**LOS ANGELES COUNTY ♦ DEPARTMENT OF PUBLIC HEALTH**
**ENVIRONMENTAL HEALTH**
**Bureau of Environmental Protection**
**Drinking Water Program**
**5050 Commerce Drive, Baldwin Park, CA 91706**
**(626) 430-5420 Fax (626) 813-3013**
**Email: waterquality@ph.lacounty.gov**

COUNTY OF LOS ANGELES
**Public Health**

# SERVICE REQUEST APPLICATION

1. Attach the required **non-refundable fee** to the application. Make the money order or check payable to ***LOS ANGELES COUNTY PUBLIC HEALTH***, DO NOT SEND CASH. This application is nontransferable.

## TYPE OF SERVICE REQUESTED

| | Qty. | | Fee | | Total $ |
|---|---|---|---|---|---|
| MONITORING WELL CONSTRUCTION OR DESTRUCTION | ____ | X | $ | = | _____ |
| WELL CONSTRUCTION, RENOVATION OR DESTRUCTION PERMIT (Include municipal, irrigation, industrial, cathodic, geotheral, and ground water injection) | ____ | X | $ | = | _____ |
| WATER SUPPLY TEST AND CERTIFICATION Required by U.S. Department of Agriculture for food processing facilities | ____ | X | $ | = | _____ |
| WELL YIELD TEST PERMIT | ____ | X | $ | = | _____ |
| WATER TREATMENT DEVICE REVIEW | ____ | X | $ | = | _____ |
| WATER AVAILABILITY APPROVAL (RESIDENTIAL) | ____ | X | $ | = | _____ |
| COMMUNITY WATER SYSTEM NEW PERMIT APPLICATION amendments, and charges of ownership | ____ | X | $ | = | _____ |
| NON-COMMUNITY WATER SYSTEM NEW PERMIT APPLICATION amendments, and charges of ownership | ____ | X | $ | = | _____ |

Refer to schedule of fees for the current fiscal year, field personnel cannot accept fees.

2. Check with contact office stamped below for requirements or information
3. Complete the required information below and deliver the completed application and fee to:
4. **Proper planning is needed as time expected for work plan approval is 10 business days. From the time the proof of payment and application are received.**

**Submit payment and completed application to:**

County of Los Angeles ♦ Drinking Water Program
5050 Commerce Drive, Baldwin Park, CA 91706

Site Address | City | Zip | Date | Thomas Guide - Page-Grid

Owner / Applicant Name | Address / Zip | Phone No. | E-Mail

Contractor's Name | Address / Zip | Phone No. | E-Mail

| CONTACT OFFICE | DEPARTMENT STAMP |
|---|---|
| Log # | REC DATE:<br>RECEIPT #<br>CHECK #<br>AMT: $ |