



SR# \_\_\_\_\_  
(Office use only)

**PERMIT APPLICATION TO CLOSE  
UNDERGROUND STORAGE TANK SYSTEMS**

REMOVAL     CLOSURE IN PLACE     TEMPORARY CLOSURE

**FACILITY INFORMATION**

Site ID	CERS ID	<input type="checkbox"/> This site does not have a Site or CERS ID number. (see page 5)	
Facility Contact		Phone #	
Facility Name		Phone #	
Address		City	Zip Code
Cross Street			

**CONTRACTOR INFORMATION**

Contractor Business Name		Contact Name	
Phone		Email	
Address		CA License #	Class
		Contractor Fax #	
Insurer		Worker Comp #	
Fire District		Permit #	
Laboratory Name		County	Phone #
Sampling Firm		Phone #	

**TANK INFORMATION**

CERS Tank ID #	Tank Size	Contents	Install Date	Removal/Closure in Place Fee	Temp Closure Fee
				<b>\$1798.00 +</b>	<b>\$771.00 +</b>
				<b>385.00</b>	<b>128.00</b>
				<b>385.00</b>	<b>128.00</b>
				<b>385.00</b>	<b>128.00</b>
				<b>385.00</b>	<b>128.00</b>

Applicants must perform all work in accordance with Contra Costa County Ordinances, State and Federal laws and regulations of Contra Costa Health Services Hazardous Materials Programs. Owner or licensed agents signature certifies the following: "I certify that in the performance of the work for which this permit is issued, I shall not employ any person in such a manner as to become subject to worker's compensation laws of California." Contractor's hiring or subcontracting signature certifies the following: "I certify that in the performance of the work for which this permit is issued, I shall employ persons subject to Worker's Compensation Laws of California."

Applicant Name \_\_\_\_\_ Title \_\_\_\_\_

Applicant Signature \_\_\_\_\_ Date \_\_\_\_\_

**APPROVED**       **APPROVED WITH CONDITIONS**       **DISAPPROVED**  
(see attached conditions)

PLAN REVIEWER'S NAME \_\_\_\_\_ DATE \_\_\_\_\_

Any deviations from this application must be submitted to CCHS Hazardous Materials Programs prior to commencing work.



- 1. Is the current certificate of worker’s compensation insurance on file?  YES  NO
- 2. Does the contractor possess a “Hazardous Substance Removal Certificate”?  YES  NO
- 3. Has everyone on site, including crane/backhoe operator, been certified to work on a hazardous waste site in accordance with Title 8 CCR?  YES  NO
- 4. Has a “Site Specific Health & Safety Plan” for this job site been submitted?  YES  NO
- 5. Has the contractor obtained approval from the local fire department to perform tank cutting?  YES  NO
- 6. Is there knowledge or evidence of leakage from the tank(s) and/or piping?  YES  NO

If yes, please explain: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

7. If tank residual exists, identify transporting hazardous waste hauler:

Name: \_\_\_\_\_ Hauler Registration #: \_\_\_\_\_  
 Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Phone: \_\_\_\_\_

- 8. Decontamination Procedures:  YES  NO
  - a. Will tank(s) and piping be decontaminated prior to removal?

b. Identify contractor performing decontamination:

Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Phone#: \_\_\_\_\_

c. Describe the method(s) to be used for decontamination:

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

d. Describe how rinsate material will be stored onsite prior to manifesting offsite: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

e. Rinsate Hauler and Permitted Treatment, Storage & Disposal Facility:

Name: \_\_\_\_\_ Hauler Registration #: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Phone#: \_\_\_\_\_

Permitted Disposal Site: \_\_\_\_\_

9. a. Describe the method(s) utilized to purge and/or inert the tank(s):

\_\_\_\_\_  
\_\_\_\_\_

b. Tank/Piping Hauler:

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

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone# \_\_\_\_\_

Hauler Registration # (if hauled as hazardous waste): \_\_\_\_\_

c. Tank/Piping Disposal Site:

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

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Phone#: \_\_\_\_\_

EPA ID # (if transported to a permitted facility): \_\_\_\_\_

10. Is the sampling firm an independent third party from the contractor?

YES  NO

a. Describe in detail, how the soil and/or water sample(s) beneath the tank and piping will be obtained: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

11. Describe how the excavation will be backfilled with suitable material upon removal:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

12. Handling of excavated soil:

a. What material will be used to line the tank pit and cover the stockpile?

\_\_\_\_\_  
\_\_\_\_\_

b. What will be the final destination of the excavated stockpile?

\_\_\_\_\_

c. Contaminated Soil Hazardous Waste Hauler Name: \_\_\_\_\_

d. Hauler Registration #: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone#: \_\_\_\_\_

13. Depth to groundwater? \_\_\_\_\_

Source of groundwater information \_\_\_\_\_

14. Indicate the responsible party to be billed for additional CCHSHMP staff time expended beyond 3 hours minimum permit payment per tank. If the party designated below is different than the permit applicant, e.g. property owner, the party must acknowledge this responsibility for the billing by signature and date below.

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

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Daytime Phone: \_\_\_\_\_

Signature: \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_\_

***This Underground Storage Tank Closure Permit expires three (3) months from the date of application approval.***

For USTs not registered with the California Environmental Reporting System (CERS) website, please complete the following information.

<b>Owner Contact Information</b>	
Name	Business Name
Phone	Mailing Address
Secondary Phone	
Email	

<b>Operator Contact Information</b>	<input type="checkbox"/> Same as Owner	
Name	Business Name	
Phone	Mailing Address	
Secondary Phone		
Email		

<b>Environmental Contact Information</b>	<input type="checkbox"/> Same as Owner	<input type="checkbox"/> Same as Operator
Name	Business Name	
Phone	Mailing Address	
Secondary Phone		
Email		

<b>Billing Contact Information</b>	<input type="checkbox"/> Same as Owner	<input type="checkbox"/> Same as Operator
Name	Business Name	
Phone	Mailing Address	
Secondary Phone		
Email		