



Division of Environmental Health

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Underground Storage Tank (UST) Program, Construction Permit Application

Repair / Modification Installation Closure Number of UST(s) _____

Application is hereby made to Humboldt County Division of Environmental Health (HCDEH) for a construction permit to repair / modify, install, or close a UST.

FACILITY NAME / OPERATOR _____ AP # _____

Physical address _____ EPA ID # _____

Contact name _____ Phone _____ Email _____

UST OWNER _____

Mailing address _____

Contact name _____ Phone _____ Email _____

CONTRACTOR _____

Mailing address _____

Contact name _____ Phone _____ Email _____

CSLB License # and Classification _____ Workers Comp / Employers Liability Policy # _____

Job Site Contact Name _____ ICC Certification # _____ Phone _____

NOTES / ADDITIONAL ITEMS: _____

TERMS OF PERMIT - Applicant agrees to the following:

- Contractor must have an active Certificate of Liability Insurance on file naming HCDEH as additional insured.
- HCDEH will be notified no less than 48 hours prior to starting work and for all inspections prior to backfilling and / or covering the work, when applicable.
- Any deviation from the plan approved for this permit may be cause for stopping work until the changes are reviewed and approved.
- This permit is subject to revocation if found to be inaccurate or noncompliant with State UST Regulation or HCDEH standards.
- I, the undersigned owner / operator / applicant of the subject facility, hereby authorize _____ to release any and all analytical results, geotechnical data and site assessment information to the HCDEH as soon as it is available and is provided to me or any representative.

It is understood HCDEH makes no guarantee that the issuance of a permit guarantees uninterrupted operation of UST systems. I hereby acknowledge that I have read this application and state that the above information is correct and agree to comply with all applicable City and County ordinances, and State laws regulating USTs. This permit shall expire by limitation if work is not commenced within 90 days.

X _____
 APPLICANT (print name and title)

X _____
 Applicant signature and date

If paid by Credit Card: Date and amount paid _____

Confirmation #: _____

* FOR OFFICE USE ONLY *		
Amount Paid: <input type="checkbox"/> Cash \$ <input type="checkbox"/> Check # _____	Receipt #	OA Initials and date entered:
FA #	SR #	IN #

PLAN APPROVED	DATE
WORK APPROVED	DATE

NON-TRANSFERABLE. WHEN APPROVED, THIS IS YOUR PERMIT