

# **ENVIRONMENTAL HEALTH**



### **Drinking Water Program**

5050 Commerce Drive, Baldwin Park, CA 91706

Telephone: (626) 430-5420 • Facsimile: (626) 813-3013 • Email: waterquality@ph.lacounty.gov http://publichealth.lacounty.gov/eh/ep/dw/dw\_main.htm

# **Service Request Application**

SERVICE	FEE		QTY	TOTALS
PRODUCTION WELLS				
$\hfill\Box$ residential drinking water, $\hfill\Box$ public/municipal, $\hfill\Box$ irrigation, $\hfill\Box$ cathodic				
□ Construction	\$ 844.00	×	= \$	
□ Decommission □ Renovation	\$ 1103.00	×	= \$	
NON-PRODUCTION WELLS ☐ Construction, ☐ Decommission				
$\hfill\Box$ monitoring, $\hfill\Box$ piezo, $\hfill\Box$ injection, $\hfill\Box$ water extraction, $\hfill\Box$ sparge, $\hfill\Box$ test				
each well, first 24 wells	\$ 519.00	×	= \$	
each additional well starting with the 25 <sup>th</sup>	\$ 130.00	×	= \$	
CPT/HYDROPUNCH/SOIL BORINGS INTO GROUNDWATER (contact the Drinking Water Program for projects of 25 borings or more)	\$ 130.00	×	= \$	
GEOTHERMAL HEAT EXCHANGE WELLS	\$ 519.00	×	= \$	
WELL SITE PLAN REVIEW	\$ 584.00	×	= \$	_
WATER SUPPLY YIELD EVALUATION commercial facility	\$ 1038.00	×	= \$	
WATER SUPPLY YIELD EVALUATION residential (1-4 service connections)	\$ 844.00	×	= \$	
WATER SUPPLY YIELD EVALUATION Public Water Systems (5 or more service connections)	\$ 519.00	×	= \$	
WATER TREATMENT SYSTEM EVALUATION	\$ 519.00	×	= \$	
WATER SAMPLING commercial food service facility for USDA certification	\$ 714.00	×	= \$	
·				

Applications are nontransferable. Field Personnel cannot accept payments. DO NOT SEND CASH.

Make checks or money orders payable to:

#### LOS ANGELES COUNTY DEPARTMENT OF PUBLIC HEALTH

Allow **10** business days for work plan review and response. Cancellations of service requests are subject to a \$65.00 processing fee plus additional plan review fees (hourly rate as applicable).

WORK SITE ADDRESS	CITY	ZIP	CROSS STREET/PARCEL#	DATE
All application status inquiries s	hould be emailed to wa	aterquality@ph.la	county.gov with the work site addre	ess above.
CONTACT OFF	ICE	DEPARTMENT STAMP		
		DATE:	CHECK #	
		RECEIPT#	AMOUNT: \$	

Revised: October 2012



# **ENVIRONMENTAL HEALTH**



### **Drinking Water Program**

5050 Commerce Drive, Baldwin Park, CA 91706

Telephone: (626) 430-5420 • Facsimile: (626) 813-3013 • Email: waterquality@ph.lacounty.gov http://publichealth.lacounty.gov/eh/ep/dw/dw\_main.htm

4 where a recent 2 2 are refer to = a -

# Plan Check and Annual Permit Fees Schedule

PERMIT	ſ	FEE
NEW STATE WATER SUPPLY PERMIT:		
New Water Systems, Permit Revisions, Ownership Changes	\$	1298.00
plan check: community water systems		
NEW STATE WATER SUPPLY PERMIT:		
New Water Systems, Permit Revisions, Ownership Changes	\$	1038.00
plan check: non-community, state and local small water systems		
ANNUAL COUNTY WATER SUPPLY LICENSE	\$	1363.00
community water systems: 100-199 service connections	Ψ	1303.00
ANNUAL COUNTY WATER SUPPLY LICENSE	\$	1233.00
community water systems: 25-99 service connections	Ψ	1233.00
ANNUAL COUNTY WATER SUPPLY LICENSE	\$	1102.00
community water systems: 15-24 service connections	Ψ	1102.00
ANNUAL COUNTY WATER SUPPLY LICENSE	\$	844.00
non-community water systems: non-transient populations	Ψ	044.00
ANNUAL COUNTY WATER SUPPLY LICENSE	\$	844.00
non-community water systems: transient populations	Ψ	044.00
ANNUAL COUNTY WATER SUPPLY LICENSE	\$	844.00
state small water systems: 5-14 service connections	Ψ	044.00
ANNUAL COUNTY WATER SUPPLY LICENSE	\$	714.00
local small water systems: 1-4 service connections	Ψ	7 14.00
CITATION	\$	649.00
public water systems	Ψ	043.00
CITATION	\$	519.00
local and state small water systems	-	
ADMINISTRATIVE HEARING	\$	324.00
NOTICE OF VIOLATION AND ORDER	\$	260.00
TOTAL	\$	

Applications are nontransferable. Field Personnel cannot accept payments. DO NOT SEND CASH.

Make checks or money orders payable to:

#### LOS ANGELES COUNTY DEPARTMENT OF PUBLIC HEALTH

Allow **90** business days for permit review and response. Cancellations of service requests are subject to a \$65.00 processing fee plus additional plan review fees (hourly rate as applicable).

WATER SYSTEM ADDRESS		CITY	ZIP	FACILITY MANAGER	PHONE
MAILING ADDRESS		CITY	ZIP	ADMINISTRATIVE CONTACT	PHONE
CC	ONTACT OFFICE		DEPARTMENT STAMP		
			DATE:	CHECK #	
SYSTEM ID # 190	INSPECTOR:		RECEIPT#	AMOUNT: \$	

Revised: October 2012