

**PROPERTY INFORMATION FOR ADEQUATE SERVICE CERTIFICATION
(FORM A)**

APPLICANT COMPLETES THE FOLLOWING INFORMATION FOR SUBJECT PROPERTY:

Applicant Name: _____

Mailing Address: _____

Phone Number: _____ **Email:** _____

Proposed Use/Project: _____

Tentative Tract/Parcel Number: _____

Assessor's Parcel Number(s): _____

Property Address: _____

Community: _____

Property Legal:
Tract #: _____ Lot #: _____ Block #: _____

Adequate Service Certification

Private Water Service (Form W2)
(FOR EHS TO COMPLETE)

Applicant Name: _____ **APN(s):** _____

The County Department of Public Health, Division of Environmental Health Services (EHS) finds that:

The subject property has a water well approved for use by the proposed project.

Water system plans have been approved for use by the fire authority and EHS.

EHS has reviewed a ground water (hydrologic) report prepared for the subject property and signed by a Registered or Certified Engineering Geologist or Civil Engineer which indicates there is sufficient quantity and quality of the proposed use.

Other: _____

The proposed project may be subject to fulfill the requirements of Senate Bill 1263.

This commitment shall expire one (1) year from the following date:

Signature – EHS

DATE

Printed Name – EHS