



COUNTY OF SAN LUIS OBISPO HEALTH AGENCY
PUBLIC HEALTH DEPARTMENT

Michael Hill Health Agency Director

Penny Borenstein, MD, MPH Health Officer/Public Health Director

STATE SMALL PROOF OF NOTIFICATION

Name of Water System: _____ Water System No. _____

As required by the California Health and Safety Code, this acknowledges that I have notified the users that this water system is a State Small Water System and the regulatory requirements for the operation are less extensive than requirements for larger public water systems.

This notice is for period (year): _____

This notification was made using the following method(s):

- Verbal, to each customer/connection Date completed: _____
- Public Posting of Notice Date completed: _____
- Mail or Hand Delivery of a Written Notice Date completed: _____

THIS FORM MUST BE COMPLETED AND RETURNED TO THIS DEPARTMENT ANNUALLY

Print Name

Signature of Water System Representative