

# 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 Fax 831-636-4037

Internal Use Only:

FA: \_\_\_\_\_ CERS: \_\_\_\_\_  
Application Date: \_\_\_\_\_

This application is for  Tank Removal  Closure in place  
REMOVAL PER TANK /CLOSURE FEE: \$562.00 # of tanks: \_\_\_\_\_ # 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.

<b>APPLICANT SIGNATURE</b>		
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	
<b>OFFICIAL USE ONLY</b>		
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**