

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

DATE				SHADED AREAS FOR EHD USE
OWNER FILE : COMPLETE PROPERTY OWNER/ RESPONSIBLE PARTY INFORMATION:				CHECK IF OWNER IS CURRENTLY ON FILE WITH EHD <input type="checkbox"/>
PROPERTY OWNER NAME	<i>FIRST</i>	<i>MI</i>	<i>LAST</i>	PHONE
BUSINESS NAME				E-MAIL ADDRESS
OWNER HOME ADDRESS ATTENTION: ORCARE OF (OPTIONAL)				
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
<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

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#	RECVD BY	DATE	SERVICE REQUEST#	INVOICE#	
Work Plan	2903	523	\$456.00							
	2904	523	\$760.00							