



# SAN BENITO COUNTY

HEALTH & HUMAN SERVICES AGENCY

TRACEY 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

## UNIFIED PROGRAM AGENCY APPLICATION FOR UNDERGROUND STORAGE TANK (UST) TEMPORARY TANK CLOSURE APPLICATION/PERMIT

In order to expedite permit processing, before submitting your permit application(s) for temporary tank closure, verify that all of the elements below are completed (copies of required forms are attached). Application must be fully completed or it will not be accepted; no exceptions. Allow up to thirty (30) working days for permit processing/issuance. Please call Environmental Health Services Division at (831) 630-4035 for assistance and clarification.

### Temporary Tank Closure Application

**Plot Plan:** There is a small space available on the last of the permit application for the plot plan. The applicant should provide a drawing within this space, or on an attached page, showing the following;

- Tanks
- Piping
- Ancillary equipment
- Location of monitoring panel
- Fill and vents
- Dispensers
- Buildings
- Wells
- Location of nearest road or intersection
- North arrow

**Update the UST Monitoring Tank Information/Monitoring Plan:** It is the responsibility of the tank owner/operator to update the monitoring plan in California Environmental Reporting System (CERS).

**Temporary Closure Permit:** The temporary closure requirements of section 2671 shall apply to those underground storage tanks in which the storage of hazardous substances has ceased but the underground storage tank will again be used for the storage of hazardous substances within the next 12 consecutive months. At the end of 12 consecutive months during which the tank is temporarily closed, the local agency may approve an extension of the temporary closure period for a maximum additional period of up to 12 months.

PUBLIC HEALTH SERVICES  
351 Tres Pinos Road, Suite A-202  
Hollister CA 95023  
831-637-5367

ENVIRONMENTAL HEALTH  
351 Tres Pinos Road, Suite C-1  
Hollister CA 95023  
831-636-4035

MEDICAL THERAPY UNIT  
761 South Street  
Hollister CA 95023  
831-637-1989

Owners and operators shall complete a site assessment in accordance with section 2672(d) before an extension may be granted by the local agency. The temporary closure requirements of section 2671 do not apply to underground storage tanks that are empty as a result of the withdrawal of all stored substances during normal operating practice prior to the planned input of additional hazardous substances. Temporary closure permit(s) for single walled or non-compatible tan systems will expire on or before December 31, 2025.



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## UNDERGROUND STORAGE TANKS TEMPORARY TANK CLOSURE APPLICATION

FA:	CERS ID:
Application Date:	
# of Tanks to Close:	

### I. FACILITY INFORMATION

BUSINESS NAME (same as FACILITY NAME or DBA – Doing Business As)		
BUSINESS SITE ADDRESS		
CITY	STATE	ZIP CODE
NEAREST CROSS STREET		

### II. OWNER'S INFORMATION

NAME OF TANK OWNER/OPERATOR	OWNER/OPERATOR'S PHONE	
OWNER/OPERATOR MAILING ADDRESS		
CITY	STATE	ZIP CODE

### III. EMERGENCY CONTACTS

EMERGENCY CONTACT #1	
CONTACT'S PHONE	24 HR PHONE
EMERGENCY CONTACT #2	
CONTACT'S PHONE	24 HR PHONE

### IV. TANK INFORMATION

*TANK NUMBER	TANK CAPACITY	CHEMICAL STORED	DATE OF LAST UST SYSTEM CERTIFICATION	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:
				<input type="checkbox"/> STAND ALONE	<input type="checkbox"/> COMPARTMENT UNIT	# COMPARTMENTS IN UNIT:

\*List only tanks to be closed

### CONDITIONS AS FOLLOWS:

1. All residual liquid, solids or sludge shall be removed and handled in accordance with the applicable provisions of Chapters 6.5 and 6.7 of Division 20 of Health and Safety Code.
2. If the underground storage tank contained a hazardous substance that could produce flammable vapors at standard temperature and pressure, it shall be rendered inert, as often as necessary, to levels that will preclude an explosion or to lower levels as required by the local agency.
3. Except for required venting, all fill and access locations and piping shall be secured using locking caps.
4. Power service shall be disconnected from all pumps associated with the use of the underground storage tank unless the power services some other equipment which is not being closed.
5. Impressed-current cathodic protection systems not associated with tank closures shall remain on at all times.
6. All UST systems under this temporary closure permit must continue to comply with:
  - Repair and recordkeeping requirements
  - Release reporting and investigation requirements
  - Release response & corrective action requirements
  - Pay annual permit fees

Temporary closure permit for single walled or non-compatible tank systems will expire on or before December 31, 2025

7. Permit(s) will not be issued until full permit fees are received.
8. The underground storage tank shall be inspected by the owner, the operator, or Designated Operator at least once every three months to verify that the temporary closure measures are still in place. The inspection shall include but is not limited to the following:
  - Visual inspection of all locked caps.
  - a. Visual inspection of the interior to determine if any liquids or other substances have been added to the underground storage tank.
9. If the owner wishes to terminate the temporary closure and return the UST to operation, the tank system must meet all applicable regulatory standards for operation before they are placed back into service.
  - a. Monitoring system certification, required testing and/or repairs shall be conducted prior to return of operation.
10. This permit will be revoked or no longer valid by San Benito County – Unified Program Agency (UPA) if advised of any of the following:
  - Transfer of ownership
  - The facility fails to meet the conditions and prohibitions specified within the permit to operate or the temporary closure permit.
  - If the UPA is made aware of a release
  - THIS PERMIT IS NOT TRANSFERABLE
11. The temporary closure requirements of section 2671 shall apply to those underground storage tanks in which the storage of hazardous substances has ceased but the underground storage tank will again be used for the storage of hazardous substances within the next 12 consecutive months. At the end of 12 consecutive months during which the tank is temporarily closed, the local agency may approve an extension of the temporary closure period for a maximum additional period of up to 12 months. Owners and operators shall complete a site assessment in accordance with section 2672(d) before an extension may be granted by the local agency.
12. A plot plan of the facility showing the locations of the tank(s), ancillary equipment such as impressed-current cathodic protection system, location of the monitoring panel, piping, dispensers, fills, vents, buildings, wells, nearest streets and intersections, north arrow must be included with the permit application.

Provide a drawing in the space above of the tank(s), ancillary equipment such as impressed-current cathodic protection system, location of the monitoring panel, piping, dispensers, fills, vents, buildings, wells, nearest streets and intersections, north arrow.

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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		
INSPECTOR NAME (print)	CONTACT PHONE	
ISSUE DATE	EXPIRATION DATE	
APPROVED BY		

**THIS APPLICATION BECOMES A PERMIT WHEN APPROVED**

**MAINTAIN ON SITE AT ALL TIMES**

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