## UNDERGROUND STORAGE TANK SYSTEM CLOSURE PERMIT APPLICATION

For use by Unidocs Member Agencies or where approved by your Local Jurisdiction

1.	Facility Name (Tank Site):	Bldg. No.:							
	Address:	Ci	ty:		Zip:				
	EPA ID No.:	Contact Person:		Phone No.:	(	)			
2.	Tank Owner's Name:								
	Address:	Ci	ty:		Zip:				
3.	Tank Operator's Name:								
	Address:								
4.	Applicant's Name:								
	Address:				Zip:				
	Contact Person:			Phone No.:	(	)			
5.	Tank Closure Contractor Business Name:  (As registered with the Contractors State License Board at www.cslb.ca.gov)								
	Address:								
	CSLB License No.:								
6.	Firm that will take soil/water samples:			Phone No.:	(	)			
7.	State-certified laboratory that will analyz	e samples:		Phone No.:	(	)			
8.	Where will the remaining product/waste in the tank(s) be shipped?								
	Facility Name:		EPA ID No. (If ap	plicable):					
	Name of Transporter:		EPA ID No. (If ap	plicable):					
	☐ Check this box if the tank(s) was/were emptied by drawing down inventory through normal product use.								
9.	Where will the tank(s) be shipped?   Check this box if closure-in-place is being requested and attach reasons for request.								
	Facility Name:	EPA ID No. (If applicable):							
	Name of Transporter:		EPA ID No. (If applicable):						

1()	x Size lons)	Substance(s) Contai			Tank Size (gallons)		(s) Previously ntained
Tank 1:				Tank 2:			
Tank 3:				Tank 4:	Tank 4:		
Tank 5:			Tank 6:				
If the facility does not 1/2" x 11" plot plan or tanks, location(s) of tanks	f the tank	s to be closed. Indica	ite the nearest	cross street			
UST OWNER: I an representatives of the							
UST Owner Name (Print)				UST Owner Signature			Date
APPLICANT: I certi (UN-002) and declare city and county ordin	that the	above information is	correct to th	e best of m	y knowledge. I a	gree to comply w	
Applicant/A	gent's Na	me (Print)	A	applicant/Ag	ent's Signature		Date
These boxes are for U	nified Pro	ogram Agency Use On	ly				
THIS API	PROVAL	CONSTITUTES A	PERMIT FO	R REMOV	AL OF THE ABO	OVE LISTED TA	NKS
Agency:						_ Date:	
Print Name:		Sign	n Name:	Permit/Project No.:			
This permit expires 6 application and fees n							closure permit
Laboratory analyses sha	ll test for th	e following in accordance	with the UST Sy	stem Closure	Sampling and Labora	tory Analyses Requir	ements (UN-078)
TPH  TPH Gasoline or GRO (EPA 8015 8260B/C) TPH Diesel (EPA TPH Kerosene EF	TPH 5 or 8015)	BTEX, Ethanol, Naphthalene & Fuel Oxygenates (DIPE, ETBE, MTBE, TAME, & TBA) (EPA 8260B/C)	EDB & EDC (EPA 8260B/C)	Organic Lead (EPA 8081)	VOCs Full Scan (	EPA 8260B) (EPA 8260B) A)	Other (Specify)
Tank 1	[						
Tank 2 ☐ Tank 3 ☐	L	<u></u>					
Tank 4				15	+		
Tank 5	]						
Tank 6	[						
Additional analyses ma	ıy be reqi	iired by inspector in fi	eld.				
TH	IS CERT	IFIES THAT ALL T	ANK SYSTE	CM CLOSU	RE ACTIVITIES	ARE COMPLE	TE*
Agency:					Date:		
Print Name:			S	ign Name: _			
* If contamination of Program (LOP) as		ectable concentration gional Water Quality					

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