

# 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.: ( \_\_\_\_\_ )
5. Tank Closure Contractor Business Name: \_\_\_\_\_  
(As registered with the Contractors State License Board at [www.cslb.ca.gov](http://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): \_\_\_\_\_  
Name of Transporter: \_\_\_\_\_ EPA ID No. (If applicable): \_\_\_\_\_

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

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

**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 ordinances and state laws relating to management of hazardous materials/wastes.**

\_\_\_\_\_  
 Applicant/Agent's Name (Print) Applicant/Agent's Signature Date

*These boxes are for Unified Program Agency Use Only*

<b>THIS APPROVAL CONSTITUTES A PERMIT FOR REMOVAL OF THE ABOVE LISTED TANKS</b>						
Agency: _____				Date: _____		
Print Name: _____		Sign Name: _____		Permit/Project No.: _____		
<b>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.</b>						
<b>Laboratory analyses shall test for the following in accordance with the UST System Closure Sampling and Laboratory Analyses Requirements (UN-078)</b>						
	TPH <input type="checkbox"/> TPH Gasoline or TPH GRO (EPA 8015 or 8260B/C) <input type="checkbox"/> TPH Diesel (EPA 8015) <input type="checkbox"/> TPH Kerosene EPA 8015)	BTEX, Ethanol, Naphthalene & Fuel Oxygenates (DIPE, ETBE, MTBE, TAME, & TBA) (EPA 8260B/C)	EDB & EDC (EPA 8260B/C)	Organic Lead (EPA 8081)	<input type="checkbox"/> HEM (EPA 9071B) <input type="checkbox"/> VOCs Full Scan (EPA 8260B) <input type="checkbox"/> Cl HC Full Scan (EPA 8260B) <input type="checkbox"/> PCBs (EPA 8082A) <input type="checkbox"/> SVOCs including PAHs (EPA 8270) <input type="checkbox"/> Metals (Cd, Cr, Pb, Ni & Zn) (EPA 6010B)	<input type="checkbox"/> Other (Specify)
Tank 1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Tank 2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Tank 3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Tank 4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Tank 5	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Tank 6	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

*Additional analyses may be required by inspector in field.*

<b>THIS CERTIFIES THAT ALL TANK SYSTEM CLOSURE ACTIVITIES ARE COMPLETE*</b>	
Agency: _____	Date: _____
Print Name: _____	Sign Name: _____
* <b>If contamination of any detectable concentration is found, contact the leaking underground storage tank Local Oversight Program (LOP) and/or Regional Water Quality Control Board for cleanup and/or remediation requirements.</b>	