



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](mailto: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](http://www.rivcoeh.org)**