



## Permit Application for Closure of Aboveground Hazardous Materials Storage Tanks and Piping

**FACILITY:**

FA# \_\_\_\_\_ CERS ID \_\_\_\_\_

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

Address: \_\_\_\_\_  
ADDRESS CITY ZIP

**TANK OWNER:**

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

Owner Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Telephone #: \_\_\_\_\_ Email Address: \_\_\_\_\_

Mailing Address: \_\_\_\_\_  
ADDRESS CITY ST ZIP

**TANK OPERATOR:**

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

Telephone #: \_\_\_\_\_ Email Address: \_\_\_\_\_

Mailing Address: \_\_\_\_\_  
ADDRESS CITY ST ZIP

**CONTRACTOR:**

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

Telephone #: \_\_\_\_\_ Email Address: \_\_\_\_\_

Mailing Address: \_\_\_\_\_  
ADDRESS CITY ST ZIP

License Number: \_\_\_\_\_ Class: \_\_\_\_\_

**TYPE OF CLOSURE:** Removal Temporary Closure

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

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Tank Contents – Previous and/or existing: \_\_\_\_\_

**SOIL SAMPLING:**Sampler (Name, Email Address, and Phone #): NAME \_\_\_\_\_

EMAIL ADDRESS \_\_\_\_\_ PHONE \_\_\_\_\_

Name of state certified lab testing the samples: \_\_\_\_\_

Final disposition of tank(s): \_\_\_\_\_

Final disposition of piping:

1. Tanks and piping cleaned and hauled off site to metal salvager

Tank cleaning company: \_\_\_\_\_

Address and phone number: ADDRESS \_\_\_\_\_ PHONE \_\_\_\_\_

Metal salvage company: \_\_\_\_\_

Address and phone number: ADDRESS \_\_\_\_\_ PHONE \_\_\_\_\_

2. Tanks and piping hauled off site as hazardous waste (not cleaned)

To state permitted facility: \_\_\_\_\_

Tank haz-waste transporter: \_\_\_\_\_

Address and phone number: ADDRESS \_\_\_\_\_ PHONE \_\_\_\_\_

License #: \_\_\_\_\_

CAL EPA haz-waste transporter ID#: \_\_\_\_\_

3. Rinsate haz-waste hauler

Address and phone number: ADDRESS \_\_\_\_\_ PHONE \_\_\_\_\_

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 \_\_\_\_\_

PR# \_\_\_\_\_ SR# \_\_\_\_\_ FA# \_\_\_\_\_ INVOICE NUMBER \_\_\_\_\_

INSPECTOR APPROVED \_\_\_\_\_ DATE \_\_\_\_\_