

**UNDERGROUND STORAGE TANK SYSTEM CLOSURE
 PERMIT APPLICATION/CLOSURE PLAN
 SISKIYOU COUNTY PUBLIC HEALTH DEPARTMENT
 ENVIRONMENTAL HEALTH DIVISION
 HAZARDOUS MATERIALS MANAGEMENT GROUP**

This box is for agency use only

CL: _____	CMHC#: _____	Fee: _____
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1. Facility Name (Tank Site): _____ **APN:** _____
 Address: _____ City: _____ Zip: _____
 EPA ID No.: _____ Contact Person: _____ Phone No.: (____) _____
2. Tank Owner's Name: _____
 Address: _____ City: _____ Zip: _____
3. Tank Operator's Name: _____
 Address: _____ City: _____ Zip: _____
4. Applicant's Name: _____
 Address: _____ City: _____ Zip: _____
 Contact Person: _____ Phone No.: (____) _____
5. Tank Closure Contractor: _____
 Address: _____ City: _____ Zip: _____
 Contact Person: _____ Phone No.: (____) _____
 Contractor's License on file; attached
 Hazardous Substance Removal Certificate: on file; attached
 Worker's Compensation Declaration: on file; attached
 Business License: on file; attached
6. Contractor that will take soil/water samples: _____ Phone No.: (____) _____
7. State-certified laboratory that will analyze samples: _____ Phone No.: (____) _____

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Laboratory analyses shall test for:										
	TPH G	TPH D	BTX&E	MTBE	TE Lead	Cl Hydro	O&G	EPA 8260	pH	Other (Specify)
Tank 1										
Tank 2										
Tank 3										
Tank 4										
Tank 5										
Tank 6										

Additional analyses may be required by inspector in field:

8. Type of closure: removal close in place
9. If closed in place: justification & method: _____

10. Name of Licensed Transporter of Tanks: _____

EPA ID No.: _____ Phone No.: (____) _____

11. Describe method of inerting tank before transport:

12. Destination of Tanks and Piping: _____

13. Tank System:	<u>Size (gallons)</u>	<u>Substance(s) Previously Contained</u>
Tank 1	_____	_____
Tank 2	_____	_____
Tank 3	_____	_____
Tank 4	_____	_____
Tank 5	_____	_____
Tank 6	_____	_____

This Underground Tank Closure Permit expires 6 months from the date of closure plan approval. If tanks have not been closed within 6 months, a new closure permit application and appropriate fees may be required.

Facility closure inspections must be scheduled at least 48 hours in advance. Call the Siskiyou County Public Health Department, Environmental Health Division, Hazardous Materials Management Group to make necessary arrangements.

I certify that all work will be performed by a contractor(s) approved to work in the State of California and I have read the UST closure regulations and declare that the above information is correct to the best of my knowledge. The owner of the tank(s) described above has approved this closure. I agree to comply with all applicable city, county state ordinances, laws and regulations relating to hazardous materials/wastes, including Cal-OSHA requirements and hereby authorize representatives of Siskiyou County Health Department to enter upon the above referenced property for inspection purposes.

Applicant/Agent's Name (Print) _____ Applicant/Agent's Signature _____ Date _____

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THIS APPROVAL CONSTITUTES A PERMIT FOR REMOVAL OF THE ABOVE LISTED TANKS.
Authorized by: _____ Date: _____
Comments: _____

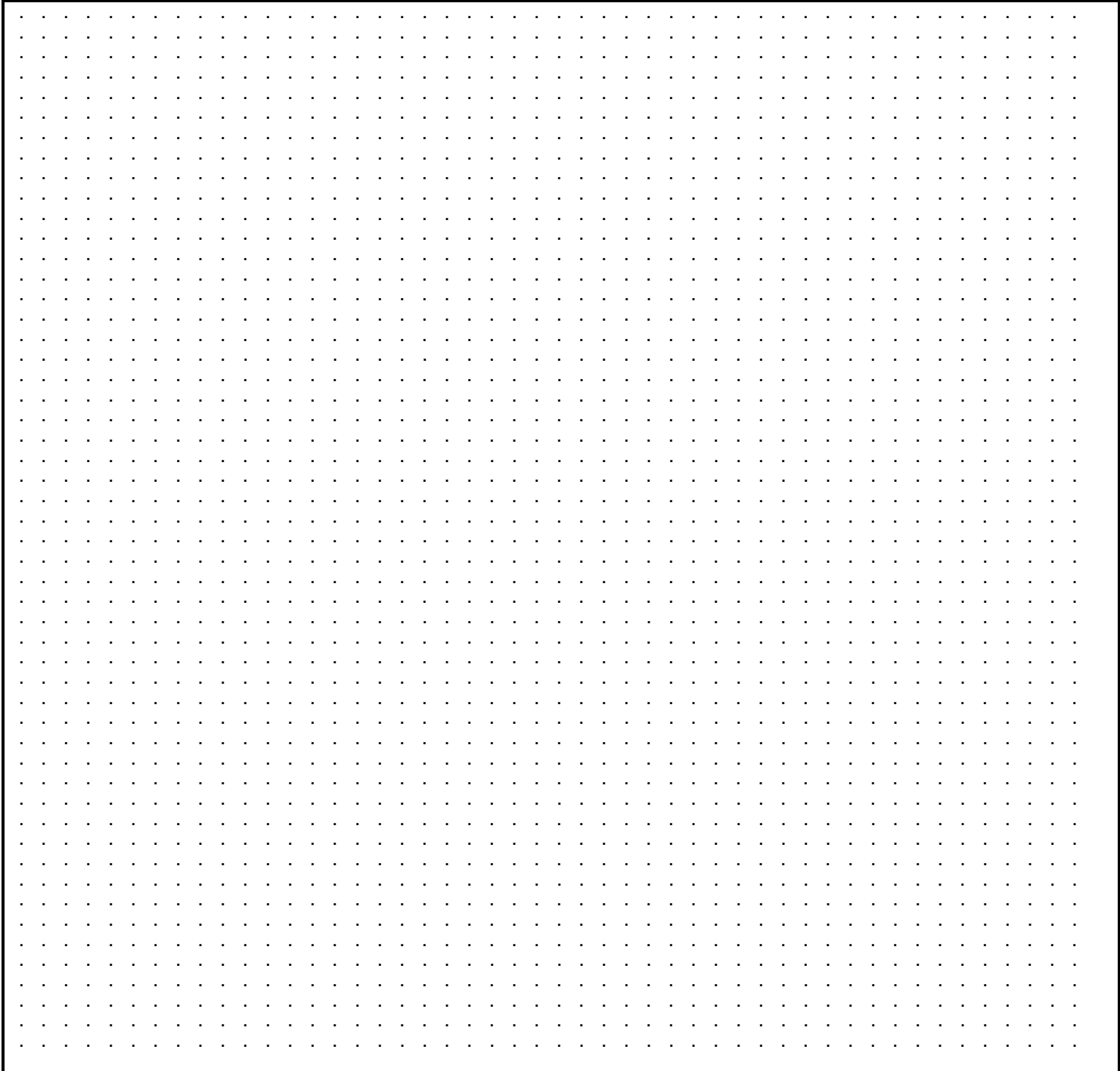
THIS CERTIFIES THAT ALL TANK SYSTEM CLOSURE ACTIVITIES ARE COMPLETE.*
Closure Inspection By: _____ Date: _____
Comments _____

* If groundwater contamination of any detectable concentration is found an **UNDERGROUND STORAGE TANK UNAUTHORIZED RELEASE (LEAK)/CONTAMINATION SITE REPORT** will be filed with the Regional Water Quality Control Board.

UNDERGROUND TANK SYSTEM CLOSURE SITE PLAN

Complete this site plan of the tanks to be closed if the owner/operator does not have a current Hazardous Materials Business Plan (HMBP) which includes these tanks on file with Siskiyou Public Health Department. Indicate the nearest cross street to the facility, cross street, buildings immediately adjacent to the tanks, location of tanks to be closed, location of all nearby utilities and compass heading.

Date site plan was drawn: ____/____/____



Comments: _____