



STATE OF ALASKA

Department of Environmental Conservation

Wastewater Invoice

EIN: 926001185

Billing Information (who's paying?)	
Name:	_____
Address:	_____
Phone:	_____
Email:	_____

Invoice Date: (MM/DD/YY)

Invoice Number (DEC use):

Plan Tracker #, CI #, or other (DEC use)

Legal Description or Facility Name:

IMPORTANT:
1. Please reference ESPR in memo field of check
2. Please make checks payable to "State of Alaska"

Inv Code	ADEC Project ID: Description	Fee Amount*	QTY	Amt Due
WQ29	48729: Homeowner Training	\$275		
WQ27	48727: Certified Installer/Contractor Training	\$100		
WQ27	48727: Certified Installer - Certification fee (2 years)	\$850		
WQ27	48727: Certified Installer - Certification fee (2 annual installments)	\$460		
WQ28	49119: Registration fee per Documentation of Construction form	\$115		
WQ32	48732: Searching, retrieving, and copying the document or record of a wastewater disposal system filed by property legal description	\$25		
WQ40	49111: Domestic WW Plan Review (A) Based on peak design flow of: 0 - 1,500 gpd (0-10 bedrooms*)	\$655		
WQ41	49113: Domestic WW Plan Review (B) Based on peak design flow of: 1,501 - 2,500 gpd (11-16 bedrooms*)	\$1,040		
WQ42	49114: Domestic WW Plan Review (C) Based on peak design flow of: 2,501-15,000 gpd	\$1,970		
WQ43	49115: Domestic WW Plan Review (D) Based on peak design flow of: 15,001-50,000 gpd	\$3,320		
WQ44	49116: Domestic WW Plan Review (E) Based on peak design flow of: 50,001 gpd and over	Hourly fee by 18 AAC 72.959		
WQ45	49127: Waiver/Modification of Provisions under 18AAC72.060 per prescribed standard (NOTE: Not applicable for engineering plans submitted for review)	\$295		
WQ60	48731: Line extension/replacements (Including Storm Drain collection) up to 1,000 ft	\$785		
WQ61	48730: Line extension/replacements (Including Storm Drain collection) for each additional 1,000 ft or fraction thereof.	\$385		
WQ38	48738: Non-Domestic WW Plan Review Does not include stormwater runoff	Hourly fee by 18 AAC 72.959		

DEC Contact (printed): _____	Phone: _____	Date Paid: _____	Total Due:	_____
------------------------------	--------------	------------------	-------------------	-------

Amount Paid: _____	Check # _____	Cash <input type="checkbox"/>	Credit Card (MC/Discover/Visa) <input type="checkbox"/>
--------------------	---------------	-------------------------------	---

* unless otherwise specified and substantiated by the design engineer in their submittal, the Department uses 150 gpd per bedroom as the design flow value.