



# Mendocino County Health and Human Services Agency

"Healthy People, Healthy Communities"

**Stacey Cryer ♦ Agency Director**



## Community Health Services Branch

### Environmental Health Division

UKIAH OFFICE

860 N Bush St

Ukiah CA 95482

Phone: 707-234-6625 Fax: 707-463-4038

FORT BRAGG OFFICE

120 W Fir St

Fort Bragg CA 95437

Phone: 707-961-2714 Fax: 707-961-2714

## TANK REPLACEMENT / DESTRUCTION APPLICATION

- **Fill out form completely and return with fees. Tank Replacement & Destruction Fee is **\$165.00**.**

A Coastal Review fee of \$35.00 will also be required of sites within the Coastal Zone.

- **Fill out Plot Plan on reverse side.** See example included in packet.
- **Read all setback, destruction, and installation instructions and guidelines.**

ST# \_\_\_\_\_  
(EH office use only)

Owner Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Site Address: \_\_\_\_\_ City: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_

Assessors Parcel Number: \_\_\_\_\_ Tank Size and Material: \_\_\_\_\_

Description of Work (For example is the old tank being pulled or left in place and filled in? Is the original distribution box being used or replaced?): \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Date: \_\_\_\_\_

Owner Signature/ Authorized Representative

\_\_\_\_\_  
Date: \_\_\_\_\_

EH Inspector Signature

#### Payment Received

Date Received: \_\_\_\_\_

Received By: \_\_\_\_\_

Payment #: \_\_\_\_\_

Payment Amount: \_\_\_\_\_