



COUNTY OF SISKIYOU

PUBLIC HEALTH & COMMUNITY DEVELOPMENT DEPARTMENT
Building ♦ Environmental Health ♦ Office of Emergency Services
Personal Health ♦ Planning
806 South Main Street · Yreka, California 96097
Phone: (530) 841-2100 · Fax: (530) 841-4076
www.co.siskiyou.ca.us/phs

TERRY BARBER
DIRECTOR

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DEPUTY DIRECTOR
BUILDING

SISKIYOU COUNTY ENVIRONMENTAL REPORT FORM

GOVERNMENT CODE SECTION 65850.2
Effective January 1, 1989, Revisions effective January 1, 1992

A Building Permit cannot be approved without this completed form. This form does not apply to applications solely for residential construction.

Building Department Log Number _____ Assessor's Parcel Number _____

Firm or Applicant's Name _____

Site Address _____

Contact Person _____ Phone Number () _____ - _____

Address _____

NOTE: Hazardous materials are defined as any material that because of its quantity, concentration, or physical or chemical characteristics, poses a significant present or potential hazard to human health and safety, or to the environment if released into the workplace or the environment, "Hazardous Materials" include, but are not limited to, hazardous chemicals, hazardous waste, paints, oils, lubricants, fuels, flammables, combustibles, corrosives, gases, and any material which a handler or the administering agency has a reasonable basis for believing to be injurious to the health and safety of persons or harmful to the environment if released.

1. Do or will you or the tenants handle, store or transport hazardous materials?
_____NO_____YES
2. Do or will you or the future tenants handle, store or transport any amount of hazardous waste?
_____NO_____YES
3. Do or will you or the future tenants handle, store, or transport 55 gallons, 500 pounds, or 200 cubic feet (at standard temperature) of a gas or formulation containing hazardous materials?
_____NO_____YES

If you answered YES to 1, 2 or 3 contact the Siskiyou County Health Department, 806 South Main Street, Yreka, Ca 96097 or (530)841-2100 for a review of the project.

4. Is the business/facility/operation to be located within a 1,000 feet or the outer boundary of a school or school site?

_____NO_____YES - If YES, name of school:

SCHOOL

5. Does the business/facility/operation have the potential to emit any air pollutants? E.g., dust, soot, odors, fumes, vapors, volatile compounds, etc.

_____NO_____YES

If you answered YES to 3, 4 or 5 contact the Siskiyou County Air Pollution Control Office, 525 South Foothill Drive, Yreka, Ca 96097 or (530)841-4029.

I certify that I have read this document and state that the above information is correct. I agree to comply with all County, State, and Federal laws relating to hazardous material.

Owner or Authorized Licensed Agents:

SIGNATURE DATE

FOR OFFICIAL USE ONLY

SISKIYOU COUNTY ENVIRONMENTAL HEALTH DEPARTMENT (SCEHD)
SCEHD SIGNATURE _____ DATE _____

SISKIYOU COUNTY AIR POLLUTION CONTROL OFFICE (SCAPCO)
SCAPCO SIGNATURE _____ DATE _____

REMARKS: _____

Original: Building Department
Copies: Health, Air Pollution, Fire Department