

# TANK SYSTEM ON-SITE CLEANING APPLICATION

For use by Unidocs Member Agencies or where approved by your Local Jurisdiction  
Authority Cited: California Code of Regulations, Title 22, Section 67383.3(a)(1)

This application form, and a Tank System Closure Permit Application, must be completed and submitted to the local Unified Program Agency (UPA) prior to on-site cleaning to render non-hazardous any aboveground or underground storage tank system that previously stored a hazardous material/waste.

1. Facility Name (Tank Site): \_\_\_\_\_ Bldg. No.: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

2. Proposed Date of Tank System Cleaning: \_\_\_\_\_

3. The following individual will directly supervise cutting and/or cleaning activities and prepare the Hazardous Waste Tank Closure Certification form:

Name: \_\_\_\_\_ Phone No.: (\_\_\_\_) \_\_\_\_\_

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

**Submit a copy of this person's "statement of qualifications" including experience and professional credentials (e.g., state license or registration) demonstrating that he/she is technically and legally qualified to certify tank cleaning activities.**

4. The following procedures will be used for the on-site cleaning and closure of these tank systems: *[Describe the specific tools and techniques proposed for cleaning, cutting (if applicable), and visual inspection of tank interior(s)]* **Attach copies of your site-specific Work Plan and site-specific Safety Plan with this completed permit application.**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

5. Where will rinseate be shipped?

Facility Name: \_\_\_\_\_ EPA ID No.: \_\_\_\_\_

Name of Transporter: \_\_\_\_\_ EPA ID No.: \_\_\_\_\_

6. Do the tank(s) have manways?  Yes;  No. If No, describe in your attached Work Plan how you will access the tank interior(s) to perform the required visual inspection of the entire tank interior [i.e., describe the specific methods will be used to cut openings in the tank(s) large enough to facilitate the required visual inspection, or what remote viewing equipment/methods will be used). *[If openings must be cut, **Fire Department approval is required prior to cutting.**]*

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## Fire Department Tank Cutting Approval

**If tank closure is being overseen by Santa Clara County CUPA and the tank(s) will be cut, this section must be submitted to, and completed by, the local Fire Department prior to submittal of this application to the CUPA.**

This Department has reviewed the proposed non-sparking tank cutting methods and/or remote viewing equipment and lighting systems described in Section 4, above, and approves their use.

\_\_\_\_\_  
**Fire Department Representative Name (Print)**

\_\_\_\_\_  
**Fire Department Representative Signature**

\_\_\_\_\_  
**Date**

Agency:  Santa Clara County FD;  San Jose FD;  Morgan Hill FD;  Palo Alto FD;  Cal/Fire;  Moffett Field FD

Comments/Conditions: \_\_\_\_\_

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### Applicant Certification

I certify that I have read the Tank System On-Site Cleaning Requirements (UN-065) guidance document and California Code of Regulations, Title 22, Div. 4.5, Chapter 32, and declare that the above information is accurate and complete to the best of my knowledge.

\_\_\_\_\_  
Applicant's Name (Print)

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

### Tank Operator Certification

This certification must be completed by the operator of the tank system, not the contractor or agent. If the most recent hazardous contents of the tank(s) are unknown, and residuals remain in the tank(s) in sufficient quantity to be collected and analyzed, a report of chemical analysis by a State certified analytical laboratory must be submitted with this application. **Tanks whose usage history is not known and which do not contain sufficient residuals for analysis cannot be certified as non-hazardous.**

I am/was the operator of the following tank system(s). I hereby certify that the tank(s) last held the following hazardous material(s)/waste(s):

<u>Hazardous Substance Last Contained</u>	<u>Or</u>
Tank 1 _____	<input type="checkbox"/> Analysis of residuals is attached
Tank 2 _____	<input type="checkbox"/> Analysis of residuals is attached
Tank 3 _____	<input type="checkbox"/> Analysis of residuals is attached
Tank 4 _____	<input type="checkbox"/> Analysis of residuals is attached
Tank 5 _____	<input type="checkbox"/> Analysis of residuals is attached
Tank 6 _____	<input type="checkbox"/> Analysis of residuals is attached

\_\_\_\_\_  
Tank Operator's Name (Print)

\_\_\_\_\_  
Tank Operator's Signature

\_\_\_\_\_  
Date

### Unified Program Agency Approval

*This box is for Unified program Agency Use Only*

This Application Has Been Reviewed and is Hereby:  Approved;  Denied Permit/Project No.: \_\_\_\_\_

Agency Name: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name: \_\_\_\_\_ Sign Name: \_\_\_\_\_

Comments: \_\_\_\_\_

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