

# UNDERGROUND STORAGE TANK (UST) REMOVAL/CLOSURE PERMIT APPLICATION



ENVIRONMENTAL HEALTH DIVISION

351 Tres Pinos Road, Suite C-1

Hollister CA 95023

Office 831-636-4035

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Internal Use Only:

FA:

Application Date:

CERS:

This application is for

REMOVAL PER TANK /CLOSURE FEE: \$562.00

☐ Tank Removal

# of tanks: \_\_\_\_\_

☐ Closure in place

# of tanks: \_\_\_\_\_

## I. FACILITY INFORMATION

BUSINESS NAME (same as FACILITY NAME or DBA – Doing Business As)

BUSINESS ADDRESS

CITY

STATE

ZIP CODE

NEAREST CROSS STREET

## II. OWNER'S INFORMATION

NAME OF TANK OWNER/OPERATOR

OWNER/OPERATOR'S PHONE

( )

OWNER/OPERATOR'S MAILING ADDRESS

CITY

STATE

ZIP CODE

## III. CONTRACTOR'S INFORMATION

CONTRACTOR'S NAME

CONTRACTOR'S PHONE

( )

CONTRACTOR'S MAILING ADDRESS

CITY

STATE

ZIP CODE

CALIFORNIA CONTRACTOR'S LICENSE NUMBER

LICENSE TYPE

NAME OF CONTRACTOR'S CONTACT PERSON

CONTRACTOR'S EMAIL ADDRESS

ANTICIPATED TANK REMOVAL/CLOSURE DATE

## IV. SITE ASSESSMENT INFORMATION

NAME OF SAMPLER

SAMPLER'S PHONE

( )

SAMPLER'S MAILING ADDRESS

CITY

STATE

ZIP CODE

## V. LABORATORY INFORMATION

NAME OF LABORATORY

LABORATORY'S PHONE

( )

LABORATORY'S MAILING ADDRESS

CITY

STATE

ZIP CODE

VI. DISPOSAL INFORMATION						
HAZARDOUS SUBSTANCE REMOVAL CONTRACTOR NAME				CONTRACTOR'S PHONE		
CONTRACTOR'S MAILING ADDRESS						
CITY		STATE			ZIP CODE	
CALIFORNIA CONTRACTOR'S LICENCE NUMBER				LICENSE TYPE		
NAME OF CONTRACTOR'S CONTACT PERSON				CONTRACTOR'S EMAIL		
RINSATE DISPOSAL LOCATION						
DISPOSAL LOCATION FOR TANKS & PIPING						
VII. TANK INFORMATION						
*TANK #	TANK CAPACITY	CHEMICAL STORED	PREVIOUS CHEMICAL (if applicable)	TANK CONFIGURATION		
				<input type="checkbox"/> STAND ALONE	<input type="checkbox"/> COMPARTMENT UNIT	# COMPARTMENTS IN UNIT:
				<input type="checkbox"/> STAND ALONE	<input type="checkbox"/> COMPARTMENT UNIT	# COMPARTMENTS IN UNIT:
				<input type="checkbox"/> STAND ALONE	<input type="checkbox"/> COMPARTMENT UNIT	# COMPARTMENTS IN UNIT:
				<input type="checkbox"/> STAND ALONE	<input type="checkbox"/> COMPARTMENT UNIT	# COMPARTMENTS IN UNIT:
				<input type="checkbox"/> STAND ALONE	<input type="checkbox"/> COMPARTMENT UNIT	# COMPARTMENTS IN UNIT:

\*Permanently closed/removed tanks only as listed in CERS

Provide a drawing in the space above of tanks, piping, lengths, dimensions, proposed sampling locations designated by ⊗, and North arrow (use additional page if needed).

A closure report shall be submitted to this office within thirty (30) days of tank(s) removal.

THIS FORM HAS BEEN COMPLETED UNDER PENALTY OF PERJURY AND TO THE BEST OF MY KNOWLEDGE IS TRUE AND CORRECT. I HAVE RECEIVED, UNDERSTAND, AND WILL COMPLY WITH THE ABOVE CONDITIONS OF THIS PERMIT AND ANY OTHER STATE, LOCAL AND FEDERAL REGULATIONS.

APPLICANT SIGNATURE		
Certification – I certify that the information provided herein is true and accurate to the best of my knowledge.		
SIGNATURE OF APPLICANT	DATE	PHONE (       )
NAME OF APPLICANT (print)	TITLE OF APPLICANT	
OFFICIAL USE ONLY		
APPLICATION RECEIVED BY	FEE ALLOCATION <input type="checkbox"/> CS02 PERMANENT REMOVAL	
INSPECTOR NAME (print)	CONTACT PHONE (       )	
ISSUE DATE	EXPIRATION DATE	
APPROVED BY		

**THIS APPLICATION BECOMES A PERMIT WHEN APPROVED**

**MAINTAIN ON SITE AT ALL TIMES**