

HMCD Use Only

FA: _____ SR: _____

PE: _____

IN: _____ Fees Paid: \$ _____

Date/Time Received Stamp

UNDERGROUND STORAGE TANK SYSTEM CLOSURE PERMIT APPLICATION

For use by Unidocs Member Agencies or where approved by your Local Jurisdiction

1. Facility Name (Tank Site): _____ Bldg. No.: _____
Address: _____ City: _____ Zip: _____
EPA ID No.: _____ Contact Person: _____ Phone No.: _____
2. Tank Owner's Name: _____
Address: _____ City: _____ Zip: _____
3. Tank Operator's Name: _____
Address: _____ City: _____ Zip: _____
4. Applicant's Name: _____
Address: _____ City: _____ Zip: _____
Contact Person: _____ Phone No.: _____
Contact eMail: _____
5. Tank Closure Contractor Business Name: _____
(As registered with the Contractors State License Board at www.cslb.ca.gov)
Address: _____ City: _____ Zip: _____
CSLB License No.: _____ Contact Person: _____ Phone No.: _____
6. Firm that will take soil/water samples: _____ Phone No.: _____
7. State-certified laboratory that will analyze samples: _____ Phone No.: _____
8. Where will the remaining product/waste in the tank(s) be shipped?
Facility Name: _____ EPA ID No. (If applicable): _____
Name of Transporter: _____ EPA ID No. (If applicable): _____
☐ Check this box if the tank(s) was/were emptied by drawing down inventory through normal product use.
9. Where will the tank(s) be shipped? ☐ Check this box if closure-in-place is being requested and attach reasons for request.
Facility Name: _____ EPA ID No. (If applicable): _____
Address: _____ City: _____ Zip: _____
Name of Transporter: _____ EPA ID No. (If applicable): _____

UST System Closure Permit Application - p. 2 of 2 Tank Site Address:

10.	Tank Size (gallons)	Substance(s) Previously Contained	Tank Size (gallons)	Substance(s) Previously Contained
	Tank 1:		Tank 2:	
	Tank 3:		Tank 4:	
	Tank 5:		Tank 6:	

If the facility does not have a current submitted Hazardous Materials Business Plan (HMBP) which includes these tanks, attach an 8-1/2" x 11" plot plan of the tanks to be closed. Indicate the nearest cross street to the facility, buildings immediately adjacent to the tanks, location(s) of tanks to be closed, and location of nearby utilities.

UST OWNER: I am the owner of the tank(s) listed above. I am aware of the pending closure and hereby authorize representatives of the agencies overseeing closure activities to enter upon the mentioned property for inspection purposes.

_____ UST Owner Name (Print)	_____ UST Owner Signature	_____ Date
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APPLICANT: I certify that I have read the Unidocs Underground Storage Tank System and Sump Closure Requirements (UN-002) and declare that the above information is correct to the best of my knowledge. I agree to comply with all applicable city and county codes and ordinances and state laws relating to management of hazardous materials/wastes.

Applicant/Agent's Name (Print)	Applicant/Agent's Signature	Date
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These boxes are for Unified Program Agency Use Only

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Additional analyses may be required by inspector in field.

THIS CERTIFIES THAT ALL TANK SYSTEM CLOSURE ACTIVITIES ARE COMPLETE

The applicant has demonstrated to the satisfaction of the Unified Program Agency that permanent closure of the above UST system(s) has been completed in accordance with California Health and Safety Code §25298(c) and Title 23 California Code of Regulations §2681.*

Agency: _____ Date: _____

Print Name: _____ Sign Name: _____

* If contamination of any detectable concentration is found, contact the leaking underground storage tank Local Oversight Program (LOP) or Regional Water Quality Control Board for cleanup and/or remediation requirements.