

**SAN JOAQUIN COUNTY ENVIRONMENTAL HEALTH DEPARTMENT
SITE MITIGATION MASTER FILE RECORD INFORMATION FORM
"MFR" - GREEN FORM**

DATE		<i>SHADED AREAS FOR EHD USE</i>
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OWNER FILE : COMPLETE PROPERTY OWNER/ RESPONSIBLE PARTY INFORMATION: CHECK IF OWNER IS CURRENTLY ON FILE WITH EHD

PROPERTY OWNER NAME	<i>FIRST</i>	<i>MI</i>	<i>LAST</i>	PHONE
BUSINESS NAME				E-MAIL ADDRESS
OWNER HOME ADDRESS <i>ATTENTION: ORCARE OF (OPTIONAL)</i>				
CITY			STATE	ZIP
OWNER MAILING ADDRESS				
MAILING ADDRESS CITY			STATE	ZIP

<input type="checkbox"/> CORPORATION	<input type="checkbox"/> INDIVIDUAL	<input type="checkbox"/> PARTNERSHIP	<input type="checkbox"/> GOVERNMENT AGENCY	<input type="checkbox"/> RESPONSIBLE PARTY	<input type="checkbox"/> OTHER
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<input type="checkbox"/> ENVIRONMENTAL ASSESSMENT 2950	<input type="checkbox"/> EHD LOCAL VOLUNTARY CLEANUP 2953	<input type="checkbox"/> RWQCB LEAD – CORRECTIVE ACTION 2960/3526/3527	<input type="checkbox"/> RWQCB LEAD – WATER QUALITY (WDR) 2965	<input type="checkbox"/> DTSC LEAD 2959	<input type="checkbox"/> FED EPA LEAD 2954
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FACILITY FILE: COMPLETE BUSINESS / SITE/ PROJECT INFORMATION:

IS THIS A NEW PROJECT LOCATION NOT PREVIOUSLY REGULATED BY THE ENVIRONMENTAL HEALTH DEPARTMENT?		Yes <input type="checkbox"/>	No <input type="checkbox"/>
IS THIS AN EXISTING PROJECT LOCATION, BUT A NEW SCOPE OF WORK?		Yes <input type="checkbox"/>	No <input type="checkbox"/>
BUSINESS/FACILITY/SITE/PROJECT NAME			APN
SITE ADDRESS / PROJECT LOCATION			BUSINESS PHONE
CITY			STATE ZIP
BOARD OF SUPERVISOR DISTRICT	LOCATION CODE	KEY1	KEY2
MAILING ADDRESS , IF DIFFERENT FROM FACILITY ADDRESS			
MAILING ADDRESS CITY			STATE ZIP
SIC CODE	COMMENT:		

REQUESTOR'S INFORMATION:

BUSINESS NAME			ATTENTION	
MAILING ADDRESS			PHONE	
CITY	STATE	ZIP	EMAIL	

ACCOUNT ADDRESS TO SEND FEES AND CHARGES:	<input type="checkbox"/> OWNER	<input type="checkbox"/> FACILITY/BUSINESS	<input type="checkbox"/> REQUESTOR
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BILLING AND COMPLIANCE ACKNOWLEDGMENT: I, the undersigned Applicant, certify that I am the *Owner, Operator, Authorized Agent, or Responsible Party* and I acknowledge that all *PERMIT FEES, PENALTIES, ENFORCEMENT CHARGES* and/or *HOURLY CHARGES* associated with this project 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, Authorized Agent, or Responsible Party* for the project located above under facility/site address, I hereby authorize the release of any and all results, reports, and other 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 #

FA #:		OWNER ID #:		ACCOUNT #:		ASSIGNED TO:			
PR #:		ACCOUNTING COMPLETED BY:				DATE:			
SR TYPE	PE	SC	FEE INFO	AMT REMITTED	CHECK#	REC'D BY	DATE	SERVICE REQUEST#	INVOICE#
Work Plan	2903 2904	523 523	\$486.00 \$810.00						