San Joaquin County Environmental Health Department

DATE

MASTER FILE RECORD INFORMATION "MFR"

GREEN FORM

SITE MITIGATION & LOP

UNIT IV

SHADED AREAS FOR EHD USE ONLY | **OWNER ID#** | **CASE #**

OWNER FILE : ***COMPLETE THE FOLLOWING*** **PROPERTY OWNER** ***INFORMATION:*** ***CHECK IF*** **OWNER** ***CURRENTLY ON FILE WITH*** **EHD** ☐

PROPERTY OWNER NAME				( )
	First	*MI*	*Last*	**PHONE NUMBER**
BUSINESS NAME				**E-MAIL ADDRESS**
Owner Home Address				
City			**STATE**	**ZIP**
Owner Mailing Address				
Mailing Address City			**State**	**Zip**

CORPORATION ☐ **INDIVIDUAL** ☐ **PARTNERSHIP** ☐ **FED AGENCY** ☐ **OTHER** ☐

SITE MITIGATION ___ ENVIRONMENTAL ASSESSMENT ___ VOLUNTARY CLEANUP ___ WATER QUALITY ___ HW PIPELINE INVESTIGATION ____ LOP ____

FACILITY ID #	**INV#**	**ACCOUNT ID**	**PR #/ RO #**	**ASSIGNED EMPLOYEE**	**LEAD AGENCY: EHD____RWQCB ____ DTSC ____ EPA ____**

FACILITY FILE ***COMPLETE THE FOLLOWING*** **BUSINESS / FACILITY / SITE** ***INFORMATION:***

Is this a NEW Business LOCATION not previously regulated by the ENVIRONMENTAL HEALTH DEPARTMENT? YES ☐ NO ☐

Is this an EXISTING Business LOCATION but a NEW TYPE of regulated Business? YES ☐ NO ☐

BUSINESS/FACILITY/SITE NAME

SITE ADDRESS	**SUITE #**	**BUSINESS PHONE**
CITY	**STATE**	**ZIP**

BOARD OF SUPERVISOR DISTRICT		**LOCATION CODE**		**KEY1**		**KEY2**	

Mailing Address ***if DIFFERENT from Facility Address*** **Attention:** ***or*** **Care Of** ***(optional)***

Mailing Address City **STATE** **ZIP**

SIC CODE	**APN #**	**COMMENT:**

THIRD PARTY BILLING INFO: *Complete if* **Billing Party** *is different from* **Property Owner** *or* **Facility Operator** *identified above.*

BUSINESS NAME **Attention:** ***or*** **Care Of** ***(optional)***

Mailing Address	**PHONE**
CITY	**STATE** **ZIP**

ACCOUNT ADDRESS **for fees and charges** OWNER FACILITY/BUSINESS THIRD PARTY BILLING

BILLING AND COMPLIANCE ACKNOWLEDGMENT: I, the undersigned Applicant, certify that I am the *Owner*, *Operator*, or *Authorized Agent* of this Business, and I acknowledge that all *PERMIT FEES*, *PENALTIES*, *ENFORCEMENT CHARGES* and/or *HOURLY CHARGES* associated with this operation will be billed to me at the address identified above as the *ACCOUNT ADDRESS* for this site. I also certify that all information provided on this application is true and correct; and that all regulated activities will be performed in accordance with all applicable SAN JOAQUIN COUNTY Ordinance Codes and/or Standards and STATE and/or FEDERAL Laws and Regulations. As the undersigned owner, operator, or agent of the property located at the above facility/site address, I hereby authorize the release of any and all results and environmental assessment information to SAN JOAQUIN COUNTY ENVIRONMENTAL HEALTH DEPARTMENT as soon as it is available and at the same time it is provided to me or my representative.

APPLICANT NAME (PLEASE PRINT) **SIGNATURE**

TITLE **TAX ID #**

Approved By	**Date**	**Accounting Office Processing Completed By**	**Date**

SITE MITIGATION FEE: $	**AMOUNT PAID**	**DATE OF PAYMENT**	**PAYMENT TYPE**	**RECEIPT #**	**CHECK #**	**RECEIVED BY**	**WORK PLAN PE**