



# Mendocino County Health & Human Services Agency

Healthy People, Healthy Communities

## Environmental Health

860 N. Bush St Ukiah, CA 95482

Phone: (707) 234-6625

Fax: (707) 463-4038



## APPLICATION FOR PERMIT/APPROVAL TO CLOSE AN UNDERGROUND STORAGE TANK AND/OR PIPING

### TYPE OF PERMANENT CLOSURE (check one):

- ☐ Removal & Disposal    ☐ Removal & Re-use    ☐ In Place (requires a Boring Permit)  
☐ Tank & Piping    ☐ Tank (only)    ☐ Piping of 20' or more (only)

### SITE INFORMATION:

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

Site Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

### OWNER INFORMATION:

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

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Contact Person: \_\_\_\_\_

### CLOSURE CONTRACTOR INFORMATION:

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

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Contact Person: \_\_\_\_\_

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

State Contractor License Number and Type: \_\_\_\_\_

*California A or C-61/D-40 license with "Hazardous Substance Removal Certification."*

### CLOSURE TANK SYSTEM INFORMATION:

Tank #	Size (gallons)	Material (steel/fiberglass)	Contents (current/previous)	Closure Methods

#### Payment:

Environmental Health  
860 N Bush Street  
Ukiah, CA 95482

#### Fees:

First Tank ..... \$485  
Each Additional Tank ..... \$228

DATE REC'D: \_\_\_\_\_

REC'D BY: \_\_\_\_\_

FEE: \_\_\_\_\_

PAYMENT #: \_\_\_\_\_

PERMIT #: \_\_\_\_\_

**Destination of hazardous waste or recyclable materials (residual liquids, solids, or sludges):**

Waste Hauler's Name: \_\_\_\_\_

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

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

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

Tank Destination: \_\_\_\_\_

Tank Hauler Name: \_\_\_\_\_

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

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

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

Nature of Intended Reuse: \_\_\_\_\_

New Owner/Operator Name: \_\_\_\_\_

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

***Please Note:*** A clean tank with 0% LEL's may be hauled away as non-hazardous waste. All other tanks must be hauled as hazardous waste by a state licensed hazardous waste hauler.

**The information below must be attached and submitted with the application and fees:**

- “ Attach one 8 ½ x 11 plot plan showing:
  - Property lines, buildings, and adjacent streets
  - Location of all tank(s), piping, monitoring wells, and other improvements that may impact closure
- “ Written description of tank closure procedure

***AGREEMENT***

I understand Mendocino County Air Quality Management District, the Building and Planning Department, the Coastal Commission, the North Coast Regional Water Quality Control Board, and the local fire department may have their own procedures and permitting requirements for which I am responsible.

I agree to perform all work in compliance with the *California Underground Storage Tank Regulations*, title 23, division 3, chapter 16 of the *California Code of Regulations* as revised and the *Health and Safety Code*, chapter 6.7 as amended.

I authorize the release of all analytical results, relevant to this tank closure to the Mendocino County Public Health Department as soon as it is provided to me or my representative.

I will submit copies of hazardous waste manifests, tank disposal documentation, and recycle receipt's to Mendocino County Public Health Department as soon as they available.

\_\_\_\_\_  
Signature of Owner or Agent

\_\_\_\_\_  
Date