



City and County of San Francisco
 DEPARTMENT OF PUBLIC HEALTH
 ENVIRONMENTAL HEALTH BRANCH
 Alternate Water Source Permitting Program

Application for Permit to Operate an Alternate Water Source System

Date: _____

Type of Transaction: New Permit Account Update Transfer Consultation Permit Modification Fee paid: _____ Receipt #: _____

System Location: _____

Alternate Water Source: Rainwater Stormwater Foundation Drainage Graywater Black Water Other _____

End Use: Subsurface Irrigation Spray irrigation Toilet flushing Cooling Tower Other _____

Is this a District-scale system? Yes No (if yes, complete District-Scale Addendum)

Owner/Operator/Permittee

Name: _____
Last First

Business Name/DBA: _____

Address: _____
Street Address City State Zip Code

Business Registration Certificate #:

Property Owner

Name: _____
Last First

Business Name/DBA: _____

Address: _____
Street Address City State Zip Code

Primary Contact

Name: _____ Title: _____
Last First

Phone #: _____ Email: _____

Print Name _____

Signature _____

Please identify the [appropriate fee](#) and send a check to:

SFDPH Environmental Health Branch
 ATTN: Alternate Water Source System Permit Program
 49 South Van Ness Ave, Ste 600
 San Francisco CA 94103

Please note on the check "SFHC 12C Permit Application Fee HCHPBNONPWGF"
 Forms and other submittals may be sent by email to:
dph.nonpotable@sfdph.org

phone 415-252-3800