



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.vcrma.org/divisions/environmental-health

## WATER SUPPLY CERTIFICATE - FOR SUBDIVISIONS

**PLEASE ALLOW A MINIMUM OF 2 FULL BUSINESS DAYS FOR PROCESSING**

### TO BE FILLED OUT BY APPLICANT

- Project Number: \_\_\_\_\_  
TRACT MAP, PARCEL MAP, PARCEL MAP WAIVER
- Total number of water supply connections: \_\_\_\_\_ + \_\_\_\_\_  
existing proposed
- Assessor's Parcel Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_
- Owner's/Applicant's Name: \_\_\_\_\_
- Mailing Address: \_\_\_\_\_  
Street City Zip
- 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:

- The water purveyor holds an unrevoked permit to operate a public water system issued by the State of California Division of Drinking Water or the Ventura County Environmental Health Division;
- As of this date, the water system conforms with:
  - 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
  - CCR, Title 22, Section 64560; AND
- 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
  - 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 \_\_\_\_\_