



LOS ANGELES COUNTY ♦ DEPARTMENT OF PUBLIC HEALTH
ENVIRONMENTAL HEALTH
Bureau of Environmental Protection
Drinking Water Program
5050 Commerce Drive, Baldwin Park, CA 91706
(626) 430-5420 Fax (626) 813-3013
Email: waterquality@ph.lacounty.gov



SERVICE REQUEST APPLICATION

1. Attach the required **non-refundable fee** to the application. Make the money order or check payable to **LOS ANGELES COUNTY PUBLIC HEALTH**, DO NOT SEND CASH. This application is nontransferable.

TYPE OF SERVICE REQUESTED

	Qty.		Fee		Total \$
MONITORING WELL CONSTRUCTION OR DESTRUCTION	_____	X	\$	=	_____
WELL CONSTRUCTION, RENOVATION OR DESTRUCTION PERMIT (Include municipal, irrigation, industrial, cathodic, geothermal, and ground water injection)	_____	X	\$	=	_____
WATER SUPPLY TEST AND CERTIFICATION Required by U.S. Department of Agriculture for food processing facilities	_____	X	\$	=	_____
WELL YIELD TEST PERMIT	_____	X	\$	=	_____
WATER TREATMENT DEVICE REVIEW	_____	X	\$	=	_____
WATER AVAILABILITY APPROVAL (RESIDENTIAL)	_____	X	\$	=	_____
COMMUNITY WATER SYSTEM NEW PERMIT APPLICATION amendments, and charges of ownership	_____	X	\$	=	_____
NON-COMMUNITY WATER SYSTEM NEW PERMIT APPLICATION amendments, and charges of ownership	_____	X	\$	=	_____

Refer to schedule of fees for the current fiscal year, field personnel cannot accept fees.

2. Check with contact office stamped below for requirements or information
3. Complete the required information below and deliver the completed application and fee to:
4. **Proper planning is needed as time expected for work plan approval is 10 business days. From the time the proof of payment and application are received.**

Submit payment and completed application to:

County of Los Angeles ♦ Drinking Water Program
 5050 Commerce Drive, Baldwin Park, CA 91706

Site Address _____ City _____ Zip _____ Date _____ Thomas Guide - Page-Grid

Owner / Applicant Name _____ Address / Zip _____ Phone No. _____ E-Mail _____

Contractor's Name _____ Address / Zip _____ Phone No. _____ E-Mail _____

Log #	CONTACT OFFICE	DEPARTMENT STAMP
		REC DATE: RECEIPT # CHECK # AMT: \$



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APPLICATION TO INSTALL A WELL WATER TREATMENT DEVICE

<input type="checkbox"/> NEW WELL CONSTRUCTION	<input type="checkbox"/> RECONSTRUCTION - EXISTING WELL	<input type="checkbox"/> OTHER: _____
<input type="checkbox"/> CONTAMINANT(S) EXCEEDING MCL: _____		DATE: _____

WELL LOCATION			
Site Address:	City:	Zip Code:	
Town ship:	Range:	Section:	M ap Book Page/Grid:
GPS location:		APN #:	

OWNER INFORMATION			
Owner's Name:	T	Telephone Number:	
Address:	City:	State:	Zip Code:

EQUIPMENT INFORMATION			
Manufacture, Make, Model, Serial #:	Mitigation Method:	Telephone Number:	
Address:	City:	State:	Zip Code:
Distributor:	Telephone Number:		
Address:	City:	State:	Zip Code:

CONTRACTOR / INSTALLATION INFORMATION			
Company:			
Address:	City:	State:	Zip Code:
Contact Name:	Telephone Number:	Email:	

THE APPROVAL PROCESS IS NOT COMPLETE UNTIL ALL OF THE REQUIREMENTS ARE MET AND SIGNED-OFF BY THE DEPUTY HEALTH OFFICER. (THE REQUIRED FEE INCLUDES TWO (2) PLAN REVIEWS AND TWO (2) SITE INSPECTIONS.)

*******(FOR OFFICIAL USE ONLY)*******

WORK PLAN APPROVAL	
REHS:	DATE:
WATER QUALITY (Laboratory results must confirm that the water from this private well conforms to Safe Drinking Water Standards.)	
REHS:	DATE:
APPROVAL ISSUED (The device shall be maintained in accordance with the manufacturer's specifications.)	
REHS:	DATE:



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Dear Environmental Health:

This notice is to inform you of our intent to install a well water treatment device in an attempt to meet the current public health requirements.

<h2 style="margin: 0;">NOTIFICATION OF INTENT</h2>	
Date:	Property Owner:
Mailing Address / APN:	E-mail:
City/State/Zip:	Phone:

Location / GPS of well:	
Contact Name/Contractor:	
Phone:	
Contaminant(s) exceeding MCL:	Contaminant Level(s):

Property Owner Signature: _____ **Date:** _____

FOR OFFICIAL USE ONLY
Date Notification Received:
Received By: