



LIQUID WASTE REQUEST FOR SERVICE
ENVIRONMENTAL MANAGEMENT DEPARTMENT • ENVIRONMENTAL COMPLIANCE DIVISION
10590 ARMSTRONG AVENUE • SUITE A • MATHER, CA 95655
TELEPHONE (916) 875-8550 • FAX (916) 875-8513
LIQUID WASTE INSPECTION LINE: (916) 875-1500

OFFICE USE ONLY

Plan Recvd: / / By:	Data entry / / By:	AR#:	INVC#:	
Plans to Spec: / / By:	Update / / By:	Fee: \$	ON#:	
<input type="checkbox"/> Test Drill (PE 4240) \$746.00	<input type="checkbox"/> Engineering Review (PE 4241) \$639.00	<input type="checkbox"/> Plot Plan Approval (PE 4242) \$107.00	<input type="checkbox"/> Consultation (PE 4265) \$213.00/hr. # of hrs ____	<input type="checkbox"/> Other PE _____
COMMENTS /ADMIN. INSTRUCTIONS:				

REQUESTING PARTY

Name:	Phone: ()		
Address:	City:	Zip:	
<input type="checkbox"/> Homeowner	<input type="checkbox"/> Contractor	<input type="checkbox"/> Consultant	<input type="checkbox"/> Other: _____

SITE INFORMATION Same as above

Property Owner name:	Phone: ()	
Address:	City:	Zip:
Cross street:	Subdivision:	
APN#:	CBN#:	LOT #:

RESPONSIBLE PARTY (BILLING) Requesting Party Property Owner If other, please specify below.

Name:	Phone: ()	
Mailing Address:	City:	Zip:

Plot Plan Approval: How would you like the plans returned?

Call for pick-up: () _____ - _____ Mail Plans to: _____

Test Drill / Site Evaluation: Date and time requested? _____

BILLING ACKNOWLEDGEMENT I, the undersigned property, business owner, or authorized agent of the same, acknowledge that all site and / or project specific hourly charges accrued by this Department will be billed to me or my business at an amount of \$193.00 per hour or fraction thereof.

Signature: _____ Print name: _____