

**HUMBOLDT COUNTY UNDERGROUND STORAGE TANK PROGRAM**

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
DIVISION OF ENVIRONMENTAL HEALTH  
100 H STREET, SUITE 100  
EUREKA, CA 95501  
707.445.6215

APPLICATION FOR PERMIT FOR:

- Repair/Modification, including leak detection and product lines
- Installation
- Closure

Date paid
Receipt #
Amount

Identify tank(s) involved: \_\_\_\_\_

Application is hereby made to the Humboldt County Health Officer for a permit to construct, repair, or alter an underground storage tank, or for closure, temporary or permanent. This application must be signed on all three signature lines by the same person, i.e. contractor or owner/operator.

FACILITY NAME \_\_\_\_\_

FACILITY ADDRESS \_\_\_\_\_

CITY/STATE/ZIP \_\_\_\_\_ PHONE \_\_\_\_\_

CROSS STREET \_\_\_\_\_ FIRE DISTRICT \_\_\_\_\_

OWNER'S NAME \_\_\_\_\_

OWNER'S ADDRESS \_\_\_\_\_

CITY/STATE/ZIP \_\_\_\_\_ PHONE \_\_\_\_\_

OPERATOR'S NAME \_\_\_\_\_

OPERATOR'S ADDRESS \_\_\_\_\_

CITY/STATE/ZIP \_\_\_\_\_ PHONE \_\_\_\_\_

CONTRACTOR'S NAME \_\_\_\_\_

CONTRACTOR'S ADDRESS \_\_\_\_\_

CITY/STATE/ZIP \_\_\_\_\_ PHONE \_\_\_\_\_

**TERMS OF PERMIT** – Applicant agrees that:

- 1) Humboldt County DEH will be notified a minimum of 48 hours prior to starting work.
- 2) Humboldt County DEH inspection will be obtained prior to backfilling and/or covering the work (where applicable).
- 3) ANY DEVIATION from the approved permit without prior approval from the Humboldt County DEH may be cause for stopping work until the changes are fully justified and approved.
- 4) This permit is subject to revocation if found to be in nonconformance with Humboldt County Code, City Codes, or standards of the Humboldt County DEH or State Underground Storage Tank Regulations.
- 5) 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 Humboldt County DEH as soon as it is available and is provide to me or any representative.
- 6) Additional items: \_\_\_\_\_

It is understood that the issuance of a permit in no way indicates that a guarantee of perfect and indefinite operation is made by the Humboldt County DEH. I hereby acknowledge that I have read this application and state that the above information is correct and agree to comply with all County and applicable City ordinances, and state laws regulating underground storage tanks. This permit shall expire by limitation if work is not commenced within 90 days.

The undersigned certifies the following: \_\_\_\_\_  
X \_\_\_\_\_  
SIGNATURE OF APPLICANT

YES  NO Coastal Zone Permit Agency contacted, if project is in Coastal Zone

**CONTRACTORS' LICENSE LAW CERTIFICATE** (Complete A or B)

A The applicant is licensed under the provisions of the Contractors License Law, and said license is in full force and effect.

License # \_\_\_\_\_

B The applicant is exempt from the provisions of the Contractors' License Law for the following reason:

- 1) Owner/Operator
- 2) Other (explain) \_\_\_\_\_

**WORKERS' COMPENSATION CERTIFICATE** (Complete A or B)

A A currently effective certificate of Workers' Compensation Insurance coverage is on file with Humboldt County DEH.

Policy # \_\_\_\_\_

B I certify that in the performance of the work for which this permit is issued, I shall not employ any person in any manner so as to become subject to the Workers' Compensation Laws of California.

X \_\_\_\_\_  
APPLICANT

X \_\_\_\_\_  
APPLICANT

PLAN APPROVED _____	DATE _____	EXPIRATION DATE _____
WORK APPROVED _____	DATE _____	
NON-TRANSFERABLE	WHEN APPROVED, THIS IS YOUR PERMIT	UST 12/2002