

**COUNTY OF LOS ANGELES ♦ DEPARTMENT OF PUBLIC HEALTH
ENVIRONMENTAL HEALTH**

Land Use Program
5050 Commerce Drive, Baldwin Park, CA 91706-1423
Tel (626) 430-5380 FAX (626) 813-3016

SERVICE REQUEST APPLICATION

INSTRUCTIONS:

1. Indicate the **TYPE OF SERVICE** requested and **FEE REQUIRED** for the service. Make the money order or check payable to **LOS ANGELES COUNTY TREASURER** and attach the required, non-refundable fee to the application. **DO NOT SEND CASH THROUGH THE MAIL.** This application is non-transferable.

FEE REQUIRED*

TYPE OF SERVICE

- | | | |
|-------|--------------------------|--|
| _____ | <input type="checkbox"/> | PRIVATE DOMESTIC OR IRRIGATION WELL CONSTRUCTION, RENOVATION OR DECOMMISSIONING PERMIT (Complete and attach a Well Permit Application) |
| _____ | <input type="checkbox"/> | ONSITE WASTEWATER TREATMENT SYSTEM WORK PLAN REVIEW |
| _____ | <input type="checkbox"/> | ONSITE WASTEWATER TREATMENT SYSTEM RENOVATION / EXPANSION |
| _____ | <input type="checkbox"/> | INSPECTION OF MOUNTAIN CABIN SITE (May be required by the U.S. Forest Service) |
| _____ | <input type="checkbox"/> | SEPTIC TANK REPLACEMENT |
| _____ | <input type="checkbox"/> | INSPECTION OF EXISTING ONSITE WASTEWATER TREATMENT SYSTEM |
| _____ | <input type="checkbox"/> | WELL YIELD TEST PERMIT |
| _____ | <input type="checkbox"/> | COASTAL COMMISSION APPROVAL IN CONCEPT |
| _____ | <input type="checkbox"/> | WELL WATER TREATMENT DEVICE WORK PLAN REVIEW (Complete and attach an Application to Install a Well Water Treatment Device) |

2. Return completed application & payment to: **LAND USE PROGRAM**

**5050 COMMERCE DR.
BALDWIN PARK, CA 91706**

Service / Job Location Address	Zip	Assessor Map Book	Page	Parcel #	Date
Owner / Application Name	Address/Zip			Phone No	
Contractor's Name	Address/Zip			Phone No	

(Please provide the following information for Onsite Wastewater Treatment System Construction or Renovation Application)					
Co. Engineer Plan Check No.	_____	Tract No.	_____	Lot No.	_____
No. Bedrooms	_____	Fixture Unit Count	_____		

3. The Contact Office stamped below can assist in answering questions; provide any additional requirements; and upon receipt of payment, will schedule an inspection.

CONTACT OFFICE	DEPARTMENT STAMP