



County of Riverside
DEPARTMENT OF ENVIRONMENTAL HEALTH

www.rivcoeh.org

**RENEWABLE OPERATING PERMIT – ALTERNATIVE SYSTEMS
APPLICATION**

New Remodel

Please send completed form and payment to:

**County of Riverside
Department of Environmental Health
P.O. Box 7909, Riverside, CA 92513-7909
(951) 955-8980
landuse@rivco.org**

Owner Name: _____ Phone: () _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

E-mail Address: _____

Property Address: _____

City: _____ State: _____ Zip: _____

APN: - -

Owner Signature

Date

FEES:

- 1. Alternative System or Holding Tank \$ 218.00
- 2. Alternative System with Advanced Treatment \$ 289.00

Office Use Only

ROP Effective Date: _____ Facility ID: _____
(to be completed by DEH Fiscal)

PR Number: _____ ON Number: _____

For our office locations call us at (888) 722-4234 or visit our website at www.rivcoeh.org