



**COUNTY OF SAN LUIS OBISPO HEALTH AGENCY
ENVIRONMENTAL HEALTH SERVICES DIVISION**

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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:

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 _____