER PURVEYOR REPRESENTATIVE TITLE

FOR OFFICE USE ONLY

Received by: _____
Date Recd.: _____ Amt. Recd.: _____
Receipt No.: _____ Check No.: _____
SR #:_____ PE #: 2665
AR#:_____

Approved _____ Denied _____
Date: _____
EHD Specialist _____

DISTRIBUTION: 1. EHD **2.** RMA Planning **3.** Applicant