

**RECEIPT**DATE July 15 19 97

3534

RECEIVED FROM Odd fellows Sierra RecreationADDRESS P.O. Box 116Long Barn, CA 95335 DOLLARS \$ 253.00FOR Permit Application FeeCK # 008309

ACCOUNT		HOW PAID		
AMT. OF ACCOUNT		CASH		
AMT. PAID		CHECK		
BALANCE DUE		MONEY ORDER		

BY Janice Williams

# PAYMENT SUBMITTAL FORM

Mail to: Christine Johnson  
Drinking Water Program  
P.O. Box 15265  
Sacramento, CA 95851-0265

System Name: Odd Fellows Sierra Recreation  
System No.: 5510016

Please check the appropriate box applicable to the attached payment received by your unit/field office.

- (Please check box)
- Xeroxing
  - Pre-printed publication —————> District office completed request
  - Data search - generated report from data base —————> District office completed request
  - Fine or penalty
  - Permit application fee
  - Small water system enforcement fee for FY 199\_\_\_/9\_\_\_
  - Water system annual fee for FY 199\_\_\_/9\_\_\_ (systems with less than 999 service connections)
  - Water system time accounting fee for FY 199\_\_\_/9\_\_\_ (systems with service connections greater than 999)
  - Exemption, variance, waiver
  - Other: \_\_\_\_\_

Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signature: *Carl L. Carlucci* Date: 7/14/97  
Print name: ( Carl L. Carlucci )

Attach check here:

**ODDFELLOWS SIERRA RECREATION ASSOC.**

P.O. BOX 116  
LONG BARN, CA 95335

U.S. BANK OF CALIFORNIA  
TWIN HARTE OFFICE  
1-800-US BANKS

008309

90-2267/1211 890

5/12/97

PAY TO THE  
ORDER OF

DEPARTMENT OF HEALTH SERVICES

\$ \*\*\*\*\*253.00

Two Hundred Fifty-Three and 00/100\*\*\*\*\* DOLLARS

DEPARTMENT OF HEALTH SERVICES  
5545 E SHIELDS AVE  
FRESNO CA 93727

*[Signature]*  
\_\_\_\_\_  
*[Signature]*  
\_\_\_\_\_

MEMO APPLICATION FEE

⑈008309⑈ ⑆121122676⑆ 890 0101 448⑈