



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](mailto:waterquality@ph.lacounty.gov)



## 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, geothermal, 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  Log #	DEPARTMENT STAMP  REC DATE: RECEIPT # CHECK # AMT: \$
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