

Payment Amount:

# **Mendocino County Health & Human Services Agency**

Healthy People, Healthy Communities

## **Tammy Moss Chandler, Director**

Trey Strickland, Director

# Health & Human Services Agency

MENDOCINO COUNTY

#### **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: 707-961-2721

## TANK REPLACEMENT / DESTRUCTION APPLICATION

- Fill out form completely and return with fees. Tank Replacement & Destruction Fee is \$306.00.

  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.

	<b>S1</b> #
	(EH office use only)
Owner Name:	Phone:
Site Address:	
Mailing Address:	
Assessors Parcel Number:Tank Siz	e 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?):	
distribution box being used of replaced.).	
Date:	
Owner Signature/ Authorized Representative	
Owner Signature/ Authorized Representative	
Date:	
EH Inspector Signature	
Payment Received	
Date Received:	
Received By:	
Payment #:	