



Service Request Application Application Instructions

To initiate Alameda County Department of Environmental Health (ACDEH) regulatory oversight for a proposed project and/or to request a consultation meeting on a parcel(s) that has an existing/proposed Onsite Wastewater Systems (OWS), **submit a Service Request Application (SRA) for an initial file review and fees of \$348 to ACDEH in accordance with the instructions listed below.**

Service Request Application (SRA) & Fee Submittal

Complete pages six (6) through ten (10) of the SRA and submit the entire SRA (three (3) through ten (10)) to the ACDEH Finance Department. **Pages three (3) through five (5) will be filled out by ACDEH. The initial SRA submittal will request fees for the initial file review only. Additional fees** will be identified by ACDEH during the initial file review as discussed below. All fields in the SRA must be complete and legible. If a particular item does not apply to your project, check the not applicable box. **SRA's that do not include the property owner's contact information and signature will not be accepted.**

Return the completed SRA and fees for an initial file review to the ACDEH Finance Department using one of the methods described below. Contact Finance Department if you need additional information at (510) 567-6858.

- **In Person.** Submittal of the SRA and fees may be made in person at the Finance Department located at 1131 Harbor Bay Parkway in Alameda. Payments may be made via cash, check, money order, or credit card. The front desk located in the lobby of the building will direct you to the Finance Department Office. Office hours are Monday through Friday, 8:30 a.m. – 4:30 p.m. (except County Holidays).
- **Online.** Submittal of the SRA and fees may be made online to the ACDEH Finance Department at dehwebbilling@acgov.org. Upon receipt the SRA, the Finance Department will email the applicant an invoice and payment instructions.
- **Mail-In.** Submittal of the SRA and fees may be made by mail to the Finance Department to the following address: Alameda County Environmental Health, Finance Office, P.O. Box N, Alameda, CA 94501-0108.

ACDEH Response

ACDEH will send a written response within five (5) business days to the applicant confirming receipt of the SRA and fees. ACDEH will conduct a review of the files associated with parcel(s) identified on the SRA and provide the applicant with a written *File Summary Review and Estimated Regulatory Path and Fees for Project Approval/Clearance* within fifteen (15) business days of receipt of the SRA and fees. Depending on the project complexity, ACDEH may schedule a consultation meeting with the property owner and their consultants/contractors, and other regulatory agencies to facilitate a clear understanding of stakeholder's responsibilities.

The purpose of the initial file review is for ACDEH to evaluate the proposed project and determine an estimated regulatory path and fees for project approval/clearance. ACDEH will identify stakeholders critical to the project approval/clearance including but not limited to the property owner, property owner tenants, consultants (e.g., OWS designers/service providers/contractors, architects, civil engineers, landscape architects) and regulatory agencies with jurisdiction over the project and invite them to participate in the initial consultation meeting. The minimum fees for an initial file review of \$348 includes two (2) hours of ACDEH staff time based on hourly rate of \$174. Depending on the level of effort and staff hours required to review the files with historical records of the parcel and OWS, complete a *File Summary Review and Estimated Regulatory Path and Fees for Project Approval/Clearance*, additional fees may be required and an invoice will be sent to the property owner from the Finance Department.



Service Request Application

Submittal of Additional SRA's & Fees

Subsequent to the initial file review, the property owner may be required to submit additional SRA's and fees to ACDEH to facilitate project approval/clearance in accordance with the *File Summary Review and Estimated Regulatory Path and Fees for Project Approval/Clearance*. ACDEH will include and SRA that identifies the Service Request Types that are estimated for project/approval clearance. **In order to continue with ACDEH project oversight you will be required to submit the SRA and identified minimum fees to ACDEH's Finance Department.** If the estimated fees for project approval/clearance are depleted based on the level of effort required by the ACDEH's staff, additional fees will be invoiced as discussed below.

ACDEH'S OWS Program regulatory oversight fees are based on an hourly rate of \$174 per hour and the level of effort and staff hours required to permit/clear projects involving parcels with OWS. ACDEH's fees are established at levels that allow cost recovery for services provided and were adopted by Alameda County Board of Supervisors with an effective date of July 1, 2021. **Failure to pay fees by the due date identified on the invoice will result in a delay in ACDEH's clearance/approval of the project and may be cause for issuance of a citation, penalty fees, non-renewal and/or revocation of a permit by ACDEH**

Project specific fees associated with ACDEH permitting/clearance of projects involving parcels with OWS will depend on the following:

- The level of effort and staff hours required to review the files with historical records of the parcel(s), OWS, local Planning and Building Department approvals/permits, and other agencies with regulatory jurisdiction over OWS;
- The complexity of the existing and proposed OWS and site constrains (i.e., type of OWS, supporting documents, third party review, etc.);
- The number of site visits required to observe site conditions, OWS performance evaluations, and installation/abandonment of OWS;
- The complexity of site development projects associated with the OWS (i.e., residential, commercial, etc.);
- Interagency coordination with local Building and Planning Departments, Zone 7 Water Agency, Regional Water Quality Control Board, State Water Quality Resources Board, and other agencies with regulatory jurisdiction;
- Easement and variance requirements; and/or
- The accuracy of documents submitted to ACDEH for review and the number of review cycles required during the approval process.



Alameda County Department of Environmental Health Onsite Wastewater System Program

1131 Harbor Bay Pkwy, Alameda, CA 94502

Phone: 510-567-6700 ♦ Fax: 510-337-9335 ♦ Web: <https://deh.acgov.org/landwater/owts.page>

Service Request Application

FINANCE DEPARTMENT USE ONLY					
Date Rec'd:	Rec'd By:	Amt \$:	PE Code:	SR#:	ON#:

INITIAL FILE REVIEW AND INITIAL MINIMUM FEE DEPOSIT			
SERVICE REQUEST	MINIMUM HOURS	FEE (MIN HRS)	PE CODE
<input checked="" type="checkbox"/> INITIAL FILE REVIEW	2	\$348	2401

ESTIMATED REGULATORY PATH AND FEES FOR PROJECT APPROVAL/CLEARANCE (FOR ACDEH USE ONLY)											
MEETINGS			PLANNING DEPARTMENT PERMITS REFERRAL/COORDINATION/CLEARANCE			BUILDING DEPARTMENT PERMITS REFERRAL/COORDINATION/CLEARANCE			OTHER DEPARTMENT REFERRAL/COORDINATION/CLEARANCE		
SERVICE REQUEST	FEE (MIN HRS)	PE CODE	SERVICE REQUEST	FEE	PE CODE	SERVICE REQUEST	FEE	PE CODE	SERVICE REQUEST	FEE	PE CODE
<input type="checkbox"/> CONSULTATION MEETINGS (TELECONFERENCE/WEB)	\$174 (1)	2401	<input type="checkbox"/> SITE DEVELOPMENT REVIEW	\$348 (2)	2613	<input type="checkbox"/> NEW DEVELOPMENT	\$348 (2)	2613	<input type="checkbox"/> STATE WATER BOARD	\$174 (1)	2613
<input type="checkbox"/> CONSULTATION MEETINGS (ON-SITE)	\$522 (3)	2401	<input type="checkbox"/> CONDITIONAL USE PERMIT (CUP)	\$348 (2)	2613	<input type="checkbox"/> NEW ACCESSORY DWELLING UNIT	\$348 (2)	2613	<input type="checkbox"/> REGIONAL WATER BOARD	\$174 (1)	2613
<input type="checkbox"/> COMPLAINT INVESTIGATION MEETINGS (TELECONFERENCE / WEB)	\$174 (1)	2401	<input type="checkbox"/> SPECIAL EVENT PERMIT	\$348 (2)	2613	<input type="checkbox"/> NEW STRUCTURES W/O PLUMBING	\$348 (2)	2613	<input type="checkbox"/> ZONE 7 WATER AGENCY	\$174 (1)	2613
<input type="checkbox"/> COMPLAINT INVESTIGATION MEETINGS (ON-SITE)	\$522 (3)	2401	<input type="checkbox"/> PARCEL SUBDIVISION	\$348 (2)	2613	<input type="checkbox"/> EXISTING STRUCTURES: ADDITIONS / REMODELS	\$348 (2)	2613	<input type="checkbox"/> ENVIRONMENTAL HEALTH COMMERCIAL FOOD FACILITIES PROGRAM	\$174 (1)	2613
			<input type="checkbox"/> PARCEL LOT LINE ADJUSTMENT	\$348 (2)	2613	<input type="checkbox"/> GROUD MOUNTED SOLAR SYSTEMS	\$348 (2)	2613	<input type="checkbox"/> ENVIRONMENTAL HEALTH CUPA PROGRAM	\$174 (1)	2613
			<input type="checkbox"/> NEW LOT CREATION	\$348 (2)	2613	<input type="checkbox"/> SWIMMING POOLS	\$348 (2)	2613	MISCELLANEOUS		
			<input type="checkbox"/> LOT MERGER	\$348 (2)	2613	<input type="checkbox"/> LEGALIZATION OF UNPERMITTED STRUCTURES	\$348 (2)	2613	<input type="checkbox"/> VARIANCE PROCESSING	\$3480 (20)	2613
			<input type="checkbox"/> UNPERMITTED / CHANGE IN LAND USE	\$348 (2)	2613				<input type="checkbox"/> LEGAL DOCUMENT REVIEW (E.G., EASEMENTS, ETC.)	\$348 (2)	2613



Service Request Application

SERVICE REQUEST TYPE & MINIMUM FEE DEPOSIT (CONTINUED)									FOR ACDEH USE ONLY		
EXISTING OWS PERFORMANCE EVALUATION OBSERVATION & DOCUMENT REVIEW			OWS PRELIMINARY DESIGN OBSERVATION			OWS PRELIMINARY DESIGN DOCUMENT REVIEW			OWS FINAL DESIGN DOCUMENT REVIEW		
SERVICE REQUEST	FEE	PE CODE	SERVICE REQUEST	FEE	PE CODE	SERVICE REQUEST	FEE	PE CODE	SERVICE REQUEST	FEE	PE CODE
<input type="checkbox"/> EXISTING OWS PERFORMANCE EVALUATION OBSERVATION	\$522 (3)	2402	<input type="checkbox"/> SOIL PROFILE	\$522 (3)	2404	<input type="checkbox"/> OWS PRELIMINARY DESIGN PLAN	\$522 (3)	2404	<input type="checkbox"/> NEW OWTS DESIGN PLAN REVIEW	\$348 (2)	2405
<input type="checkbox"/> EXISTING OWS FAILURE OBSERVATION	\$522 (3)	2402	<input type="checkbox"/> PERCOLATION TEST	\$522 (3)	2404	<input type="checkbox"/> PRELIMINARY CUMULATIVE IMPACT REPORT	\$348 (2)	2404	<input type="checkbox"/> EXISTING OWTS REPAIR/MODIFICATION DESIGN PLAN REVIEW	\$348 (2)	2405
<input type="checkbox"/> EXISTING OWS PERFORMANCE EVALUATION REPORT REVIEW	\$348 (2)	2402	<input type="checkbox"/> WET WEATHER TEST	\$522 (3)	2404	<input type="checkbox"/> PRELIMINARY GEOTECHNICAL REPORT	\$348 (2)	2404	<input type="checkbox"/> NEW OWCU FINAL DESIGN PLAN REVIEW	\$348 (2)	2405
			<input type="checkbox"/> SITE DEVELOPMENT & TOPOGRAPHIC SURVEY	\$522 (3)	2404	<input type="checkbox"/> PRELIMINARY SURFACE WATER DRAINAGE DESIGN PLAN	\$348 (2)	2404	<input type="checkbox"/> EXISTING OWCU REPAIR/MODIFICATION DESIGN PLAN REVIEW	\$348 (2)	2405
			<input type="checkbox"/> CURTAIN DRAIN FIELD DEMONSTRATION	\$522 (3)	2404	<input type="checkbox"/> PRELIMINARY CURTAIN DRAIN DESIGN PLAN	\$348 (2)	2404	<input type="checkbox"/> FINAL CUMULATIVE IMPACT REPORT REVIEW	\$174 (1)	2404
						<input type="checkbox"/> PRELIMINARY GREYWATER SYSTEM DESIGN	\$348 (2)	2404	<input type="checkbox"/> FINAL GEOTECHNICAL REPORT REVIEW	\$174 (1)	2404
						<input type="checkbox"/> WASTEWATER MANAGEMENT PLAN	\$522 (3)	2404	<input type="checkbox"/> FINAL SURFACE WATER DRAINAGE DESIGN PLAN REVIEW	\$174 (1)	2405
									<input type="checkbox"/> FINAL CURTAIN DESIGN PLAN REVIEW	\$174 (1)	2405
									<input type="checkbox"/> FINAL GREYWATER SYSTEM DESIGN	\$174 (1)	2405
									<input type="checkbox"/> O&M PLAN	\$174 (1)	2405



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Service Request Application

SERVICE REQUEST TYPE & MINIMUM FEE DEPOSIT (CONTINUED)									FOR ACDEH USE ONLY		
PERMIT ISSUANCE			PERMIT INSPECTIONS			PERMIT DOCUMENT REVIEW			PORTABLE WATER SUPPLY		
SERVICE REQUEST	FEE	PE CODE	SERVICE REQUEST	FEE	PE CODE	SERVICE REQUEST	FEE	PE CODE	SERVICE REQUEST	FEE	PE CODE
<input type="checkbox"/> TANK ABANDONMENT PERMIT	\$174 (1)	2406	<input type="checkbox"/> PRE-CONSTRUCTION MEETING	\$522 (3)	2406	<input type="checkbox"/> TANK ABANDONMENT & SANITARY SEWER CONNECTION REPORT	\$174 (1)	2406	<input type="checkbox"/> POTABLE WATER SUPPLY FLOW TEST OBSERVATION	\$522 (3)	<input type="checkbox"/> 2500 <input type="checkbox"/> 2501 <input type="checkbox"/> 2502
<input type="checkbox"/> REPAIR /MODIFICATION PERMIT	\$174 (1)	2406	<input type="checkbox"/> OPEN EXCAVATION AND MATERIAL	\$522 (3)	2406	<input type="checkbox"/> TANK ABANDONMENT REPORT	\$174 (1)	2406	<input type="checkbox"/> POTABLE WATER SUPPLY QUALITY TEST OBSERVATION	\$522 (3)	<input type="checkbox"/> 2500 <input type="checkbox"/> 2501 <input type="checkbox"/> 2502
<input type="checkbox"/> INSTALLATION PERMIT STANDARD SYSTEMS	\$174 (1)	2406	<input type="checkbox"/> SYSTEM INSTALLATION	\$522 (3)	2406	<input type="checkbox"/> REPAIR / MODIFICATION REPORT	\$174 (1)	2406	<input type="checkbox"/> POTABLE WATER SUPPLY REPORT REVIEW (PRIVATE)	\$348 (2)	2500
<input type="checkbox"/> INSTALLATION PERMIT ADVANCED SYSTEMS	\$174 (1)	2406	<input type="checkbox"/> WATERTIGHT TEST	\$522 (3)	2406	<input type="checkbox"/> OWS INSTALLATION REPORT	\$174 (1)	2406	<input type="checkbox"/> LOCAL SMALL WATER SYSTEM REPORT REVIEW (PUBLIC)	\$348 (2)	2502
<input type="checkbox"/> INITIAL OPERATING PERMIT	\$174 (1)	2606	<input type="checkbox"/> FLOW AND HYDRAULIC SQUIRT TEST	\$522 (3)	2406	<input type="checkbox"/> PROPOSED OWS DESIGN CHANGES & PERMIT REVISIONS	\$174 (1)	2406	<input type="checkbox"/> STATE SMALL WATER SYSTEM REPORT REVIEW (PUBLIC)	\$348 (2)	2501
<input type="checkbox"/> OPERATING PERMIT RENEWAL	\$174 (1)	2606	<input type="checkbox"/> CONTROL PANEL SETTINGS	\$522 (3)	2406	<input type="checkbox"/> OWS OPERATING PERMIT REPORT	\$174 (1)	2406			
<input type="checkbox"/> PORTABLE TOILET OPERATING PERMIT	\$174 (1)	2406	<input type="checkbox"/> TREATMENT SYSTEM TESTING	\$522 (3)	2406	<input type="checkbox"/> MONTHLY SEPTAGE PUMPING REPORT	\$174 (1)	2406			
<input type="checkbox"/> TEMPORARY HOLDING TANK OPERATING PERMIT (FAILED SYSTEMS)	\$174 (1)	2406	<input type="checkbox"/> FINAL INSTALLATION	\$522 (3)	2406						
			<input type="checkbox"/> OTHER SYSTEM TESTING	\$522 (3)	2406						



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PROPERTY INFORMATION			
Alameda County Assessor's Parcel Number (APN):	Street Address:	City	State & Zip Code
TENANT INFORMATION (ADD ADDITIONAL PAGES IF NECESSARY)			<input type="checkbox"/> N/A
Name:	Type of Tenant:	Mailing Address	Contact Information (phone & email)
PROPERTY OWNER INFORMATION			
Property Owner Name:			
Mailing Address (<input type="checkbox"/> same as property address)			
Street:	City:	State:	Zip Code:
Phone:	Email:		
PROPERTY OWNER'S REPRESENTATIVE INFORMATION			<input type="checkbox"/> N/A
Name:	Relationship to Owner:		
Mailing Address (<input type="checkbox"/> same as property address)			
Street:	City:	State:	Zip Code:
Phone:	Email:		
PROPERTY OWNER AFFIDAVIT			
<input type="checkbox"/> I understand that the initial fee deposit of \$348 is the minimum fee for an initial file review by ACDEH.			
<input type="checkbox"/> I understand that additional fees may be required to obtain ACDEH's clearance/approval of my project and that I will receive an invoice for staff hours spent that exceed the minimum hours estimated in the <i>File Summary Review and Estimated Regulatory Path and Fees for Project Approval/Clearance</i> .			
<input type="checkbox"/> I understand that failure to pay the fees by the due date identified on the invoice will result in a delay in ACDEH's clearance/approval of the project and may be cause for issuance of a citation, penalty fees, non-renewal and/or revocation of a permit by ACDEH.			
Property Owner Signature:			Date:



Service Request Application

Initiating Action for Service Request (CHECK APPLICABLE BOX)

OWNER INITIATED SERVICE REQUEST

N/A

- Existing OWS Abandonment/Sewer Connection
- Existing OWS Requiring Corrective Action (failing or in need of repairs)
- Site Development and Improvement Projects (additions, remodels, new construction, solar, etc.)
- Property Transactions
- OWS Upgrades
- Special Events

REGULATORY AGENCY INITIATED SERVICE REQUEST

N/A

Note: This section should only be filled out if you have been contacted by ACDEH regarding one the categories below.

- Alameda County Public Works Agency (PWA) Referral to ACDEH - Building Permit Application
- Alameda County Community Development Agency (CDA) Referral to ACDEH - Subdivision (Tentative & Final Map)
- CDA Referral to ACDEH - Conditional Use Permit (New & Renewal)
- CDA Referral to ACDEH - Site Development Review
- ACDEH Food Program Referral to ACDEH - Commercial Food Facility Permits
- Other Regulatory Agency Referral to ACDEH
- Complaint Investigation

PROJECT DESCRIPTION

Provide a brief project description:



Service Request Application

OWS Design Team Information		
OWS DESIGNER		<input type="checkbox"/> N/A
Company Name:	License Type/No:	
Name of Professional:	<input type="checkbox"/> REHS: _____	Exp. Date: _____
Address:	<input type="checkbox"/> Civil Eng: _____	Exp. Date: _____
Phone:	<input type="checkbox"/> Geologist: _____	Exp. Date: _____
Email:		
CIVIL ENGINEER		<input type="checkbox"/> N/A
Company Name:		
Name of Professional:	License Type/No:	
Address:	<input type="checkbox"/> Civil Eng: _____	Exp. Date: _____
Phone:		
Email:		
ARCHITECT		<input type="checkbox"/> N/A
Company Name:		
Name of Professional:		
Address:	License Type: _____	
Phone:	License No: _____	Exp. Date: _____
Email:		
LANDSCAPE ARCHITECT		<input type="checkbox"/> N/A
Company Name:		
Name of Professional:		
Address:	License Type: _____	
Phone:	License No: _____	Exp. Date: _____
Email:		



Service Request Application

SITE SURVEY PROFESSIONAL		<input type="checkbox"/> N/A
Company Name:	License Type/No: <input type="checkbox"/> Civil Eng: _____ <input type="checkbox"/> Lic. Land Surveyor: _____	Exp. Date: _____ Exp. Date: _____
Name of Professional:		
Address:		
Phone:		
Email:		
GEOTECHNICAL PROFESSIONAL		<input type="checkbox"/> N/A
Company Name:	License Type/No: <input type="checkbox"/> Civil Eng: _____ <input type="checkbox"/> Geotech Eng: _____	Exp. Date: _____ Exp. Date: _____
Name of Professional:		
Address:		
Phone:		
Email:		
OTHER ENVIRONMENTAL CONSULTANT		<input type="checkbox"/> N/A
Company Name:	License Type: _____ License No: _____	Exp. Date: _____
Name of Professional:		
Address:		
Phone:		
Email:		



Service Request Application

OWS Service Provider Information

OWS CONTRACTOR			<input type="checkbox"/> N/A
Company Name:	License Type:	Exp. Date: _____	
Name of Professional:	Class: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C-42 <input type="checkbox"/> C-36		
Address:	License No: _____		
Phone:			
Email:			
SEPTAGE PUMPER			<input type="checkbox"/> N/A
Company Name:	License Type: _____	Exp. Date: _____	
Name of Professional:			
Address:	License No: _____		
Phone:			
Email:			
<input type="checkbox"/> SAME AS OWS DESIGNER OWS OPERATIONS, MONITORING & MAINTENANCE SERVICE PROVIDER			<input type="checkbox"/> N/A
Company Name:	License Type: _____	Exp. Date: _____	
Name of Professional:			
Address:	License No: _____		
Phone:			
Email:			
<input type="checkbox"/> O&M Service Provider Contract Attached			
3RD PARTY INDEPENDENT INSPECTOR			<input type="checkbox"/> N/A
Company Name:	License Type/No:	Exp. Date: _____	
Name of Professional:	<input type="checkbox"/> REHS: _____		
Address:	<input type="checkbox"/> Civil Eng: _____		
Phone:	<input type="checkbox"/> Geologist: _____		
Email:			
OTHER SERVICE PROVIDER			<input type="checkbox"/> N/A
Company Name:	License Type: _____	Exp. Date: _____	
Name of Professional:			
Address:	License No: _____		
Phone:			
Email:			