

SANTA CRUZ COUNTY

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133 ADDITIONAL LOCALLY COLLECTED INFORMATION:

(A) NEAREST CROSS STREET: _____

(B) ASSESSOR'S PARCEL NUMBER: _____ (C) FIRE DISTRICT: _____

(D) DAYS OF OPERATION: _____ BUSINESS HOURS: _____ NUMBER OF EMPLOYEES: _____

(E) IN CITY LIMITS: YES NO (F) COUNTY SUPERVISOR DISTRICT NUMBER: _____

(G) WATER DISTRICT: _____ (H) DEPTH TO WATER TABLE: _____

(I) FLOOD ZONE: YES NO (J) EARTHQUAKE FAULTS: YES NO

(K) SURROUNDING GENERAL LAND USES WITHIN ONE MILE OF YOUR FACILITY (Use the Following descriptions as applicable: Residential, Commercial, Industrial, Agricultural, Open Space):

North _____

South: _____

East: _____

West: _____

(L) SPECIAL LAND USES WITHIN 1/2 MILE OF YOUR FACILITY (SCHOOLS, HOSPITALS, INSTITUTIONS, etc.):

North: _____

South: _____

East: _____

West: _____

I declare under penalty of perjury, the information contained herein is true and correct. If there is any change which would materially affect any information contained in this plan, I will notify Environmental Health Service and apply for an appropriate amendment to the plan as required by applicable County/City hazardous materials codes.

I agree to reimburse the County/City for all costs incurred by the County/City to remedy the effects of any unauthorized release.

I agree to indemnify, hold harmless and defend the County/City against any claim, cause of action, disability, loss, liability, damage, cost or expense, howsoever arising, which occurs by reason of an unauthorized discharge in connection with permittee's operations under this permit.

DATE: _____

PRINT NAME - APPLICANT

SIGNATURE

TITLE

PRINT NAME - OWNER/OPERATOR

SIGNATURE

TITLE