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| **CO_logoW** | **LIQUID WASTE REQUEST FOR SERVICE****ENVIRONMENTAL MANAGEMENT DEPARTMENT** •  **ENVIRONMENTAL COMPLIANCE DIVISION**11080 WHITE ROCK ROAD • SUITE 200 • RANCHO CORDOVA, CA 95670 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#:** |
|  |
| 🞏 | Test Drill**(PE 4240)** | 🞏  | Engineering Review**(PE 4241)** | 🞏 | Plot Plan Approval**(PE 4242)** | 🞏 | Consultation **(PE 4265)** | 🞏 | Other PE |  |
|  | $746.00 |  | $639.00 |  | $107.00 |  | $213.00/hr. # of hrs \_\_ |  |  |  |
| COMMENTS /ADMIN. INSTRUCTIONS: |  |  |  |  |  |
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| --- |
| **REQUESTING PARTY** |
| Name: | Phone: ( ) |
| Address: City: Zip: |
| [ ]  Homeowner [ ]  Contractor [ ]  Consultant [ ]  Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

|  |  |  |  |
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| **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 $213.00 per hour or fraction thereof.

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Print name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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