



Environmental Management Department
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**CONSOLIDATED APPLICATION FOR AUTHORITY TO
 TEMPORARILY CLOSE-IN-PLACE
 UNDERGROUND STORAGE TANKS**

FOR AGENCY USE ONLY

DATE REC'D: _____ TEMP CIP AUTHORITY #: _____ BY: _____

RECEIPT #: _____ FEE: _____ BY: _____

SR#: _____ FA#: _____

APPLICATION EXPIRES ONE MONTH FROM DATE OF SUBMITTAL.

ASSESSORS PARCEL NUMBER: _____

Owner _____

Facility _____

Nearest Cross Street _____

Contractor _____

Section I. REQUIRED INFORMATION

Size of Tank(s): _____

Product Stored: _____

SITE PLAN:



SECTION II. REQUIREMENTS AND LIMITATIONS

The owner or operator shall comply with all of the following:

1. Temporary closures shall be valid for _____ months commencing 30 days after date of submittal of application. After this date the tank(s) must be placed back into operation or removed in accordance with CCR Title 23 Article 7, Sacramento City/County Underground Storage Tank Ordinance, and Uniform Fire Code.
2. All residual liquid, solids, or sludge shall be removed and handled pursuant to the applicable provisions of Chapter 6.5 of Division 20 of the Health and Safety Code.
3. If the underground storage tank contained a hazardous substance that could produce flammable vapors at standard temperature and pressure, it shall be inerted, as often as necessary, to levels that will preclude an explosion or to lower levels as required by the local agency.
4. The underground storage tank(s) may be filled with a noncorrosive liquid that is not a hazardous substance. This liquid must be tested and results submitted to the local agency prior to its being removed from the underground storage tank(s) at the end of the temporary closure period.
5. Except for required venting, all fill and access locations and piping shall be sealed utilizing locked caps or concrete plugs.
6. Power service shall be disconnected from all pumps associated with the use of the underground storage tank(s) except if the pump services some other equipment which is not being closed.
7. **Once the above conditions (Nos. 2-5) have been completed, contact the Environmental Compliance Division (ECD) to schedule a compliance inspection. Failure to complete the required conditions and contact ECD before expiration of the application (30 days beginning date application is received) will result in an expired application and no refund of application fee.**
8. The tank shall be inspected by the owner or operator at least once every 3 months to assure that the temporary closure measures are still in place. Inspection shall include visual inspection of all locked caps and concrete plugs, and the removal of at least one locked cap to determine if any water or other substance has entered the tank. A written record of these inspections shall be maintained on-site or off-site at a readily available location approved by ECD, and must be made available, upon request to ECD.
9. The temporary closure of these tanks shall not interfere with any ongoing site remediation program.

- 10 The closure may be terminated only if reuse of the tank is approved by this office according to requirements specified in CCR Title 23 Article 6 Sections 2662, 2663 and 2664. The tank(s) must pass an integrity test and operating permit fees must be paid before the tank is placed back in use.
- 11. Any change in owner or operator for this tank and facility must be reported to this office within 30 days, pursuant to CCR title 23 Article 10 Section 2711(b).
- 12. Temporarily closed tanks are subject to **STATE** Surcharge fee, which may come due during the term of closure.

I have read, understand and agree to adhere to the requirements of this application. Failure to comply with requirements of this application may result in civil penalties of not less than \$500.00 per day and not more than \$5,000.00 per day (Sec 25299 CH & SC).

OWNER/AGENT SIGNATURE

Field Specialist: _____

Date Closure Observed: _____

Specialist's Comments:

9/27/2011 CP:gfb

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**UNIFIED PROGRAM CONSOLIDATED FORM
UNDERGROUND STORAGE TANK
OPERATING PERMIT APPLICATION – FACILITY INFORMATION**

(One form per facility)

TYPE OF ACTION 1. NEW PERMIT 5. CHANGE OF INFORMATION 7. PERMANENT FACILITY CLOSURE 400.
(Check one item only) 3. RENEWAL PERMIT 6. TEMPORARY FACILITY CLOSURE 9. TRANSFER PERMIT

I. FACILITY INFORMATION

TOTAL NUMBER OF USTs AT FACILITY 404. FACILITY ID # (Agency Use Only) 1.

BUSINESS NAME (Same as FACILITY NAME or DBA – Doing Business As) 3.

BUSINESS SITE ADDRESS 103. CITY 104.

FACILITY TYPE 1. MOTOR VEHICLE FUELING 2. FUEL DISTRIBUTION 403.
 3. FARM 4. PROCESSOR 6. OTHER
Is the facility located on Indian Reservation or Trust lands? Yes No 405.

II. PROPERTY OWNER INFORMATION

PROPERTY OWNER NAME 407. PHONE 408.
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MAILING ADDRESS 409.

CITY 410. STATE 411. ZIP CODE 412.

III. TANK OPERATOR INFORMATION

TANK OPERATOR NAME 428-1. PHONE 428-2.
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MAILING ADDRESS 428-3.

CITY 428-4. STATE 428-5. ZIP CODE 428-6.

IV. TANK OWNER INFORMATION

TANK OWNER NAME 414. PHONE 415.
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MAILING ADDRESS 416.

CITY 417. STATE 418. ZIP CODE 419.

OWNER TYPE: 4. LOCAL AGENCY/DISTRICT 5. COUNTY AGENCY 6. STATE AGENCY 420.
 7. FEDERAL AGENCY 8. NON-GOVERNMENT

V. BOARD OF EQUALIZATION UST STORAGE FEE ACCOUNT NUMBER

TY (TK) HQ 44- Call the State Board of Equalization, Fuel Tax Division, if there are questions. 421.

VI. PERMIT HOLDER INFORMATION

Issue permit and send legal notifications and mailings to: 1. FACILITY OWNER 4. TANK OPERATOR 423
 3. TANK OWNER 5. FACILITY OPERATOR

SUPERVISOR OF DIVISION, SECTION, OR OFFICE (Required For Public Agencies Only) 406.

VII. APPLICANT SIGNATURE

CERTIFICATION: I certify that the information provided herein is true, accurate, and in full compliance with legal requirements.

APPLICANT SIGNATURE DATE 424. PHONE 425.
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APPLICANT NAME (print) 426. APPLICANT TITLE 427.

UST Operating Permit Application – Facility Information Page 1 Instructions (Formerly SWRCB UST Permit Application Form A and UPCF Form hwfwr-a)

Complete this form for all new permits, permit changes, or facility information changes. This form must be submitted within 30 days of permit or facility information changes, unless your local agency requires approval prior to making the changes. For changes, submit only that form that contains the change.

Submit one UST Operating Permit Application – Facility Information form per facility, regardless of the number of USTs located at the facility. If not already on file with the local agency, the tank owner must submit with this form, a current UST Operating Permit Application – Tank Information form for each UST; a UST Monitoring Plan and a UST Response Plan pursuant to 23 CCR 2632, 2634 and 2641; and, for USTs containing petroleum, a certification of financial responsibility pursuant to 23 CCR 2807.

The following documents, at a minimum, are also required, if applicable (check with your local agency to see if they require submittal or if there are other forms/information needed):

- Written agreement between UST Owner and UST Operator per Health and Safety Code §25284(a)(3);
- Letter from the Chief Financial Officer (if using State Cleanup Fund, financial test of self-insurance, guarantee, local government financial test, or Local Government Fund as a financial responsibility mechanism).

Please number all pages of your submittal. (Note: Numbering of these instructions matches the data element numbers on the form.)

400. TYPE OF ACTION – Check the reason this form is being submitted. CHECK ONE ITEM ONLY.
404. TOTAL NUMBER OF USTs AT SITE – Indicate the number of tanks that will remain on the site after the requested action.
1. FACILITY ID NUMBER – This space is for agency use only.
3. BUSINESS NAME – Enter the complete Business Name. (Same as FACILITY NAME or DBA (Doing Business As)).
103. BUSINESS SITE ADDRESS – Enter the street address of the facility, including building number, if applicable. This address must be the physical location of the facility. Post office box numbers are not acceptable.
104. CITY – Enter the city or unincorporated area in which the facility is located.
403. FACILITY TYPE – Indicate the type of facility.
405. INDIAN RESERVATION OR TRUST LANDS – Check whether the facility is located on an Indian reservation or other trust lands. Complete items 407 - 412 for the property owner. Include the area code and any extension number.
407. PROPERTY OWNER NAME –
408. PROPERTY OWNER PHONE –
409. PROPERTY OWNER MAILING ADDRESS –
410. PROPERTY OWNER CITY –
411. PROPERTY OWNER STATE –
412. PROPERTY OWNER ZIP CODE –
- 428-1. TANK OPERATOR NAME – Complete items 428-1 to 428-6 for the UST operator.
- 428-2. TANK OPERATOR PHONE – Include the area code and any extension number.
- 428-3. TANK OPERATOR MAILING ADDRESS –
- 428-4. TANK OPERATOR CITY –
- 428-5. TANK OPERATOR STATE –
- 428-6. TANK OPERATOR ZIP CODE –
414. TANK OWNER NAME – Complete items 414 - 419 for the UST owner.
415. TANK OWNER PHONE – Include the area code and any extension number.
416. TANK OWNER MAILING ADDRESS –
417. TANK OWNER CITY –
418. TANK OWNER STATE –
419. TANK OWNER ZIP CODE –
420. TANK OWNER TYPE – Check the type of tank ownership.
421. BOE NUMBER – Enter your State Board of Equalization (BOE) UST storage fee account number. This fee applies to regulated USTs storing petroleum products and is required before your permit application will be processed. If you do not have an account number with the BOE, or if you have any questions regarding the fee or exemptions, contact the BOE at (916) 322-9669 or by mail at: Board of Equalization, Fuel Taxes Division, PO Box 942879, Sacramento, CA 94279-0030.
423. PERMIT HOLDER INFORMATION – Indicate the party to whom the UST operating permit is to be issued and legal notifications and mailings should be sent.
406. SUPERVISOR OF DIVISION SECTION OR OFFICE SUPERVISOR – If the facility owner is a public agency, enter the name of the supervisor of the division section or office that operates the UST. This person must have access to the UST records.
- APPLICANT SIGNATURE – The application form must be signed, in the space provided, by:
- The UST owner or operator, facility owner or operator, or a duly authorized representative of the owner; or
 - If the UST(s) is/are owned by a corporation, partnership, or public agency:
 - 1.) A principal executive officer at the level of vice-president or by an authorized representative responsible for the overall operation of the facility where the UST(s) is/are located; or
 - 2.) A general partner or proprietor; or
 - 3.) A principal executive officer, ranking elected official, or authorized representative of a public agency.
424. DATE – Enter the date the form was signed.
425. PHONE – Enter the phone number of the applicant (i.e., person signing the form). Include the area code and any extension number.
426. APPLICANT NAME – Print or type the full name of the person signing the form.
427. APPLICANT TITLE – Enter the title of the person signing the form.