

# MERCED COUNTY DIVISION OF ENVIRONMENTAL HEALTH

## 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 Ashlee Chan 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 _____<br>SYSTEM NUMBER | FACILITY ADDRESS (CITY, STATE, ZIPCODE) |

**Property Owner Contact:**

|                     |                |  |
|---------------------|----------------|--|
| PROPERTY OWNER NAME |                | MAILING ADDRESS (STREET OR P. O. BOX)  |
| PHONE NUMBER        | E-MAIL ADDRESS | MAILING ADDRESS (CITY, STATE, ZIPCODE) |

**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 Ashlee Chan at MCDEH using the information below. For any questions, please contact Ashlee Chan.

Ashlee Chan  
 260 E. 15th Street  
 Merced, CA 95341  
[Ashlee.Chan@countyofmerced.com](mailto:Ashlee.Chan@countyofmerced.com)  
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