

Date:

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

WATERWORKS OPERATION FEE

Bill To:

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, please call Accounts Receivable at (804) 864-7500.

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.

Credit Card: Payments can be made by clicking the Waterworks Operation Fee Credit Card Site at <http://www.vdh.virginia.gov/ODW>.

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

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

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**.

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

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

PWS ID	PWS Name	PWS Type	Connections	Extended Price

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.

Subtotal:	
Other:	No fees are to exceed \$160,000
Total:	

Date: _____

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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.