

**SAN JOAQUIN COUNTY**  
**ENVIRONMENTAL HEALTH DEPARTMENT**  
600 East Main Street, Stockton, CA 95202-3029  
**Telephone:** (209) 468-3420 **Fax:** (209) 468-3433 **Web:** [www.sjgov.org/ehd](http://www.sjgov.org/ehd)

<b>FACILITY NAME</b>		<b>FACILITY CONTACT NAME</b>	
<b>FACILITY ADDRESS</b>		<b>SITE PHONE # WITH AREA CODE</b>	
		(      )	
<b>CITY</b>	<b>STATE</b>	<b>ZIP CODE</b>	<b># OF TANKS AT SITE</b>
	CA		

<b>APPLICANT BILLING NAME</b>			<b>APPLICANT CONTACT NAME</b>	
<b>APPLICANT MAILING ADDRESS</b>			<b>APPLICANT PHONE # WITH AREA CODE</b>	
			(      )	
<b>CITY</b>	<b>STATE</b>	<b>ZIP CODE</b>	<b>CIRCLE WORK TO BE DONE</b>	<b>CONTRACTOR ICC #</b>
			Closure Installation Repair Retrofit	

<b>ACTIVE FACILITY</b>							
	2004	2005	2006	2007	2008	2009	
\$500 FEE INCLUDES FACILITY FEE + 1 TANK (2004-2007) \$550 FEE INCLUDES FACILITY FEE + 1 TANK (2008-2009) \$125 PER TANK AFTER FIRST TANK							\$
TANK PENALTY ASSESSED							\$
TANK SURCHARGE = \$15 / TANK							\$
STATE SURCHARGE FOR FACILITIES NOT ALREADY ON INVENTORY IN A CUPA PROGRAM = \$49.00/ FACILITY							\$

<b>PERMANENT CLOSURE</b> (Removal or Permitted Closure in Place)			
TANK ID # (s) :	CLOSURE FEE = \$345 / TANK	# TANKS X \$345 =	\$
<b>TEMPORARY CLOSURE</b> (Plan Review and Inspections)			
TANK ID # (s) :	TEMPORARY CLOSURE FEE = \$345 / FACILITY		\$

<b>INSTALLATION PLAN CHECK</b> (Plan Check and Construction Inspections)			
TANK ID # (s) :	PLAN CHECK FEE = \$920 / FACILITY		\$

<b>REPAIR PLAN CHECK</b>			
TANK ID # (s) :			
TANK RETROFIT REPAIR FEE = \$345 / FACILITY (use for monitoring equipment, cold starts, EVR upgrades, spill buckets, sumps, misc.)			\$
PIPING REPAIR FEE = \$345 / FACILITY (use for piping, under-dispenser containment, ect.)			\$

<b>MISCELLANEOUS</b>			
TRANSFER FEE = \$ 20			\$
CONSULTATION FEE = \$ 115/ HOUR			\$
UNAUTHORIZED RELEASE EVALUATION FEE = \$ 115 / HOUR			\$
SAMPLING INSPECTION FEE = \$ 115/ HOUR			\$

ALL FEES ARE BASED ON THE \$115 HOURLY RATE. TIME THAT EXCEEDS FEES PAID WILL BE BILLED TO APPLICANT.

**OFFICE USE ONLY**

SERVICE REQUEST #	FACILITY ID	AMOUNT RECEIVED	CHECK #	RECEIVED BY	DATE RECEIVED
SR					