

<i>HMCD Use Only</i>	
FA: _____	SR: _____
PE: <u>2336</u>	
IN: _____	Fees Paid: \$ _____

Date/Time Received Stamp

# UNDERGROUND STORAGE TANK SYSTEM CLOSURE PERMIT APPLICATION

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

- Facility Name (Tank Site): \_\_\_\_\_ Bldg. No.: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_  
EPA ID No.: \_\_\_\_\_ Contact Person: \_\_\_\_\_ Phone No.: (\_\_\_\_) \_\_\_\_\_
- Tank Owner's Name: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_
- Tank Operator's Name: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_
- Applicant's Name: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_  
Contact Person: \_\_\_\_\_ Phone No.: (\_\_\_\_) \_\_\_\_\_  
Contact eMail: \_\_\_\_\_
- Tank Closure Contractor Business Name: \_\_\_\_\_  
(As registered with the Contractors State License Board at [www.cslb.ca.gov](http://www.cslb.ca.gov))  
Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_  
CSLB License No.: \_\_\_\_\_ Contact Person: \_\_\_\_\_ Phone No.: (\_\_\_\_) \_\_\_\_\_
- Firm that will take soil/water samples: \_\_\_\_\_ Phone No.: (\_\_\_\_) \_\_\_\_\_
- State-certified laboratory that will analyze samples: \_\_\_\_\_ Phone No.: (\_\_\_\_) \_\_\_\_\_
- Where will the remaining product/waste in the tank(s) be shipped?  
Facility Name: \_\_\_\_\_ EPA ID No. (If applicable): \_\_\_\_\_  
Name of Transporter: \_\_\_\_\_ EPA ID No. (If applicable): \_\_\_\_\_  
 Check this box if the tank(s) was/were emptied by drawing down inventory through normal product use.
- 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): \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_  
Name of Transporter: \_\_\_\_\_ EPA ID No. (If applicable): \_\_\_\_\_

