



SAN BENITO COUNTY

HEALTH & HUMAN SERVICES AGENCY

TRACY BELTON, DIRECTOR
CHERYL SCOTT MD, MPH, PUBLIC HEALTH OFFICER

Environmental Health
351 Tres Pinos Road, Ste. C-1
Hollister, California 95023
(831) 636-4035
Fax (831) 636-4037

UNDERGROUND STORAGE TANK (UST) REMOVAL/CLOSURE PERMIT APPLICATION

This application is for:

REMOVAL PER TANK /CLOSURE FEE: \$562.00

☐ Tank Removal # of tanks: _____

☐ Closure in place # of tanks: _____

Internal Use Only:

FA: _____ CERS: _____

Application Date: _____

I. FACILITY INFORMATION

BUSINESS NAME (same as FACILITY NAME or DBA – Doing Business As)

BUSINESS ADDRESS

CITY

STATE

ZIP CODE

NEAREST CROSS STREET

II. OWNER'S INFORMATION

NAME OF TANK OWNER/OPERATOR

OWNER/OPERATOR'S PHONE

OWNER/OPERATOR'S MAILING ADDRESS

CITY

STATE

ZIP CODE

III. CONTRACTOR'S INFORMATION

CONTRACTOR'S NAME

CONTRACTOR'S PHONE

CONTRACTOR'S MAILING ADDRESS

CITY

STATE

ZIP CODE

CALIFORNIA CONTRACTOR'S LICENSE NUMBER

LICENSE TYPE

NAME OF CONTRACTOR'S CONTACT PERSON

CONTRACTOR'S EMAIL ADDRESS

ANTICIPATED TANK REMOVAL/CLOSURE DATE

IV. SITE ASSESSMENT INFORMATION

NAME OF SAMPLER

SAMPLER'S PHONE

SAMPLER'S MAILING ADDRESS

CITY

STATE

ZIP CODE

V. LABORATORY INFORMATION

NAME OF LABORATORY

LABORATORY'S PHONE

LABORATORY'S MAILING ADDRESS

CITY

STATE

ZIP CODE

| VI. DISPOSAL INFORMATION | | | | | | |
|---|---------------|-----------------|-----------------------------------|--------------------------------------|---|-------------------------|
| HAZARDOUS SUBSTANCE REMOVAL CONTRACTOR NAME | | | | CONTRACTOR'S PHONE | | |
| CONTRACTOR'S MAILING ADDRESS | | | | | | |
| CITY | | STATE | | | ZIP CODE | |
| CALIFORNIA CONTRACTOR'S LICENCE NUMBER | | | | LICENSE TYPE | | |
| NAME OF CONTRACTOR'S CONTACT PERSON | | | | CONTRACTOR'S EMAIL | | |
| RINSATE DISPOSAL LOCATION | | | | | | |
| DISPOSAL LOCATION FOR TANKS & PIPING | | | | | | |
| VII. TANK INFORMATION | | | | | | |
| *TANK # | TANK CAPACITY | CHEMICAL STORED | PREVIOUS CHEMICAL (if applicable) | TANK CONFIGURATION | | |
| | | | | <input type="checkbox"/> STAND ALONE | <input type="checkbox"/> COMPARTMENT UNIT | # COMPARTMENTS IN UNIT: |
| | | | | <input type="checkbox"/> STAND ALONE | <input type="checkbox"/> COMPARTMENT UNIT | # COMPARTMENTS IN UNIT: |
| | | | | <input type="checkbox"/> STAND ALONE | <input type="checkbox"/> COMPARTMENT UNIT | # COMPARTMENTS IN UNIT: |
| | | | | <input type="checkbox"/> STAND ALONE | <input type="checkbox"/> COMPARTMENT UNIT | # COMPARTMENTS IN UNIT: |
| | | | | <input type="checkbox"/> STAND ALONE | <input type="checkbox"/> COMPARTMENT UNIT | # COMPARTMENTS IN UNIT: |

*Permanently closed/removed tanks only as listed in CERS

Provide a drawing in the space above of tanks, piping, lengths, dimensions, proposed sampling locations designated by ⊗, and North arrow (use additional page if needed).

A closure report shall be submitted to this office within thirty (30) days of tank(s) removal.

THIS FORM HAS BEEN COMPLETED UNDER PENALTY OF PERJURY AND TO THE BEST OF MY KNOWLEDGE IS TRUE AND CORRECT. I HAVE RECEIVED, UNDERSTAND, AND WILL COMPLY WITH THE ABOVE CONDITIONS OF THIS PERMIT AND ANY OTHER STATE, LOCAL AND FEDERAL REGULATIONS.

| APPLICANT SIGNATURE | | |
|--|---|-------|
| Certification – I certify that the information provided herein is true and accurate to the best of my knowledge. | | |
| SIGNATURE OF APPLICANT | DATE | PHONE |
| NAME OF APPLICANT (print) | TITLE OF APPLICANT | |
| OFFICIAL USE ONLY | | |
| APPLICATION RECEIVED BY | FEE ALLOCATION <input type="checkbox"/> CS02 PERMANENT REMOVAL | |
| INSPECTOR NAME (print) | CONTACT PHONE | |
| ISSUE DATE | EXPIRATION DATE | |
| APPROVED BY | | |
| | | |

THIS APPLICATION BECOMES A PERMIT WHEN APPROVED

MAINTAIN ON SITE AT ALL TIMES