



LIQUID WASTE REQUEST FOR SERVICE
ENVIRONMENTAL MANAGEMENT DEPARTMENT • ENVIRONMENTAL COMPLIANCE DIVISION

11080 White Rock Rd. Ste 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) \$1,194.00	<input type="checkbox"/> Engineering Review (PE 4241) \$1,238.00	<input type="checkbox"/> Plot Plan Approval (PE 4242) \$377.00	<input type="checkbox"/> Consultation (PE 4265) \$213.00/hr. # of hrs __	<input type="checkbox"/> Bank Letter (PE 4243) \$213.00/hr. # of hrs __	<input type="checkbox"/> Variance (PE 4245) \$213.00/hr. # of hrs __	<input type="checkbox"/> Septic to Sewer Waiver (PE 4244) \$213.00/hr. # of hrs __
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COMMENTS /ADMIN. INSTRUCTIONS:

SCOPE OF WORK:

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: _____