



**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#:
<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 \$213.00 per hour or fraction thereof.

Signature: \_\_\_\_\_ Print name: \_\_\_\_\_