

SAN JOAQUIN COUNTY ENVIRONMENTAL HEALTH DEPARTMENT

600 East Main St. Stockton, CA 95202-3029
Telephone: (209) 468-3420 Fax: (209) 464-0138 Web: www.sjgov.org/ehd

PUBLIC RECORDS RELEASE APPLICATION

APPLICANT: _____ BUSINESS/AGENCY: _____

ADDRESS: _____ CITY/STATE/ZIP: _____

PHONE (1): _____ PHONE (2): _____ FACSIMILE: _____

TENTATIVE* APPOINTMENT DATE: _____ Time: _____

(Please allow 10 business days from date of application submittal - *Tentative only - must be confirmed)

CHECK BOX TO EXPEDITE REQUEST - \$115 FEE (CASH OR CHECK ONLY) - REQUEST PROCESSED IN 3 BUSINESS DAYS

SIGNATURE OF APPLICANT _____ DATE _____

Electronic Information: List Map – Description: _____

FILE ADDRESS				EHD USE ONLY	
	Street #	Street Name	City		
1.				<input type="checkbox"/> Unit 1	
2.				<input type="checkbox"/> Unit 2	
3.				<input type="checkbox"/> Unit 3	
4.				<input type="checkbox"/> Unit 4	
5.				<input type="checkbox"/> Unit 5	
6.				<input type="checkbox"/> Unit 6	
7.					
8.					
9.					
10.					

Specific Date Range of Information Requested: From _____ to _____

ENVIRONMENTAL HEALTH DEPARTMENT FILES

- | | | |
|---|---|---|
| <input type="checkbox"/> UNDERGROUND TANK (UST) CLEANUP SITE (LOP)
<input type="checkbox"/> OTHER CLEANUP SITE (NON-LOP)
<input type="checkbox"/> UNDERGROUND TANK (MONITORING/REMOVAL)
<input type="checkbox"/> HAZARDOUS WASTE GENERATOR
<input type="checkbox"/> TIERED PERMITTED FACILITY
<input type="checkbox"/> TATTOO/BODY PIERCING
<input type="checkbox"/> MEDICAL WASTE FACILITY | <input type="checkbox"/> HOUSING ABATEMENT
<input type="checkbox"/> FOOD FACILITY
<input type="checkbox"/> DOG KENNEL
<input type="checkbox"/> CHICKEN RANCH
<input type="checkbox"/> MOTEL/HOTEL
<input type="checkbox"/> POOL/SPA
<input type="checkbox"/> OTHER (PLEASE SPECIFY) | <input type="checkbox"/> SOLID WASTE FACILITY/VEHICLE
<input type="checkbox"/> WASTE TIRE
<input type="checkbox"/> DAIRY
<input type="checkbox"/> WASTEWATER TREATMENT PLANT
<input type="checkbox"/> PUMPER TRUCK/YARD/CHEMICAL TOILETS
<input type="checkbox"/> LAND USE APPLICATION SITES |
|---|---|---|

WELL AND SEPTIC PERMIT RECORDS ARE AVAILABLE FOR REVIEW: MONDAY-FRIDAY 8:00 AM-5:00PM (EXCLUDING HOLIDAYS)

1. **List up to ten addresses** in the space above. Select the type(s) of files from the list above by checking the appropriate box(es). At least one file type **MUST** be selected. **Fax to (209) 464-0138 or mail to the address indicated above.** Address ranges will not be accepted - for additional assistance with file addresses, contact the EHD. Applications received after 3:00 pm will be processed the next business day.
2. The EHD will notify the applicant if any EHD files exist. An appointment for review will be confirmed approximately ten (10) days after receipt of application. The files will be held for a maximum of five business days for review. Appointments should be scheduled accordingly.
3. A file that is actively being worked on by EHD staff may not be immediately available for review. A new application may be submitted when the file is available.
4. Any file not returned in the same condition as released will be reorganized by EHD staff at the expense of the applicant. Future file reviews by the same applicant may require a \$115 deposit prior to review.
5. If you need further assistance, please contact Diane Martinez, at (209) 468-3425.

EHD USE ONLY
