



**COUNTY OF SAN DIEGO
DEPARTMENT OF ENVIRONMENTAL HEALTH**

P.O. BOX 129261
SAN DIEGO, CA 92112-9261
(858) 694-2548 & (619) 338-2082
(858) 694-3670 & (619) 338-2174 (FAX)

FOR OFFICE USE:

Work Authorization #: _____

KIVA Permit # _____

Date _____

Received _____

FUND NUMBER: 511900

ACCOUNT NUMBER 0800

ACTIVITY NUMBER D11-1002513

RECYCLED WATER SHUT DOWN TEST

(PLEASE RETURN THIS FORM WITH YOUR PAYMENT)

A. Project Name: _____ KIVA Permit #: _____

Project Location: _____
Street City State Zip Code

Tax Assessor Parcel Number(s): _____

B. Purveyor: _____

Mailing Address: _____
Street City State Zip Code

Contact Person: _____ Telephone: (____) _____

C. **Responsible Party:**

Contact Person: _____ Telephone: (____) _____

Company Name: _____ FAX: (____) _____

Mailing Address: _____
Street City State Zip Code

Invoices or Refund will be sent to this address unless other arrangements are made.

D. Others: An estimated time of _____ hrs. at \$142.00/hr during normal business hours or \$213.00 during after-hours schedules should be paid in advance.

Note: Upon successful completion of the inspection, DEH Fiscal will calculate the total cost based on the time spent on the project, and refund any overpayment to the **responsible party**, or issue a bill for additional charges.

DEH STAFF WHO PROVIDE THE ESTIMATE

DATE

MAKE CHECK PAYABLE TO: COUNTY OF SAN DIEGO AND MAIL TO:

**COUNTY OF SAN DIEGO
DEPARTMENT OF ENVIRONMENTAL HEALTH
P.O. BOX 129261
SAN DIEGO, CA 92112-9261
ATTENTION: Efren Gauran**

I agree to pay all costs associated with DEH staff time and services within 30 days of receiving an invoice.

Original Signature of Applicant

Printed Name

Date

