



## 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 REPRESENTATIVE.**

|                                                |                       |       |
|------------------------------------------------|-----------------------|-------|
| 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:

|                                            |                                            |                       |                            |
|--------------------------------------------|--------------------------------------------|-----------------------|----------------------------|
| <input type="checkbox"/> Permanent Closure | <input type="checkbox"/> Temporary Closure | Estimated Start Date: | Estimated Completion Date: |
|--------------------------------------------|--------------------------------------------|-----------------------|----------------------------|

#### 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 above 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

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

|                          |                       |               |                 |
|--------------------------|-----------------------|---------------|-----------------|
| Application Approved by: | Signature of Approver | Date Approved | Expiration Date |
|--------------------------|-----------------------|---------------|-----------------|

Include additional permit conditions on a separate sheet.