



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) | <input type="checkbox"/> Engineering Review (PE 4241) | <input type="checkbox"/> Plot Plan Approval (PE 4242) | <input type="checkbox"/> Consultation (PE 4265) | <input type="checkbox"/> Bank Letter (PE 4243) | <input type="checkbox"/> Variance (PE 4245) | <input type="checkbox"/> Septic to Sewer Waiver (PE 4244) |
| | | | \$232.00/hr. # of hrs __ | \$232.00/hr. # of hrs __ | \$232.00/hr. # of hrs __ | \$232.00/hr. # of hrs __ |

COMMENTS /ADMIN. INSTRUCTIONS:

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SCOPE OF WORK:

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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: _____