

ENVIRONMENTAL HEALTH DEPARTMENT

LAND USE AGENCY

810 COURT STREET JACKSON, CA 95642-2132 PHONE: (209) 223-6439 FAX: (209) 223-6228



AMADOR COUNTY ENVIRONMENTAL HEALTH DEPARTMENT UNDERGROUND STORAGE TANK REPAIR / MODIFICATION PERMIT APPLICATION

Application for repair / modification of underground storage tank system(s). Applicant must submit a work plan detailing the proposed repair / modification activities with this application for review & approval. Permit fees are payable at the time this application is submitted.

FACILITY NAME (TANK SITE)	FACILITY ADDRESS	PHONE #
TANK OWNER'S NAME	ADDRESS OF OWNER	PHONE #
TANK OPERATOR'S NAME	ADDRESS OF OPERATOR	PHONE #
NAME OF CONTRACTOR	ADDRESS OF CONTRACTOR	PHONE #
CONTRACTORS LICENSE TYPE AND NUMBER / MANUFACTURER'S CERTIFICATION		

SCOPE OF REPLACEMENT OR REPAIR WORK:

PIPING / PUMP / SECONDARY CONTAINMENT () Attach work plan and information sheets for all equipment
LEAK DETECTION EQUIPMENT () Attach work plan and information sheets for all equipment

ANSWER THE FOLLOWING QUESTIONS DESCRIBING THE TANK SYSTEMS TO BE REPAIRED. IF YOU HAVE MORE THAN FOUR (4) TANKS, PROVIDE INFORMATION ON AN ADDITIONAL APPLICATION FORM.				
	TANK 1	TANK 2	TANK 3	TANK 4
SINGLE/DOUBLE WALL TANK				
CAPACITY OF TANK				
TANK CURRENTLY IN USE (YES/NO)				
IS TANK SUSPECTED OF LEAKING (YES/NO)				
ORIGINAL DATE OF INSTALLATION				
CONSTRUCTION MATERIAL OF TANK				
HAZARDOUS SUBSTANCE STORAGE HISTORY				

I hereby certify that the information listed above is correct. I agree to comply with all applicable Amador County, State and Federal Laws & Regulations.

I acknowledge that a site investigation and clean up may be required in the event significant contamination is encountered during field activities.

APPLICANT NAME (PRINT) _____ APPLICANT SIGNATURE _____

DATE _____

PLEASE MAKE CHECK PAYABLE TO AMADOR COUNTY ENVIRONMENTAL HEALTH DEPARTMENT.

FOR OFFICE USE ONLY: Amount Paid: \$ _____ Date Paid: _____ Inv. # _____