



# SAN BENITO COUNTY

HEALTH & HUMAN SERVICES AGENCY

CHERYL SCOTT, MD, MPH  
HEALTH OFFICER

TRACEY BELTON  
AGENCY DIRECTOR

**PUBLIC HEALTH SERVICES**

Healthy People in Healthy Communities

## Aboveground Storage Tank (AST) Removal/Closure Permit Application

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

Fee: \$562.00

Facility Name: \_\_\_\_\_

Address: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Assessor's Parcel Number: \_\_\_\_\_

Removal Contractor: \_\_\_\_\_

Contractor's License No.: \_\_\_\_\_ Type of License: \_\_\_\_\_

Address: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Name & Phone number of firm that will take soil and/or water samples:

\_\_\_\_\_

Name & Phone number of laboratory that will analyze soil and/or water samples:

\_\_\_\_\_

This permit expires 90 days from the date of closure plan approval.

Tanks to be removed:

Name of certified hazardous waste hauler: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Destination of tank(s): \_\_\_\_\_

Size

Tank Content

Tank 1 \_\_\_\_\_

Tank 2 \_\_\_\_\_

Tank 3 \_\_\_\_\_

A detailed layout of your underground storage tank facility shall accompany this application.

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

Facility owner's signature: \_\_\_\_\_

**PUBLIC HEALTH  
SERVICES**  
351 Tres Pinos Rd., Ste A202  
Hollister, CA 95023  
831-637-5367

**MEDICAL THERAPY UNIT**  
761 Line Street  
Hollister, CA 95023  
831-637-1989

**ENVIRONMENTAL  
HEALTH SERVICES**  
351 Tres Pinos Rd., Ste C-1  
Hollister, CA 95023  
831-636-4035

**HEALTH EDUCATION  
PROGRAMS**  
351 Tres Pinos Rd., Ste A202  
Hollister, CA 95023  
831-636-4011