WATERWORKS OPERATION FEE

**Remit To:**  Office of Drinking Water  
Virginia Department of Health  
109 Governor Street, 6th Floor  
Richmond, Virginia 23219-3635  

VDH Federal Identification Number: 546001775

**Payment Terms:**  
All checks should be made payable to: VDH - Waterworks Technical Assistance Fund. All payments received will be applied to the oldest outstanding amount due.

For questions or payment arrangements: Leigh Estes, ODW Business Manager, (804) 864-7505

Check/money orders: Return this invoice/data verification notice with your payment in the enclosed envelope. There will be a $50 charge applied for checks returned due to insufficient funds, stale dates, account closure, and dishonored credit/debit card payments.

EFT/State Agencies: Indicate the Invoice Bill ID number on remittance/documentation.

PWS Type C: Annual billings of $400 or greater are automatically eligible for quarterly installment payments. The first installment is due August 1. Annual billings less than $400 are due in full August 1. The annual charge is $2.95 per connection.

PWS Type P: The annual charge is a flat fee of $90 and is due November 1.

If your invoice is $400.00 or greater, you have the option to pay in a lump sum or four equal quarterly payments as shown below. Please retain a copy of this invoice and RETURN A COPY with each payment to ensure that your account is properly credited.

<table>
<thead>
<tr>
<th>Bill ID</th>
<th>Owner ID</th>
<th>PWS Type</th>
<th>Connections</th>
<th>Billing Period</th>
</tr>
</thead>
<tbody>
<tr>
<td>08-01</td>
<td></td>
<td>PWS Type C</td>
<td>$2.95 per connection</td>
<td>July 1, 2012 - June 30, 2013</td>
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<tr>
<td>11-01</td>
<td></td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>02-01</td>
<td></td>
<td>Third Installment</td>
<td></td>
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</tr>
<tr>
<td>05-01</td>
<td></td>
<td>Fourth Installment</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Make corrections in the shaded areas provided and pay the corrected amount.

<table>
<thead>
<tr>
<th>PWS ID</th>
<th>PWS Name</th>
<th>PWS Type</th>
<th>Connections</th>
<th>Extended Price</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</table>

The information on this invoice is true, accurate, and correct to the best of my knowledge, and I will clarify or supplement information pertaining to this invoice upon request. Any corrections are made in the shaded areas provided.
WATERWORKS OPERATION FEE

Chief Administrative Officer, Owner, or Responsible Owner Representative: __________________________ Phone: __________________________

Title: __________________________ Signature: __________________________

Date: __________________________ Printed Name: __________________________

Owner's Federal ID Number/ VA Drivers License Number/ Social Security Number: __________________________

UPDATE OF CONTACT INFORMATION

Since my last bill my contact information (name, phone numbers, email address, etc.) Check One:

☐ Has Not Changed
☐ Has Changed

If your information has changed, an Office of Drinking Water representative will contact you to update our records.