Public Health
Prevent. Promote. Protect.
Panhandle Health District

Panhandle Health District

Healthy People in Healthy Communities

Site Number: _____ **EHS:** _____ **Clerical :** _____ **Date:** _____

(Please fill out completely. Lack of information may cause the application to be returned.)

Business Owner _____ **Phone** _____
Name of Business _____ **Phone** _____
Mailing Address _____
Type of Business _____
Street Address and directions to site _____

_____

Contact Name _____ **Phone** _____
Email _____

PROPERTY AND FACILITY DESCRIPTION

Parcel Number _____ **Size of lot or parcel** _____
Property Owner _____ **Phone** _____
Mailing Address _____
Structure: ❒ **New** ❒ **Existing**

SEWAGE DISPOSAL

Type: ❒ **Individual Septic** **Septic Permit #** _____
Total number of employees _____ **Number of shifts** _____
Will facilities be used for large gatherings? ❒ **Yes** ❒ **No**
Will public restrooms be available? ❒ **Yes** ❒ **No**
❒ **Community Drainfield** **System Name** _____
❒ **Municipal Sewer** **System Name** _____
Will there be any floor drains? ❒ **Yes** ❒ **No** *(if yes, please submit plumbing plans with application)*
Will there be any wastewater besides domestic sewage? ❒ **Yes** ❒ **No** *(This includes but is not limited to vehicle washing, steam cleaning, floor washing, process wastewater etc. Non-domestic wastewater cannot be disposed on or into the ground.)*

If yes, explain how the wastewater stream will be handled:
Non-discharging (Closed Loop/Recycling System) _____
Evaporation System _____
Municipal Sewer _____
Other _____

STORMWATER MANAGEMENT

Which of the following stormwater management systems will be or are being utilized?

- **Grassed infiltration areas with injection wells*- Location: _____**
- **Injection wells* with no pre-treatment - Location: _____**
- **Other or None. Describe: _____**

****Note: All new injection wells must be registered. If new injection wells will be constructed, please complete and return a registration form and $75.00 per injection well***

CRITICAL MATERIALS USE

Are there any liquid, semi-liquid, flowable or water-soluble chemicals (including fuel, oil and paint) stored and/or used on the premises? If yes, please fill out the following Critical Materials Reporting form and include secondary containment plans and a site plan with the application.

Critical Materials Reporting

Chemical Name:_____ 0 Solid 0 Liquid
Maximum Quantity:_____ Pounds_____ Gallons_____
Location:_____

Number of Containers:

Above Ground tanks:_____ Below ground tanks:_____ 55 gal. Drums:_____ 5 gallons or less:_____ Other:_____

Chemical Name:_____ 0 Solid 0 Liquid
Maximum Quantity:_____ Pounds_____ Gallons_____
Location:_____

Number of Containers:

Above Ground tanks:_____ Below ground tanks:_____ 55 gal. Drums:_____ 5 gallons or less:_____ Other:_____

Chemical Name:_____ 0 Solid 0 Liquid
Maximum Quantity:_____ Pounds_____ Gallons_____
Location:_____

Number of Containers:

Above Ground tanks:_____ Below ground tanks:_____ 55 gal. Drums:_____ 5 gallons or less:_____ Other:_____

Chemical Name:_____ 0 Solid 0 Liquid
Maximum Quantity:_____ Pounds_____ Gallons_____
Location:_____

Number of Containers:

Above Ground tanks:_____ Below ground tanks:_____ 55 gal. Drums:_____ 5 gallons or less:_____ Other:_____

Chemical Name:_____ 0 Solid 0 Liquid
Maximum Quantity:_____ Pounds_____ Gallons_____
Location:_____

Number of Containers:

Above Ground tanks:_____ Below ground tanks:_____ 55 gal. Drums:_____ 5 gallons or less:_____ Other:_____

Chemical Name:_____ **0 Solid** **0 Liquid**
Maximum Quantity:_____ **Pounds**_____ **Gallons**_____
Location:_____

Number of Containers:

Above Ground tanks:_____ Below ground tanks:_____ 55 gal. Drums:_____ 5 gallons or less:_____ Other:_____

Chemical Name:_____ **0 Solid** **0 Liquid**
Maximum Quantity:_____ **Pounds**_____ **Gallons**_____
Location:_____

Number of Containers:

Above Ground tanks:_____ Below ground tanks:_____ 55 gal. Drums:_____ 5 gallons or less:_____ Other:_____

Chemical Name:_____ **0 Solid** **0 Liquid**
Maximum Quantity:_____ **Pounds**_____ **Gallons**_____
Location:_____

Number of Containers:

Above Ground tanks:_____ Below ground tanks:_____ 55 gal. Drums:_____ 5 gallons or less:_____ Other:_____

Chemical Name:_____ **0 Solid** **0 Liquid**
Maximum Quantity:_____ **Pounds**_____ **Gallons**_____
Location:_____

Number of Containers:

Above Ground tanks:_____ Below ground tanks:_____ 55 gal. Drums:_____ 5 gallons or less:_____ Other:_____

Chemical Name:_____ **0 Solid** **0 Liquid**
Maximum Quantity:_____ **Pounds**_____ **Gallons**_____
Location:_____

Number of Containers:

Above Ground tanks:_____ Below ground tanks:_____ 55 gal. Drums:_____ 5 gallons or less:_____ Other:_____

Chemical Name:_____ **0 Solid** **0 Liquid**
Maximum Quantity:_____ **Pounds**_____ **Gallons**_____
Location:_____

Number of Containers:

Above Ground tanks:_____ Below ground tanks:_____ 55 gal. Drums:_____ 5 gallons or less:_____ Other:_____

Chemical Name:_____ **0 Solid** **0 Liquid**
Maximum Quantity:_____ **Pounds**_____ **Gallons**_____
Location:_____

Number of Containers:

Above Ground tanks:_____ Below ground tanks:_____ 55 gal. Drums:_____ 5 gallons or less:_____ Other:_____

Signature:_____ **Date:**_____

By my signature above, I certify that all answers and statement s on this application are true and complete to the best of my knowledge. I accept the responsibility to notify Panhandle Health District of any changes in the type, quantity, location or use of my chemicals**.**