

# STATE OF ALASKA

SANITARY SURVEYS/INSPECTIONS AND WATER SYSTEM EVALUATIONS

Department of Environmental Conservation

**INVOICE #:**

*Inv Code: SSI*

**PAYMENT IS EXPECTED AT TIME OF SUBMITTAL**

**PWSID Number:**

Make check payable to: **State of Alaska**  
**555 Cordova St**  
**Anchorage, AK 99501**

**DEC Contact:**

**DEC Phone:**

Applicant name, address and phone number:

**IMPORTANT:**

1. Please reference invoice number on your check.
2. Submit original of this form with your payment.

Engineer/Project Contact:

Facility/Project Name:

Fee Reg Reference		Itemized Fee Amount	Amount Due
<b>80.1910</b>	<b>INSPECTIONS</b>		
(a)(1)	Inspections - hourly rate	\$ 64/hr	
<b>80.1910</b>	<b>SANITARY SURVEYS</b>		
(a)(2)(A)(i)	Groundwater source, first source	\$398	
(a)(2)(A)(ii)	Groundwater source, each additional source	\$117	
(a)(2)(B)(i)	Surface water source or a GWUDISW source, first source	\$585	
(a)(2)(B)(ii)	Surface water source or a GWUDISW source, each additional source	\$117	
(a)(2)(C)i	One surface water source and one groundwater source	\$585	
(a)(2)(C)ii	Surface water or groundwater source, each additional source	\$117	
(a)(2)(D)	A consecutive public water system	\$257	
(a)(2)(E)	A water hauler	\$205	
(a)(7)	Approval under 80.435 of an individual to conduct sanitary survey	\$293	
(a)(8)	Biennial renewal of an approval under (b)(7) of this subsection	\$204	
<b>80.1910</b>	<b>WATER SYSTEM EVALUATIONS</b>		
(a)(4)(A)	Annual inspection, surface water that avoids filtration, first source	\$626	
(a)(4)(B)	Annual inspection, surface water that avoids filtration, each additional source	\$117	
(a)(5)	Determination of whether a system is served by groundwater or GWUDISW		
(a)(5)(A)	if field assessment performed by the department	\$720	
(a)(5)(B)	if field assessment performed by authorized sanitary surveyor & dept. reviewed	\$100	
(a)(5)(C)	if requested and reviewed by dept. by provided by owner	\$720	
(a)(3)	Initial review and approval of complete SWTR filtration avoidance criteria, 80.620(c)	\$1,697	
(a)(13)	Comprehensive Performance Evaluation conducted by the department	\$64/hr	

Paid:  Cash  
 Check \_\_\_\_\_  
 Credit Card:  MC  VISA

**TOTAL AMOUNT DUE:** \_\_\_\_\_

**TOTAL AMOUNT PAID:** \_\_\_\_\_

**AMOUNT DUE REMAINING:** \_\_\_\_\_

To legally construct, install, modify, or operate any part of a public drinking water system in Alaska, owners/operators are required to pay a plan review fee pursuant to AS 44. Please check the information on this form for accuracy. If there are any questions, please contact the Drinking Water Program at your local ADEC office.

\_\_\_\_\_  
 Signature & Title of DEC Contact

\_\_\_\_\_  
 Date