



EHD LOG NUMBER: _____

APPLICANT: _____ BUSINESS/AGENCY: _____
ADDRESS: _____ CITY/STATE/ZIP: _____
PHONE (1): _____ PHONE (2): _____ FAX OR E-MAIL: _____

Please allow 10 business days from date of application submittal for the records to be available.

Staff will contact you to arrange an appointment date and time to review the requested records.

SIGNATURE OF APPLICANT _____ DATE _____

1. List up to ten addresses in the space below. Address ranges WILL NOT be accepted. Select the type(s) of files from the list below by checking the appropriate box(es). At least one file type MUST be selected. Fax to (209) 464-0138, mail to the address indicated below, or email to ehdfilereview@sjgov.org. Applications received after 3:00 pm will be processed the next business day.
2. For assistance in identifying the nature and content of EHD records, please contact EHD at the number noted below.
3. The EHD will notify the applicant if any EHD files exist. An appointment for review will be confirmed approximately ten (10) days after receipt of application. The files will be held for a maximum of five business days for review. Appointments should be scheduled accordingly.
4. Any file not returned in the same condition as released will be reorganized by EHD staff at the expense of the applicant. Future file reviews by the same applicant may require a \$179 deposit prior to review.

SEPTIC AND WELL PERMITS ARE AVAILABLE FOR REVIEW ONLINE AT: <https://www.sjgov.org/departments/envhealth/public-records>

Electronic Information: ☐ List ☐ Map – Description: _____

Specific Date Range of Information Requested: From _____ to _____

ENVIRONMENTAL HEALTH DEPARTMENT FILES	FILE ADDRESS (Specific addresses only, address ranges will not be accepted)			EHD USE ONLY
	Street #	Street Name	City	
<input type="checkbox"/> Underground Tank (UST) Cleanup Site (LOP)	1			<input type="checkbox"/> CONSUMER
<input type="checkbox"/> Other Cleanup Site (Non-LOP)	2			<input type="checkbox"/> DAIRY
<input type="checkbox"/> Hazardous Waste	3			<input type="checkbox"/> PWS
<input type="checkbox"/> Tiered Permitted Facility	4			<input type="checkbox"/> WATER QUALITY
<input type="checkbox"/> Aboveground Tank	5			<input type="checkbox"/> SITE MITIGATION
<input type="checkbox"/> UST (Monitoring / Removal)	6			<input type="checkbox"/> HOUSING
<input type="checkbox"/> Hazardous Materials	7			<input type="checkbox"/> CUPA AST / HM / HW
<input type="checkbox"/> Spill / Release Response	8			<input type="checkbox"/> CUPA UST
<input type="checkbox"/> Solid Waste Facility / Vehicle	9			<input type="checkbox"/> SOLID WASTE
<input type="checkbox"/> Food Facility	10			<input type="checkbox"/> ACCOUNTING
<input type="checkbox"/> Pool / Spa				
<input type="checkbox"/> Dairy				
<input type="checkbox"/> Land Use Application Sites				
<input type="checkbox"/> Septic Pumper Truck / Yard / Chemical Toilets				
<input type="checkbox"/> Wastewater Treatment Plant				
<input type="checkbox"/> Housing Abatement				
<input type="checkbox"/> Motel/Hotel				
<input type="checkbox"/> Chicken Ranch / Dog Kennel				
<input type="checkbox"/> Medical Waste Facility				
<input type="checkbox"/> Tattoo/Body Piercing				
<input type="checkbox"/> Waste Tire				
<input type="checkbox"/> Complaint				
<input type="checkbox"/> Other (Please Specify):				

BOXED AREA - EHD USE ONLY

☐ Records provided by Staff-PPR Complete. Staff Name: _____

EHD 48-06