

**Monterey County Health Department**  
**Environmental Health Bureau**  
**1270 Natividad Road**  
**Salinas, CA 93906**  
**(831) 755-4507**  
**Fax (831) 796-8698**

Jurisdiction Name \_\_\_\_\_  
Use Permit # \_\_\_\_\_  
Or  
Building Permit # \_\_\_\_\_  
Contact Name \_\_\_\_\_  
Phone # \_\_\_\_\_

## HAZARDOUS MATERIAL QUESTIONNAIRE

Business Name \_\_\_\_\_ Type of Business \_\_\_\_\_  
Site Location \_\_\_\_\_ City \_\_\_\_\_ APN: \_\_\_\_\_  
Mailing Address \_\_\_\_\_  
Business Contact \_\_\_\_\_  
*Name Phone Number*  
Property Owner \_\_\_\_\_  
*Name Phone Number*

1. Will your business/proposed project be using any hazardous materials such as oil, fuels, solvents, compressed gases, acids, corrosives, pesticides, fertilizers, paints or other chemicals?  
 Yes  No
2. Will your business/proposed project be using hazardous materials in quantities of 55 gallons and above for liquids, 500 lbs. and above for solids and/or 200 cubic feet and above for compressed gases?  
 Yes  No
3. Will your business/proposed project be using any quantities of acutely hazardous materials such as ammonia, chlorine, sulfuric acid, formaldehyde, hydrogen peroxide, methyl bromide or other restricted pesticides?  
 Yes  No
4. Will your business/proposed project be using underground storage tanks to store hazardous materials?  
 Yes  No
5. Will your business/proposed project be generating any quantities of hazardous waste such as waste oil, waste solvents, etc?  
 Yes  No
6. Will your business/proposed project be emitting any hazardous air emissions?  
 Yes  No

**CERTIFICATION:**

I declare under penalty of perjury, under the laws of the State of California, that the foregoing is true and correct to the best of my knowledge and belief.

**ANY QUESTIONS REGARDING THIS FORM CAN BE DIRECTED TO:**

Monterey County Health Department  
Environmental Health Bureau  
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Executed AT:

\_\_\_\_\_  
City, State

Print Name of Owner/Operator: \_\_\_\_\_

Signature of Owner/Operator: \_\_\_\_\_

**For Local Jurisdiction Use Only:**

1. Is there a known or proposed school, hospital, day care, or long term care facility within 1,000 feet of this site location?  
 Yes  No
2. Is there a known or proposed school, hospital, day care, or long term care facility ¼ mile of this site location?  
 Yes  No

Health Department Clearance

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name and Title: \_\_\_\_\_

Air Pollution District Clearance

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name and Title: \_\_\_\_\_