

Drinking Water Project Submittal Cover Sheet

Private/Private 2-Party Water Supplies

Submittal Date	Memo Number	Review Fee

Please see the Environmental Health Fee Schedule for a	current Private	Water Supply Treatment	Design Review fee*.
SITE ADDRESS OF WELL		T INFORMATION	
Street Address	First Name	Last Name	Contact Phone
City	Mailing Street	Address	
Assessor's Account Number	Mail City	State	Zip/Postal
Assessor's Account Number of second lot served (for 2-party only)	Email Address		
APPLICATION TYPE – LICENSED PROFESSIONAL ENG	INEER REQUI	RED FOR PRIMARY MO	CL TREATMENT**
☐ Submittal/Proposal (Describe project below)☐ Completion of Construction (COC)			
PROJECT SUMMARY/DESCRIPTION			

- * Additional review at the current district hourly rate may apply.
- ** P.E. required for all primary MCL treatment, with the exception of hypochlorination.