



**Matthew Rodriguez**  
Secretary for  
Environmental Protection



## Department of Toxic Substances Control

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Governor

### Underground Storage Tank Closure Application and Permit

A permit will be issued for closure or abandonment in place of UST when a work plan is submitted. In addition to this permit, all applicable permits required by the local fire department, building department and the Air Quality Management District must be obtained and should be available for review at the closure site. **A WORK PLAN MUST BE SUBMITTED TO OBTAIN A PERMIT.** All tank closures must, at a minimum, comply with the California Underground Storage Tank Regulations and the appropriate section of the California Health and Safety Code.

**FACILITY NUMBER**

**PLAN CHECK NUMBER**

NAME OF FACILITY

ADDRESS

CITY

ZIP

PHONE NUMBER

NAME OF OWNER/OPERATOR

ADDRESS

CITY

ZIP

PHONE NUMBER

NAME OF CONTRACTOR/APPLICANT

ADDRESS

CITY

ZIP

PHONE NUMBER

CONTRACTOR'S LICENSE TYPE AND NUMBER (Including Hazardous Material Certification)

ANSWER THE FOLLOWING QUESTIONS DESCRIBING THE TANK(S) TO BE CLOSED OR ABANDONED. IF YOU HAVE MORE THAN FOUR (4) TANKS, PROVIDE INFORMATION ON AN ADDITIONAL FORM.

<b>TANK INFORMATION:</b>	TANK 1	TANK 2	TANK 3	TANK 4
SINGLE/DOUBLE WALLED TANK/AGE				
SIZE OF TANK/TANK MATERIAL				
SUBSTANCE STORED/SUSPECTED OF LEAKING				

CIRCLE THE METHOD OF CLOSURE: **REMOVAL**    **ABANDONMENT IN PLACE**    **TEMPORARY CLOSURE**

UNDERGROUND TANK CLOSURE INSPECTIONS MUST BE SCHEDULED AT LEAST FIVE (5) BUSINESS DAYS IN ADVANCE.

CONTRACTOR/APPLICANT SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

PERMIT APPROVED BY (**Ensure Work plan is Attached**) : \_\_\_\_\_ DATE: \_\_\_\_\_

AMOUNT ATTACHED \$ \_\_\_\_\_ TRANSACTION/OCR NO. \_\_\_\_\_ CHECK NO. \_\_\_\_\_

WORK PLAN SUBMITTED \_\_\_\_\_

**\*\*THIS PERMIT FOR CLOSURE IS VALID FOR 90 DAYS FROM THE DATE OF ISSUE.**