

109 Governor Street, 6th Floor, Richmond, VA 23219  
 Phone: (804) 864-7501 Fax: (804) 864-7521

**WATERWORKS OPERATION FEE**

**BWS&J**

**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.

08-01 Lump Sum or First Installment      02-01 Third Installment  
 11-01 Second Installment                      05-01 Fourth Installment

Bill ID	Owner ID	Billing Period
		July 1, 2012 - June 30, 2013

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

PWS ID	PWS Name	PWS Type	Connections	Extended Price
Subtotal:				
Other: No fees are to exceed \$160,000				
Total:				

*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.*

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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.*