



Mendocino County Health & Human Services Agency

Healthy People, Healthy Communities

Stacey Cryer, Agency Director

Department of Public Health

Environmental Health Division

Ukiah Office: 860 N Bush St, Ukiah, CA 95482

Phone: 707-234-6625



DATE REC'D:	_____
REC'D BY:	_____
FEE:	_____
PAYMENT #:	_____
PERMIT #:	_____

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

TYPE OF PERMANENT CLOSURE (check one):

- | | | |
|---|---|--|
| <input type="checkbox"/> Removal & Disposal | <input type="checkbox"/> Removal & Re-use | <input type="checkbox"/> In Place (requires a Boring Permit) |
| <input type="checkbox"/> Tank & Piping | <input type="checkbox"/> Tank (only) | <input type="checkbox"/> 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:

Name: _____
Mailing Address: _____ City: _____ Zip: _____
Phone: _____ Contact Person: _____
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

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

'Wet' or original signatures are required; faxed or photocopied applications are not acceptable.