



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 QUESTIONNAIRE

LOCATION: _____ DATE: _____

PROPERTY OWNER NAME: _____

ADDRESS: _____

TELEPHONE: _____ E-MAIL: _____

CONTRACTOR: _____ CONTACT PERSON: _____

ADDRESS: _____

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

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

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

CONTRACTOR PERFORMING CHLORINATION

NAME: _____ PPM: _____

ADDRESS: _____ CONTACT TIME: _____

TELEPHONE: _____ FAX: _____ METHOD: _____

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

GENERAL INFORMATION

- NO LETTER OF APPROVAL WILL BE RELEASED UNTIL ALL LINE CLEARANCE FEES ARE PAID**
- Number of sample points to be determined by the Long Beach Health Department
- Sampling risers and other types must be approved by the Long Beach Health Department prior to sampling
- No sampling will be taken on Fridays, Weekends or Holidays
- Samples will be taken two (2) times at twenty-four (24) hours apart
- The results of both sample days shall be negative for E.Coli and Coliform, positive results will require re-chlorination and flushing of lines prior to retesting
- A re-inspection fee may be assessed for the following reason(s): **a)** chlorine residual above 2.5 PPM **b)** insufficient riser **c)** low/no pressure

OFFICE USE ONLY

FEES: Base (260) + per sample points (50) = _____ Proposed Date(s): 1. _____ 2. _____