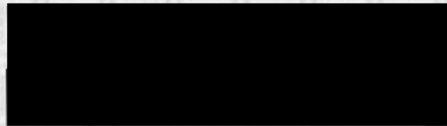


**STATE OF CALIFORNIA**  
**DEPARTMENT OF PUBLIC HEALTH**  
**FOOD AND DRUG BRANCH**  
**PRIVATE WATER SOURCE OPERATOR LICENSE**



**LICENSE NUMBER: 86133**  
**EXPIRATION DATE: 6/30/2024**

THE PERSON NAMED HEREIN IS LICENSED TO OPERATE A PRIVATE WATER SOURCE THROUGH THE EXPIRATION DATE. THIS LICENSE IS ISSUED IN ACCORDANCE WITH THE CALIFORNIA HEALTH AND SAFETY CODE AND IS NOT TRANSFERABLE TO ANY OTHER PERSON OR PLACE. THE LICENSEE IS REQUIRED BY LAW TO IMMEDIATELY NOTIFY THE CALIFORNIA DEPARTMENT OF PUBLIC HEALTH OF AN CHANGE IN THE INFORMATION REPORTED IN THE APPLICATION.

Food and Drug Branch, 1500 Capitol Avenue, MS 7602, PO Box 997435, Sacramento, CA 95899-7435 (916) 650-6500

