



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: _____

Internal Use Only:
FA: _____ CERS: _____
Application Date: _____

Closure in place # of tanks: _____

I. FACILITY INFORMATION

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

BUSINESS ADDRESS

CITY	STATE	ZIP CODE
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NEAREST CROSS STREET

II. OWNER'S INFORMATION

NAME OF TANK OWNER/OPERATOR	OWNER/OPERATOR'S PHONE
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OWNER/OPERATOR'S MAILING ADDRESS

CITY	STATE	ZIP CODE
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III. CONTRACTOR'S INFORMATION

CONTRACTOR'S NAME	CONTRACTOR'S PHONE
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CONTRACTOR'S MAILING ADDRESS

CITY	STATE	ZIP CODE
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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
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SAMPLER'S MAILING ADDRESS

CITY	STATE	ZIP CODE
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V. LABORATORY INFORMATION

NAME OF LABORATORY	LABORATORY'S PHONE
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LABORATORY'S MAILING ADDRESS

CITY	STATE	ZIP CODE
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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 \otimes , 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