

STATE OF CALIFORNIA

DEPARTMENT OF HEALTH

Certified Copy of Resolution

(To accompany application on Form A1)

"Resolved by the Board of Directors (City council, board of trustees or other governing body)

of the Lake Arrowhead Community Services District (City, town or county, etc.)

that pursuant and subject to all of the terms, conditions and provisions of Division 5, Part 1, Chapter 7, Sections

4010 to 4035 of the California Health and Safety Code and all amendments thereto, relating to domestic water

supplies, application by this District be made to the State Department of Health, for a permit to (City, town or county, etc.)

operate and maintain existing facilities and to make improvement modifications

Applicant must state specifically what is being applied for—whether to construct new works, to use existing works, to make alterations or additions in

to the Bernina Filtration Plant. Said improvments to be two (2) filter beds.

works or sources and state nature of improvement in works. Enumerate definitely source or sources of supply, kind of works used or considered (if known)

and specify the locality to be served. Additional sheets may be attached.

that the President of said District (Title of chief executive officer) (City council, board of trustees or other governing body)

be and he is hereby authorized and directed to cause the necessary data to be prepared, and investigations to be

made, and in the name of said District to sign and file such application with the (City, town or county, etc.)

said State Department of Health.

Passed and adopted at a regular meeting of the Regular Board of Directors Meeting (Governing body)

of the District on the 21st day of June, 1985 (City, town or county, etc.)

AFFIX OFFICIAL SEAL HERE

[Handwritten signature]

Clerk of said Lake Arrowhead Community Services District (City, town or county, etc.)

# STATE OF CALIFORNIA

## DEPARTMENT OF HEALTH

Application from Lake Arrowhead Community Services District  
(Name of municipality or civil subdivision)

organized under State of California  
(State whether special charter or under general law, giving class and date of incorporation)

To the State Department of Health  
2151 Berkeley Way  
Berkeley, California 94704

Pursuant and subject to all of the terms, conditions and provisions of Division 5, Part 1, Chapter 7, Sections 4010 to 4035 of the California Health and Safety Code and all amendments thereto, relating to domestic water supplies, application is hereby made to said State Department of Health for a permit to operate and

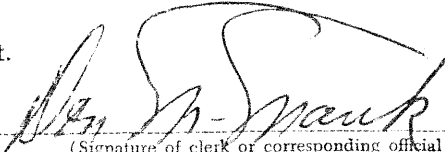
maintain existing facilities and to make improvement modifications to the Bernina  
Applicant must state specifically what is being applied for—whether to construct new works, to use existing works, to make alterations or additions in Filtration Plant. Said improvements to be two (2) filter beds.  
works or sources and state nature of improvement in works. Enumerate definitely source or sources of supply, kind of works used or considered (if known)

and specify the locality to be served. Additional sheets may be attached.

Dated June 21, 19 85

[ AFFIX  
OFFICIAL SEAL  
HERE ]

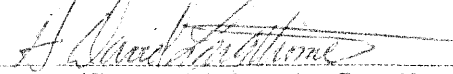
Attest.

  
(Signature of clerk or corresponding official with title and post office address)

GENERAL MANAGER

P. O. BOX 789, Lake Arrowhead, CA 92352

Lake Arrowhead Community Services District  
(Name of municipality or civil subdivision, in full)

By   
(Signature of chief executive officer with official title and post office address)

H. David Longthorne, President

P. O. Box 789, Lake Arrowhead, CA 92352

### NOTES

Before making application for permit, such action must be authorized by resolution of the governing board, substantially in the form furnished by the State Department of Health (Domestic Water Supplies, Form A2) and a copy of such resolution, duly certified by the clerk of such board, must accompany the application.