



**COMMUNITY AND ECONOMIC
DEVELOPMENT DEPARTMENT**
Division of Environmental Health

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Director

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Equal Opportunity Employer

STATE SMALL WATER SYSTEM ANNUAL ASSESSMENT FORM

To ensure that the State Small Water System (SSWS) permit and health permit fee is still applicable to your water system, please fill out the assessment form below and submit the form to Adriel Ramirez with the Merced County Division of Environmental Health (MCDEH). See contact information below.

Applicant: _____
Name or Legal Owner, Person(s) or Organization

Water System Name: _____ **244** _____
System Number

Facility Information:

Facility Name		Facility Address (Street)
Assessor's Parcel Number (APN)	244 _____ SYSTEM NUMBER	Facility Address (City, State, Zip Code)

Property Owner Contact:

Property Owner Name		Mailing Address (Street or P.O. Box)
Phone Number	Email Address	Mailing Address (City, State, Zip Code)

State Small Water System means a system that serves piped, potable drinking water to the public for human consumption that serves at least five, but no more than 14, service connections and does not regularly serve drinking water to more than an average of 25 individuals daily for more than 60 days out of the year.

Population Served:

Population Number: _____

**To determine approximate residential population, multiple number of residential service connections by 2.8 (CCR, Title 22, 64412).*

Service Connections:

Number of Connections: _____

**A duplex is two connections.*

Please complete and submit the SSWS Assessment Form to Adriel Ramirez at MCDEH using the information below. For any questions, please contact Adriel Ramirez, Adriel.Ramirez@countyofmerced.com, Office: (209) 381-1096