

Exhibit M



ENVIRONMENTAL HEALTH

Drinking Water Program

5050 Commerce Drive, Baldwin Park, CA 91706

Telephone: (626) 430-5420 • Facsimile: (626) 813-3013 • Email: waterquality@ph.lacounty.gov

http://publichealth.lacounty.gov/eh/ep/dw/dw_main.htm



Plan Check and Annual Permit Fees Schedule

| PERMIT | FEE |
|--|------------|
| NEW SYSTEM WATER SUPPLY PERMIT Plan Check: Community Water Systems | \$ 1298.00 |
| NEW SYSTEM WATER SUPPLY PERMIT Plan Check: Non-Community, State and Local Small Water Systems | \$ 1038.00 |
| ANNUAL WATER SUPPLY PERMIT Community Water Systems: 100-199 Service Connections | \$ 1363.00 |
| ANNUAL WATER SUPPLY PERMIT Community Water Systems: 25-99 Service Connections | \$ 1233.00 |
| ANNUAL WATER SUPPLY PERMIT Community Water Systems: 15-24 Service Connections | \$ 1102.00 |
| ANNUAL WATER SUPPLY PERMIT Non-Community Water Systems: Non-Transient Populations | \$ 844.00 |
| ANNUAL WATER SUPPLY PERMIT Non-Community Water Systems: Transient Populations | \$ 844.00 |
| ANNUAL WATER SUPPLY PERMIT State Small Water Systems: 5-14 Service Connections | \$ 844.00 |
| ANNUAL WATER SUPPLY PERMIT Local Small Water Systems: 1-4 Service Connections | \$ 714.00 |
| CITATION Public Water Systems | \$ 649.00 |
| CITATION Local and State Small Water Systems | \$ 519.00 |
| ADMINISTRATIVE HEARING | \$ 324.00 |
| NOTICE OF VIOLATION AND ORDER | \$ 260.00 |
| TOTAL | \$ |

Applications are nontransferable. Field Personnel cannot accept payments. **DO NOT SEND CASH.**

Make checks or money orders payable to:

LOS ANGELES COUNTY DEPARTMENT OF PUBLIC HEALTH

Allow **90 business days** for permit review and response. Cancellations of service requests are subject to a \$65.00 processing fee plus additional plan review fees (hourly rate as applicable).

| | | | | |
|----------------------|------|-----|------------------|-------|
| WATER SYSTEM ADDRESS | CITY | ZIP | FACILITY MANAGER | PHONE |
|----------------------|------|-----|------------------|-------|

| | | | | |
|-----------------|------|-----|------------------------|-------|
| MAILING ADDRESS | CITY | ZIP | ADMINISTRATIVE CONTACT | PHONE |
|-----------------|------|-----|------------------------|-------|

| | | | |
|-----------------|------------|------------------|------------|
| CONTACT OFFICE | | DEPARTMENT STAMP | |
| DATE: | CHECK # | RECEIPT # | AMOUNT: \$ |
| SYSTEM ID # 190 | INSPECTOR: | | |

Revised: September 2011

004517

LOS ANGELES COUNTY WELL PERMIT APPLICATION - PRODUCTION WELLS

DRINKING WATER PROGRAM - ENVIRONMENTAL HEALTH DIV.
 5050 COMMERCE DRIVE, BALDWIN PARK, CA 91706 TELE (626) 430-5420 FAX (626) 813-3013

DATE _____

| | | | |
|--|---|--|---------------------------------------|
| <input type="checkbox"/> NEW WELL CONSTRUCTION | <input type="checkbox"/> RECONSTRUCTION OR RENOVATION | <input type="checkbox"/> DECOMMISSIONING | <input type="checkbox"/> OTHER: _____ |
| <input type="checkbox"/> PRIVATE DOMESTIC | <input type="checkbox"/> PRIVATE IRRIGATION | <input type="checkbox"/> OTHER: _____ | |

WELL LOCATION

| | | |
|--|-------|----------|
| Site Address | City | Zip Code |
| Town ship | Range | Section |
| Map Book Page/Grid | | |
| GPS location: (To be completed after the final seal) | | |

WELL STRUCTURE

| | |
|------------------------------------|-------------------------------------|
| Type and Size of Production Casing | Sanitary / Annular Sealing Material |
| Depth of Sanitary / Annular Seal | Conductor Casing Seal |

OWNER INFORMATION

| | |
|--------------|------------------|
| Owner's Name | Telephone Number |
| Address | City |
| | Zip Code |

DRILLER INFORMATION

| | | |
|----------------|------------------|---------------------|
| Driller's Name | Telephone Number | C-57 License Number |
| Address | City | Zip Code |

WELL DECOMMISSIONING INFORMATION

| | | |
|--------------------------------------|---------------------------|---|
| Well Depth | Method of Well Assessment | Depth and Number of Perforations |
| <input type="checkbox"/> log/records | | |
| Type and Amount of Sealant | Type of Perforator | Size of Perforations |
| | | Method of Upper Seal Pressure Application |

CONSULTANT INFORMATION

| | | | |
|-----------------|------------------|-------|----------|
| Company | | | |
| Address | City | State | Zip Code |
| Project Manager | Telephone Number | | |

ATTENTION: WORK PLAN MODIFICATIONS MAY BE REQUIRED IF WELL AND GEOLOGIC CONDITIONS ENCOUNTERED AT THE SITE INSPECTION ARE FOUND TO DIFFER FROM THE SCOPE OF WORK PRESENTED TO THIS DEPARTMENT.

I hereby agree to comply in every respect with all the regulations of the County Environmental Health Division and with all ordinances and laws of the County of Los Angeles and the State of California pertaining to well construction, reconstruction, and decommissioning. Upon completion of the well and within thirty days thereafter, I will furnish the Environmental Health office with a completion log of the well, giving date drilled, depth of the well, perforations in the casing, and any other data deemed necessary by the County Environmental Health Division.

Signature of C-57 Licensee: _____ Printed Name: _____

THIS PERMIT IS NOT COMPLETE UNTIL ALL OF THE FOLLOWING REQUIREMENTS ARE SIGNED OFF BY THE DEPUTY HEALTH OFFICER. WELL CONSTRUCTION OR DECOMMISSIONING CANNOT BE INITIATED WITHOUT A WORK PLAN APPROVAL FROM THIS DEPARTMENT.

***** (DEPARTMENT USE ONLY) *****



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|--|--|
| WORK PLAN APPROVAL This Approval is Valid for 180 Days | FINAL INSPECTION The placement of the annular seal must be witnessed by a Deputy Health Officer for the permit to be valid. Contact this Department to arrange for an appointment. |
| REHS _____ DATE _____ | REHS _____ DATE _____ |
| Conditions: | WATER QUALITY The completed water well must be properly disinfected and meet required bacteriological and inorganic chemical standards prior to approval |
| | REHS _____ DATE _____ |
| | PERMIT ISSUED Well completion log must be received by this Department prior to issuance of final approval |
| | REHS _____ DATE _____ |

LOS ANGELES COUNTY WELL PERMIT APPLICATION - PRODUCTION WELLS

Well Location (Include distances from road and major cross streets)

Projected Start Date

Projected End Date

| WELL LOCATION DIAGRAM | WELL CONSTRUCTION AND DECOMMISSION DIAGRAM |
|---|---|
| <p style="text-align: center;">At site inspection, the well location must be staked and clearly marked with the owner's name</p> <div style="text-align: center; margin-top: 20px;"> <p>NORTH</p>  </div> <div style="text-align: center; margin-top: 100px;"> <p>WELL LOCATION</p>  </div> <p style="font-size: small; margin-top: 20px;">Provide a scaled drawing (1 inch = 50 feet) with labels and dimensions, indicating property lines, private sewage disposal systems and other possible sources of contamination within 200 feet of the well site. Attach all supporting documents.</p> | <div style="border: 1px solid black; height: 100%; width: 100%;"></div> |

| WORK PLAN DETAILS (Construction or Decommissioning) |
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| NOTES/COMMENTS (Department Use Only) |
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