



## Permit Application for Closure of Underground Hazardous Materials Storage Tanks and Piping

**FACILITY:**

FA# \_\_\_\_\_ CERS ID \_\_\_\_\_

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

Address: \_\_\_\_\_  
ADDRESS CITY ZIP

**TANK OWNER:**

Name: \_\_\_\_\_ Contact: \_\_\_\_\_

Owner Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Telephone #: \_\_\_\_\_ Email Address: \_\_\_\_\_

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

**TANK OPERATOR:**

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

Telephone #: \_\_\_\_\_ Email Address: \_\_\_\_\_

Mailing Address: \_\_\_\_\_  
ADDRESS CITY ST ZIP

**CONTRACTOR:**

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

Telephone #: \_\_\_\_\_ Email Address: \_\_\_\_\_

Mailing Address: \_\_\_\_\_  
ADDRESS CITY ST ZIP

License Number: \_\_\_\_\_ Class: \_\_\_\_\_

**TYPE OF CLOSURE:**                  Removal                  Closure in place                  Temporary

Describe tank(s) and piping involved, include construction material and size:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Tank Contents – Previous and/or existing: \_\_\_\_\_

**SOIL SAMPLING:**

Sampler (Name, Email Address, and Phone #): \_\_\_\_\_  
NAME

EMAIL ADDRESS PHONE

Name of state certified lab testing the samples: \_\_\_\_\_

Final disposition of tank(s): \_\_\_\_\_

Final disposition of piping:

\_\_\_\_\_ 1. Tanks and piping cleaned and hauled off site to metal salvager

Tank cleaning company: \_\_\_\_\_

Address and phone number: \_\_\_\_\_

Metal salvage company: \_\_\_\_\_

Address and phone number: \_\_\_\_\_  
ADDRESS PHONE

\_\_\_\_\_ 2. Tanks and piping hauled off site as hazardous waste (not cleaned)

To state permitted facility: \_\_\_\_\_

Tank haz-waste transporter: \_\_\_\_\_

Address and phone number: \_\_\_\_\_  
ADDRESS PHONE

CAL EPA haz-waste transporter ID#: \_\_\_\_\_

\_\_\_\_\_ 3. Rinsate haz-waste hauler

Address and phone number: \_\_\_\_\_  
ADDRESS PHONE

**FOR OFFICE USE ONLY**

DATE RECEIVED \_\_\_\_\_ RECEIVED BY \_\_\_\_\_ ASSIGNED TO \_\_\_\_\_ ENTERED BY \_\_\_\_\_ ENTERED DATE \_\_\_\_\_

PE# \_\_\_\_\_ AMOUNT DUE \_\_\_\_\_ AMOUNT PAID \_\_\_\_\_ CHECK OR CC AUTH# \_\_\_\_\_ CASH

PR# \_\_\_\_\_ SR# \_\_\_\_\_ FA# \_\_\_\_\_ INVOICE NUMBER \_\_\_\_\_

INSPECTOR APPROVED \_\_\_\_\_ DATE \_\_\_\_\_