



CITY OF LONG BEACH



DEPARTMENT OF HEALTH AND HUMAN SERVICES
BUREAU OF ENVIRONMENTAL HEALTH

2525 Grand Avenue Room 220 | Long Beach, CA 90815 | 562-570-4134 | 562-570-4038

LINE CLEARANCE PERMIT APPLICATION

STIE LOCATION: _____ TODAY'S DATE: _____

PROPERTY OWNER NAME: _____

PROPERTY OWNER ADDRESS: _____

PROPERTY OWNER TELEPHONE: _____ E-MAIL: _____

CONSULTANT NAME _____ CONTACT PERSON: _____

ADDRESS: _____

TELEPHONE/CELL: _____ FAX: _____ E-MAIL: _____

MAP OF EXISITNG/NEW LINES AND POINT OF CONNECTIONS INCLUDED YES NO

TOTAL LENGTH OF LINE: _____ FEET SIZE OF LINE: _____ INCHES

CONTRACTOR PERFORMING CHLORINATION

NAME: _____ ADDRESS: _____

TELEPHONE: _____ EMAIL: _____

METHOD: _____ CONTACT TIME: _____

FLUSHED LINES: CHLORINE RESIDUAL (PPM): _____ HYDROSTATIC TEST: YES _____ NO _____

GENERAL INFORMATION

- 1. NO LETTER OF APPROVAL WILL BE RELEASED UNTIL ALL LINE CLEARANCE FEES ARE PAID**
2. Number of sample points to be determined by the Long Beach Health Department.
3. Sampling risers and other types must be approved by the Long Beach Health Department prior to sampling.
4. No sampling will be taken on Fridays, Weekends or Holidays.
5. Samples will be taken two (2) times at twenty-four (24) hours apart or 15 minutes apart. (ANSI/AWWA C651-14 Standard).
6. Coliform bacteria, Heterotrophic Plate Count (HPC), and chlorine residual tests will be conducted. Positive coliform results, ≥ 500 colony forming units/mi, or chlorine level above 4.0 mg/L or below 0.5 mg/L will require re-chlorination and flushing of lines prior to retesting.
7. A re-inspection fee may be assessed for the following reason(s): **a)** insufficient riser **b)** low/no pressure.

OFFICE USE ONLY

FEES: Base + per sample points = _____ Proposed Date(s)/Times: 1. _____ 2. _____

Note: Fees are subject to change.

VK

Revised 3/14/2019 -