

ABOVEGROUND 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. Applicant's Name: _____

Address: _____ City: _____ Zip: _____

Contact Person: _____ Phone No.: () _____

3. Firm that will take soil/water samples: _____ Phone No.: () _____

(If required)

4. State-certified lab that will analyze samples: _____ Phone No.: () _____

(If required)

5. 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.

6. Where will the tank(s) be shipped?

Facility Name: _____ EPA ID No. (If applicable): _____

Name of Transporter: _____ EPA ID No. (If applicable): _____

	Tank Size (gallons)	Substance(s) Previously Contained	Tank Size (gallons)	Substance(s) Previously Contained
7.				
	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.

I certify that I have read the Unidocs Aboveground Tank Closure Requirements (UN-063) guidance document and declare that the above information is correct to the best of my knowledge. The owner of the tank(s) described above is aware of the pending closure. I agree to comply with all applicable city and county codes and ordinances and state laws relating to management of hazardous materials/wastes, and hereby authorize representatives of local agencies to enter upon the within mentioned property for inspection purposes.

Applicant/Agent's Name (Print)

Applicant/Agent's Signature

Date

These boxes are for Agency Use Only

THIS APPROVAL CONSTITUTES A PERMIT FOR REMOVAL OF THE ABOVE LISTED TANKS

Agency: _____ Date: _____

Print Name: _____ Sign Name: _____ Permit/Project No.: _____

This permit expires 6 months from the date of approval. If tanks have not been closed within 6 months, a new closure permit application and fees may be required. Inspections must be scheduled at least 2 working days in advance.

THIS CERTIFIES THAT ALL TANK SYSTEM CLOSURE ACTIVITIES ARE COMPLETE*

Agency: _____ Date: _____

Print Name: _____ Sign Name: _____

*** If contamination of any detectable concentration is found, cleanup/remediation may be required by the Regional Water Quality Control Board (RWQCB) or Department of Toxic Substances Control (DTSC). Property owner may also request voluntary cleanup oversight by the Santa Clara County Department of Environmental Health's Site Mitigation Program if the facility is located in Santa Clara County.**