

Environmental Management Department

COUNTY OF EL DORADO ENVIRONMENTAL MANAGEMENT DEPARTMENT UNDERGROUND STORAGE TANK CLOSURE APPLICATION

Application for closure of underground storage tank system(s). Applicant must submit a work plan detailing proposed closure activities with this application for review & approval. Permit fees are payable at the time this application is submitted. **APPLICATION BECOMES PERMIT WHEN APPROVED AND SIGNED BY DEPARTMENT REPRESEPENTATIVE.**

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FACILITY NAME	FACILITY ADDRESS	PHONE
NAME OF OWNER	ADDRESS OF OWNER	PHONE
NAME OF OPERATOR	ADDRESS OF OPERATOR	PHONE
NAME OF CONTRACTOR	ADDRESS OF CONTRACTOR	PHONE
CONTRACTOR LICENSE NO. (include Haz Mat cert.)	ICC No.	

SCOPE OF WORK:

Permanent	Temporary	Estimated Start Date:	Estimated Completion Date:
Closure	Closure		

SITE INFORMATION:

ANSWER THE FOLLOWING QUESTIONS DESCRIBING THE TANK SYSTEMS TO BE CLOSED. IF YOU HAVE MORE THAN FIVE (5) TANKS, PROVIDE INFORMATION ON AN ADDITIONAL APPLICATION FORM.	Tank 1	Tank 2	Tank 3	Tank 4	Tank 5
Single/Double Wall Tank					
Capacity (Gallons)					
Construction (Steel, Fiberglass, etc)					
Hazardous Substance Storage History (all fuels or hazardous materials stored)					
Date Installed					
Is Tank Currently in Use (Y/N)					
Has there ever been an unauthorized release of fuel (Y/N)					

I hereby certify that the information listed able is correct. I agree to comply with all State and Federal Laws & Regulations, as well as all City & County Ordinances and the guidelines identified in Attachments A – E specified in the Underground Storage Tanks (UST) Guidelines for Installation, Modification, and/or Repair. Furthermore, I acknowledge that a site investigation and clean up may be required in the event significant contamination is encountered during field activities.

Applicant Name (Print)	Applicant Signature	Date

Office Use

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Facility ID.	Plan Check No.	Received By:
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Amount Paid*:	Transaction No.	Check No.