



COUNTY OF SAN LUIS OBISPO HEALTH AGENCY
ENVIRONMENTAL HEALTH SERVICES DIVISION

2156 Sierra Way STE. B, San Luis Obispo, CA 93401
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Phone: (805) 781-5544 Fax: (805)781-4211

Permit Application for Closure of
Underground Hazardous Materials Storage Tanks and Piping

FACILITY: Name and Location _____

TANK OWNER:

Name: _____ Contact: _____

Owner Signature: _____ Date: _____

Mailing Address: _____

Telephone: _____

TANK OPERATOR:

Name: _____ Telephone: _____

Mailing Address: _____

CONTRACTOR:

Name: _____ Telephone: _____

Mailing Address: _____

License Number: _____ Class: _____

TYPE OF CLOSURE:

[] Removal [] Closure in place [] Temporary Closure Date of Closure: _____

Describe tank(s) and piping involved, include construction material and size: _____

Previous and existing contents: _____

Sampling performed by (Name, Address and Phone #): _____

Name of state certified lab testing the samples: _____

Final disposition of tank(s): _____

Final disposition of piping:

- 1. Tanks and piping hauled off site as hazardous waste (not cleaned)
To state permitted facility:
Tank haz-waste transporter:
Address and phone number:
CAL EPA haz-waste transporter ID#
2. Tanks and piping cleaned and hauled off site to metal salvager
Tank cleaning company:
Address and phone number:

Metal salvage company: _____
Address and phone number _____

_____ 3. Rinsate haz waste hauler: _____
Address and phone number _____
CAL EPA haz-waste transporter ID# _____

FOR OFFICE USE ONLY

DATE RECEIVED _____ RECEIVED BY _____ ASSIGNED TO _____ ENTERED BY _____ ENTERED DATE _____

PE# _____ AMOUNT DUE _____ AMOUNT PAID _____ CHECK OR CC AUTH # _____ CASH

PERMIT # _____

PR# _____ SR# _____ FA# _____ INVOICE NUMBER _____

INSPECTOR APPROVED _____ DATE _____