



Unified Program Agency Application for Underground Storage Tank (UST) Temporary Tank Closure Application/Permit

In order to expedite permit processing, before submitting your permit application(s) for temporary tank closure, verify that all of the elements below are completed (copies of required forms are attached). Application must be fully completed or it will not be accepted; no exceptions. Allow up to thirty (30) working days for permit processing/issuance. Please call Environmental Health Services Division at (831) 630-4035 for assistance and clarification.

Temporary Tank Closure Application

Plot Plan: There is a small space available on the last of the permit application for the plot plan. The applicant should provide a drawing within this space, or on an attached page, showing the following;

- Tanks
- Piping
- Ancillary equipment
- Location of monitoring panel
- Fill and vents
- Dispensers
- Buildings
- Wells
- Location of nearest road or intersection
- North arrow

Update the UST Monitoring Tank Information/Monitoring Plan: It is the responsibility of the tank owner/operator to update the monitoring plan in California Environmental Reporting System (CERS).

Temporary Closure Permit: The temporary closure requirements of section 2671 shall apply to those underground storage tanks in which the storage of hazardous substances has ceased but the underground storage tank will again be used for the storage of hazardous substances within the next 12 consecutive months. At the end of 12 consecutive months during which the tank is temporarily closed, the local agency may approve an extension of the temporary closure period for a maximum additional period of up to 12 months.

Owners and operators shall complete a site assessment in accordance with section 2672(d) before an extension may be granted by the local agency. The temporary closure requirements of section 2671 do not apply to underground storage tanks that are empty as a result of the withdrawal of all stored substances during normal operating practice prior to the planned input of additional hazardous substances. Temporary closure permit(s) for single walled or non-compatible tan systems will expire on or before December 31, 2025.

PUBLIC HEALTH SERVICES

351 Tres Pinos Road, Suite A-202
Hollister CA 95023
831-637-5367

ENVIRONMENTAL HEALTH

351 Tres Pinos Road, Suite C-1
Hollister CA 95023
831-636-4035

MEDICAL THERAPY UNIT

761 South Street
Hollister CA 95023
831-637-1989

UNDERGROUND STORAGE TANKS TEMPORARY TANK CLOSURE APPLICATION

SAN BENITO COUNTY
ENVIRONMENTAL HEALTH DIVISION
351 TRES PINOS ROAD
HOLLISTER, CA 95023
Office (831) 636-4035 Fax (831) 636-4037

FA:
Application Date:
of Tanks to Close

CERS ID:

I. FACILITY INFORMATION

| | | |
|--|-------|----------|
| BUSINESS NAME (same as FACILITY NAME or DBA – Doing Business As) | | |
| BUSINESS SITE ADDRESS | | |
| CITY | STATE | ZIP CODE |
| NEAREST CROSS STREET | | |

II. OWNER'S INFORMATION

| | | |
|--------------------------------|------------------------------------|----------|
| NAME OF TANK OWNER/OPERATOR | OWNER/OPERATOR'S PHONE () | |
| OWNER/OPERATOR MAILING ADDRESS | | |
| CITY | STATE | ZIP CODE |

III. EMERGENCY CONTACTS

| | |
|-----------------------------|-------------------------|
| EMERGENCY CONTACT #1 | |
| CONTACT'S PHONE () | 24 HR PHONE () |
| EMERGENCY CONTACT #2 | |
| CONTACT'S PHONE () | 24 HR PHONE () |

IV. TANK INFORMATION

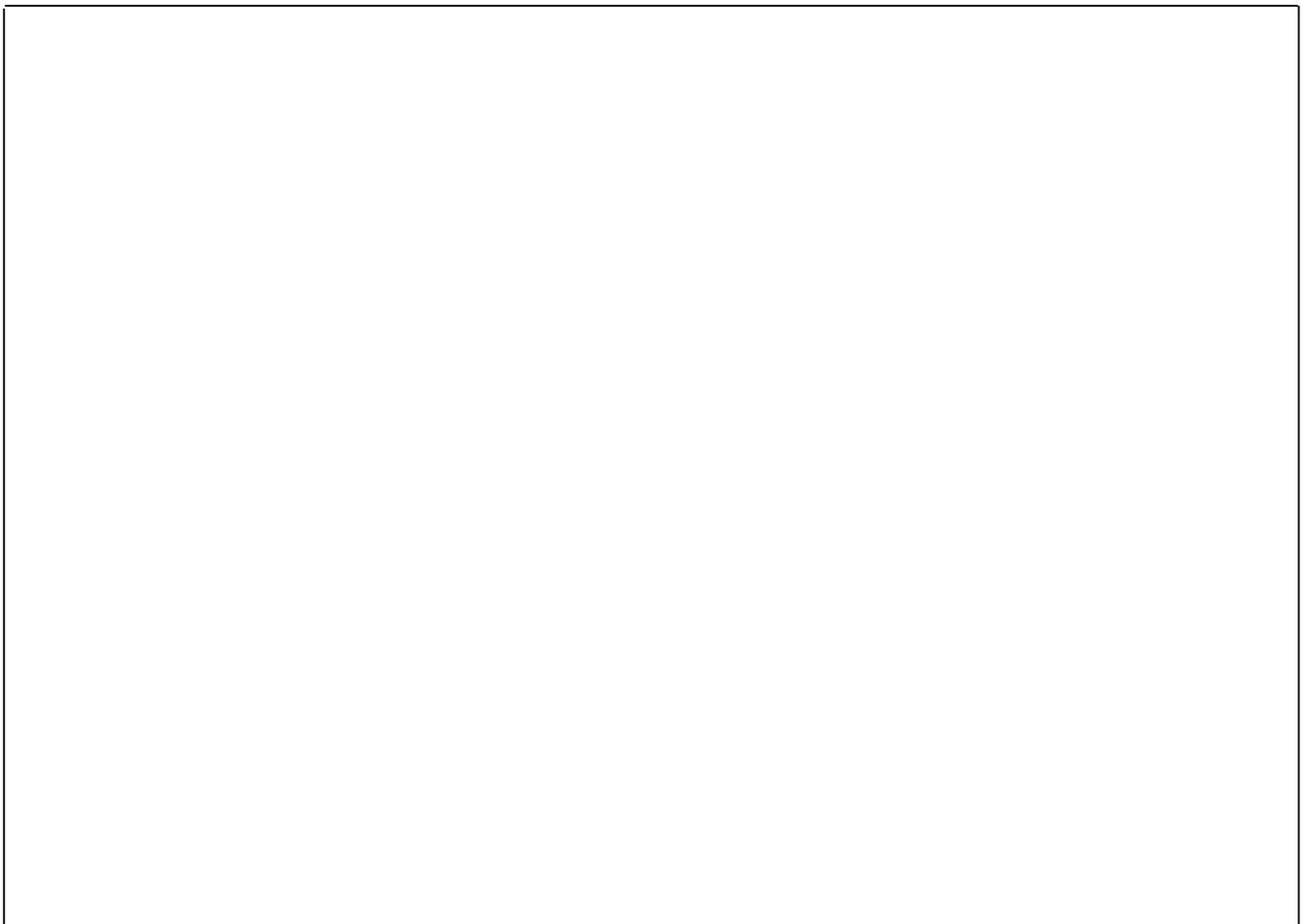
| *TANK NUMBER | TANK CAPACITY | CHEMICAL STORED | DATE OF LAST UST SYSTEM CERTIFICATION | TANK CONFIGURATION | | |
|--------------|---------------|-----------------|---------------------------------------|--------------------------------------|---|-------------------------|
| | | | | <input type="checkbox"/> 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: |
| | | | | <input type="checkbox"/> STAND ALONE | <input type="checkbox"/> COMPARTMENT UNIT | # COMPARTMENTS IN UNIT: |

*List only tanks to be closed

CONDITIONS AS FOLLOWS:

1. All residual liquid, solids or sludge shall be removed and handled in accordance with the applicable provisions of Chapters 6.5 and 6.7 of Division 20 of Health and Safety Code.
2. If the underground storage tank contained a hazardous substance that could produce flammable vapors at standard temperature and pressure, it shall be rendered inert, as often as necessary, to levels that will preclude an explosion or to lower levels as required by the local agency.
3. Except for required venting, all fill and access locations and piping shall be secured using locking caps.
4. Power service shall be disconnected from all pumps associated with the use of the underground storage tank unless the power services some other equipment which is not being closed.
5. Impressed-current cathodic protection systems not associated with tank closures shall remain on at all times.
6. All UST systems under this temporary closure permit must continue to comply with
 - Repair and recordkeeping requirements
 - Release response and corrective action requirements
 - Release reporting and investigation requirements
 - Pay annual permit fees

7. Permit(s) will not be issued until full permit fees are received.
8. The underground storage tank shall be inspected by the owner, the operator, or Designated Operator at least once every three months to verify that the temporary closure measures are still in place. The inspection shall include but is not limited to the following:
 - a. Visual inspection of all locked caps.
 - b. Visual inspection of the interior to determine if any liquids or other substances have been added to the underground storage tank.
9. If the owner wishes to terminate the temporary closure and return the UST to operation, the tank system must meet all applicable regulatory standards for operation before they are placed back into service.
 - a. Monitoring system certification, required testing and/or repairs shall be conducted prior to return of operation.
10. This permit will be revoked or no longer valid by San Benito County – Unified Program Agency (UPA) if advised of any of the following:
 - Transfer of ownership
 - The facility fails to meet the conditions and prohibitions specified within the permit to operate or the temporary closure permit.
 - If the UPA is made aware of a release
 - **THIS PERMIT IS NOT TRANSFERABLE**
11. The temporary closure requirements of section 2671 shall apply to those underground storage tanks in which the storage of hazardous substances has ceased but the underground storage tank will again be used for the storage of hazardous substances within the next 12 consecutive months. At the end of 12 consecutive months during which the tank is temporarily closed, the local agency may approve an extension of the temporary closure period for a maximum additional period of up to 12 months. Owners and operators shall complete a site assessment in accordance with section 2672(d) before an extension may be granted by the local agency.
12. A plot plan of the facility showing the locations of the tank(s), ancillary equipment such as impressed-current cathodic protection system, location of the monitoring panel, piping, dispensers, fills, vents, buildings, wells, nearest streets and intersections, north arrow must be included with the permit application.



Provide a drawing in the space above of the tank(s), ancillary equipment such as impressed-current cathodic protection system, location of the monitoring panel, piping, dispensers, fills, vents, buildings, wells, nearest streets and intersections, north arrow

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 | |
| INSPECTOR NAME (print) | CONTACT PHONE |
| ISSUE DATE | EXPIRATION DATE |
| APPROVED BY | |

THIS APPLICATION BECOMES A PERMIT WHEN APPROVED

| |
|--------------------------------------|
| MAINTAIN ON SITE AT ALL TIMES |
|--------------------------------------|