



APPLICATION FOR UNDERGROUND STORAGE TANK CLOSURE PERMIT

I. GENERAL INSTRUCTIONS:

- [] 1. Answer all questions, leaving no blanks. One copy will be returned to the applicant with comments.
- [] 2. Include a detailed site map on a separate sheet of paper, showing the location of the tanks(s), piping, streets, adjacent properties (north toward the top of the page), nearby septic tanks, leach fields, water wells, buildings, underground public utility lines (including water, sanitary sewer and storm sewer), and distance of piping from tank to dispensers. If underground utilities are not included on the site map, you must state in writing that USA Dig will be contacted prior to excavation activities.
- [] 3. Complete pages 3-5, "**Application for Underground Storage Tank Closure Permit**". Note: Sampling firm shall be an independent third party from the contractor.
- [] 4. Complete the "**Authorization to Release**". This form must be signed and dated by the **OWNER/OPERATOR** of the facility.
- [] 5. Submit a Service Request "**Application**" form with the appropriate fees (\$537 per tank). The completed packet and proof of payment can be emailed to ust@sjgov.org.
- [] 6. Complete all questions on the Environmental Health Department (EHD) "**Underground Storage Tank Disposition Tracking Record**", except those requiring a signature and date of tank removal. The holder of the permit shall be responsible for ensuring that this form is completed and returned to EHD within 30 days of the tank removal.
- [] 7. Submit a "**Site Health & Safety Plan**" as an addendum to this application, to address all potential hazards for this specific job site.
- [] 8. If facility is located outside of the city limits, submit a "**Backfill Excavation Certificate**" as required by the County of San Joaquin Building Department and the incorporated City Building Departments.
- [] 9. If the tank being removed is located in the City of Tracy, obtain a "**Grading and Excavation Permit**" from the City of Tracy Building Division prior to the Environmental Health Department (EHD) approval of the closure plan.
- [] 10. The maximum review time for Closure Plans is 15 working days from receipt of the adequately completed plan. If gross deficiencies are identified, an addendum will be required with a \$179.00/hour fee and the review timeframe will begin on the date of resubmittal.
- [] 11. Submit verification of the fire permit from the appropriate fire district at the removal inspection.
- [] 12. **Advance inspection notice of at least 48 hours is required by EHD to ust@sjgov.org.**
- [] 13. If planning to over-excavate at time of UST removal, see "III. SITE MITIGATION" on Page 2.

II. GENERAL INFORMATION:

1. Obtain an EPA Site Number from the Department of Toxic Substances Control (800) 61-TOXIC for temporary hazardous waste removal activities associated with underground storage tank (UST) removals.
2. Disposal Information: SJC EHD's Underground Storage Tank Disposition Tracking Record (UST Tracking Record) shall accompany each tank removed from site. Tank(s) will be issued an identification number which EHD's representative will note on the UST Tracking Record. Contractor will affix same identification number onto tank end using fluorescent spray paint. Contaminated tanks and/or piping are to be transported under Hazardous Waste Manifest by a state registered hazardous waste hauler.
3. Contractor to Provide: Combustible/Flammable gas detector (to verify the Lower Explosive Limit (LEL) atmosphere and oxygen level of tank prior to lifting from excavation), adequate number(s) and appropriate type(s) of fire extinguisher(s), barriers to secure the area as necessary to minimize traffic and pedestrian interference, and fluorescent spray paint to affix tank identification numbers. It shall be the project manager's responsibility for compliance with all health & safety regulations and requirements, which shall be strictly adhered to at all times during the course of the closure activities.
4. The EHD permit shall be on site during tank excavation and removal.
5. Any changes in this document shall be approved by EHD prior to initiating work.
6. **Closure-in-Place:** If Closure-in-Place is the suggested method of abandonment, complete the additional Closure-In-Place form and requirements, and submit written approval from the local Fire Department.
7. **Temporary Closure:** If Temporary Closure is the suggested method of abandonment, complete and submit this application and include an explanation of how the UST owner/operator will comply with California Code of Regulations Title 23, Section 2671. Also, submit a written approval from the local Fire Department.
8. **The following documentation shall be submitted within 30 days of the tank removal date:**
 - a) Analytical results, emailed directly from laboratory to EHD, including a chain of custody and quality assurance and quality control (QA & QC).
 - b) UST Tank Disposition Tracking Sheet(s) and/or Tank Hazardous Waste Manifest(s).
 - c) Tank Closure Certification Form (DTSC form 1249).
 - d) Hazardous Waste Manifests for piping, rinsate, residual fuel, or waste oil receipt.
 - e) Submit the backfill excavation certificate as required by San Joaquin County and the incorporated City Building Departments. This report will be referred to the appropriate agency for their review.

A site which has had UST(s) removed, shall not be considered for final closure until the above items are submitted for review.

III. SITE MITIGATION:

1. In the event contamination is observed, confirmed or suspected as a result of a leaking UST system it is the responsibility of the owner or operator to submit a work plan to EHD Site Mitigation Unit and have it approved prior to initiating any assessment or remediation activities. To minimize delays, the work plan may be submitted concurrent with tank closure or installation plans. Address one copy of the work plan to the Site Mitigation Unit for review. If the site is not currently in the Local Oversight Program, a billing form and a \$456 minimum fee must be submitted with the work plan. For further assistance contact the Site Mitigation Unit at (209) 468-3420.

San Joaquin County Environmental Health Department

Application Form

Facility Name					
Site Address			City	State	ZIP
APN	Supervisor District				
Type of Service Requested	<input type="checkbox"/> Application for Operating Permit	<input type="checkbox"/> Consultation	<input type="checkbox"/> Change of Owner	<input type="checkbox"/> Repairs or Remodel	<input type="checkbox"/> Other
Comments					
If mobile food truck or pumper truck	License Plate Number		VIN		

Contact Types required	<input checked="" type="checkbox"/> Billing Party	<input type="checkbox"/> Facility Owner	<input checked="" type="checkbox"/> Facility Contact	<input type="checkbox"/> Property Owner	<input checked="" type="checkbox"/> Contractor	<input checked="" type="checkbox"/> Requestor
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<input type="checkbox"/> Billing Party	<input type="checkbox"/> Facility Owner	<input type="checkbox"/> Facility Contact	<input type="checkbox"/> Property Owner	<input type="checkbox"/> Contractor	<input type="checkbox"/> Architect
First Name		Last name		If contractor, indicate type and license number	
Address			City	State	ZIP
Phone	Phone	Email			

<input type="checkbox"/> Billing Party	<input type="checkbox"/> Facility Owner	<input type="checkbox"/> Facility Contact	<input type="checkbox"/> Property Owner	<input type="checkbox"/> Contractor	<input type="checkbox"/> Architect
First Name		Last name		If contractor, indicate type and license number	
Address			City	State	ZIP
Phone	Phone	Email			

<input type="checkbox"/> Billing Party	<input type="checkbox"/> Facility Owner	<input type="checkbox"/> Facility Contact	<input type="checkbox"/> Property Owner	<input type="checkbox"/> Contractor	<input type="checkbox"/> Architect
First Name		Last name		If contractor, indicate type and license number	
Address			City	State	ZIP
Phone	Phone	Email			

BILLING ACKNOWLEDGEMENT: I, the undersigned property or business owner, operator or authorized agent of same, acknowledge that all site and/or project specific ENVIRONMENTAL HEALTH DEPARTMENT hourly charges associated with this project or activity will be billed to me or my business as identified on this form.

I also certify that I have prepared this application and that the work to be performed will be done in accordance with all SAN JOAQUIN COUNTY Ordinance Codes, Standards, STATE and FEDERAL laws.

APPLICANT'S SIGNATURE: _____ **DATE:** _____

☐ PROPERTY / BUSINESS OWNER ☐ OPERATOR / MANAGER ☐ OTHER AUTHORIZED AGENT _____ Title

If APPLICANT is not the BILLING PARTY, proof of authorization to sign is required

AUTHORIZATION TO RELEASE INFORMATION: When applicable, I, the owner or operator of the property located at the above site address, hereby authorize the release of any and all results, geotechnical data and/or environmental/site assessment information to the SAN JOAQUIN COUNTY ENVIRONMENTAL HEALTH DEPARTMENT as soon as it is available and at the same time it is provided to me or my representative.

Accepted By		Assigned To		Linked FA ID	
Date	PE	Fee		Record Number	
<input type="checkbox"/> Cash	<input type="checkbox"/> Check #	<input type="checkbox"/> Confirmation #			Payment Received By

APPLICATION FOR UNDERGROUND STORAGE TANK CLOSURE PERMIT

☐ **REMOVAL**
☐ **TEMPORARY CLOSURE**
☐ **CLOSURE IN PLACE**

FACILITY INFORMATION		
EPA ID #	PROJECT CONTACT	PHONE#
FACILITY NAME	PHONE #	
ADDRESS		
CROSS STREET		
OWNER OPERATOR	PHONE #	

CONTRACTOR INFORMATION			
CONTRACTOR NAME			PHONE #
EMAIL ADDRESS		CA LIC #	CLASS
INSURER	WORKER COMP#		
FIRE DISTRICT	PERMIT #		
LABORATORY NAME	ELAP ID #:	PHONE #	
LABORATORY ADDRESS:			

TANK INFORMATION			
TANK ID #	TANK SIZE	TANK CONTENTS (PRESENT AND PAST)	DATE INSTALLED

APPLICANT MUST PERFORM ALL WORK IN ACCORDANCE WITH SAN JOAQUIN COUNTY ORDINANCES, STATE LAWS, FEDERAL LAWS, AND RULES AND REGULATIONS OF SAN JOAQUIN COUNTY ENVIRONMENTAL HEALTH DEPARTMENT. OWNER OR LICENSED AGENT'S SIGNATURE CERTIFIES THE FOLLOWING: "I CERTIFY THAT IN THE PERFORMANCE OF THE WORK FOR WHICH THIS PERMIT IS ISSUED, I SHALL NOT EMPLOY ANY PERSON IN SUCH A MANNER AS TO BECOME SUBJECT TO WORKER'S COMPENSATION LAWS OF CALIFORNIA." CONTRACTOR'S HIRING OR SUBCONTRACTING SIGNATURE CERTIFIES THE FOLLOWING: "I CERTIFY THAT IN THE PERFORMANCE OF THE WORK FOR WHICH THIS PERMIT IS ISSUED, I SHALL EMPLOY PERSONS SUBJECT TO WORKER'S COMPENSATION LAWS OF CALIFORNIA."

APPLICANT'S SIGNATURE _____ TITLE _____ DATE _____

☐ **APPROVED WITH CONDITION(S)**

(SEE CONDITIONS BELOW AND/OR ON ATTACHMENT)

☐ **DISAPPROVED**

PLAN REVIEWER'S SIGNATURE _____ DATE _____

ANY DEVIATIONS FROM THIS APPLICATION MUST BE SUBMITTED TO EHD FOR APPROVAL PRIOR TO COMMENCING WORK.

1.
 - (a) Is the current certificate of worker's compensation insurance on file? YES [] NO []
 - (b) Does the contractor possess a **"Hazardous Substance Removal Certification"**? YES [] NO []
 - (c) Has everyone on site, including crane/backhoe operator, been certified to work on hazardous waste sites in accordance with CCR Title 8? YES [] NO []

2. Has a **"Site Health & Safety Plan"** for this job site been submitted? YES [] NO []

3. Has applicant performing removal in the City of Tracy obtained a **"Grading and Excavation Permit"**?
N/A [] YES [] NO [] If YES, Permit # _____

4. Has the contractor obtained approval from the local fire department to perform tank cutting? NA [] YES [] NO []

5. Is there knowledge or evidence of leakage from the tank(s) and/or piping? (If yes, please explain) YES [] NO []

6. If tank residual exists, identify transporting hazardous waste hauler:
 Name _____ Hauler Registration # _____
 Address _____ City _____ Zip _____
 EPA ID #: _____

7. **Decontamination Procedures:**
 - a. Will tank(s) and piping be decontaminated prior to removal? YES [] NO []
 - b. Identify contractor performing decontamination:
 Name _____
 Address _____ City _____ Zip _____
 - c. Describe method to be used for decontamination:

 - d. Describe how rinsate material will be stored onsite prior to manifesting offsite:

 - e. Rinsate Hauler **permitted** Treatment, Storage & Disposal Facility:
 Hauler Name _____ Hauler Registration # _____
 Address _____ City _____ Zip _____
 EPA ID #: _____
 - f. Permitted Treatment, Storage & Disposal Facility:
 Name _____ Hauler Registration # _____
 Address _____ City _____ Zip _____
 EPA ID #: _____

8.
 - a. Describe the method that will be utilized to purge and/or inert the tank(s):

 - b. Tank/Piping Hauler:
 Name _____ Hauler Registration # _____
 Address _____ City _____ Zip _____
 EPA ID # (if hauling as hazardous): _____

c. Tank/Piping Disposal Site:

Name _____

Address _____ City _____ Zip _____

Phone No. (_____) _____

EPA ID# (if transported to a permitted TSD facility) _____

9. Is the sampling firm an independent third party from the contractor (REQUIRED)? YES [] NO []

Sampling Company Name _____

Address _____ City _____ Zip _____

9a. Describe, in detail, how the soil and/or water sample(s) beneath the tank and piping will be obtained:

10. Describe how the excavation will be backfilled with suitable material upon removal:

11. Handling of excavated soil:

a) What material will be used to line the tank pit and cover the stockpile?

b) What will be the final destination of the excavated stockpile?

c) Contaminated Soil Hazardous Waste Hauler:

Name _____ Hauler Registration # _____

Address _____ City _____ Zip _____

EPA ID #: _____

12. What is the depth to groundwater? _____
Source of information: _____

13. Are there any water wells on this parcel or adjacent properties? YES [] NO []

TYPE OF WELLS	DISTANCE TO TANKS(S)
Public Well	ft.
Private Well	ft.
Irrigation Well	ft.
Monitoring Well	ft.
Other	ft.

14. Will the tank(s) pending closure be replaced with an **aboveground** or **underground** storage tank(s)? YES [] NO []

15. Indicate the responsible party to be billed for additional EHD staff time expended beyond 3 hour minimum permit payment per tank. If the party designated below is different than the permit applicant, e.g. property owner, the party must acknowledge this responsibility for the billing by signature and date below.

Name _____

Email Address _____

Day Phone Number (_____) _____

BACKFILL EXCAVATION CERTIFICATE

Project Location: _____

Owner _____ Phone No: _____

Contractor: _____ Phone No: _____

License No: _____

INDICATE METHOD OF BACKFILL QUALITY ASSURANCE

___ 1. Submission of Soil Engineer's Compaction Report within 30 days of project completion, or

___ 2. Submission of verification, e.g., load ticket, within 30 days of project completion that one of the following materials was placed in the excavation in 12" lifts:

___ A. Pea gravel--smooth, rounded material not more than one-half (1/2) inch in diameter

___ B. Crushed rock--self-compacting material not more than three-quarters (3/4) inch in cross sectional measurement. (Use of crushed rock will not be permitted for backfill if contact will be made between the backfill material and tanks/pipes made of poly resin glass or similar materials.)

DECLARATION

I hereby certify that a Soil Engineer's Compaction Report will be submitted within 30 days of project completion, or submission of verification that the select material described above will be placed at a minimum of five (5) cubic yards per 1000 gallon tank displacement and that the entire excavation will be backfilled and compacted to insure compliance with the Uniform Building Code Appendix Chapter 70.

*Name _____
(Print)

Title _____
(Print)

Signature _____

*Shall be the responsible managing employee on the license or authorized agent.

AUTHORIZATION TO RELEASE ANALYTICAL INFORMATION TO SAN JOAQUIN COUNTY ENVIRONMENTAL HEALTH

All analytical results for tank, piping, dispenser, and stockpile sampling shall be sent directly to the San Joaquin County Environmental Health Department (EHD) underground storage tank program email address (ust@sjgov.org). Only results that are sent directly to EHD from a third-party California accredited environmental laboratory, with an affixed chain of custody, will be accepted. Analytical results must be submitted within 30 days after the tank closure date.

OWNER/OPERATOR INFORMATION

OWNER/OPERATOR NAME: _____ TITLE: _____
First *Last*

BUSINESS NAME: _____

EMAIL ADDRESS: _____ PHONE: _____

I, the undersigned owner and/or operator of the property and/or facility located at

_____ *Facility Street Address & City*

hereby authorize the following laboratory

_____ *ELAP Certified Laboratory Name*

_____ *ELAP Certified Laboratory Address*

to release any and all analytical information directly to the San Joaquin County Environmental Health Department as soon as it is available and at the same time it is provided to me or my representative. This authorization includes analytical results and information, geotechnical data, and environmental/site assessment information.

OWNER/OPERATOR SIGNATURE: _____ DATE: _____

UNDERGROUND STORAGE TANK DISPOSITION TRACKING RECORD

- A copy of this form shall be **completed for each tank** and shall **accompany each tank** to its disposal facility.
- **Submit** the completed and signed Underground Storage Tank Disposition Tracking Record for each tank to the SJC EHD **within 30 days** of acceptance of the tank by the disposal or recycling facility.

SECTION 1 – TANK IDENTIFICATION

Facility Address: _____

Tank ID# (CERS ID or EHD issued ID): _____ Tank Size (in gallons): _____

Previous Tank Contents (choose one): ☐ 87 Gasoline ☐ 89 Gasoline ☐ 91 Gasoline ☐ Leaded Gasoline
☐ Racing Fuel ☐ B100 ☐ B20 ☐ Biodiesel B____ ☐ Diesel ☐ Fuel Oil ☐ Heavy Fuel Oil (i.e. bunker oil)
☐ E85 ☐ Jet Fuel ☐ Aviation Gas ☐ Kerosene ☐ Used Oil ☐ Unknown
☐ Other Petroleum _____ ☐ Other Non-Petroleum _____

SECTION 2 – TANK DECONTAMINATION

Date of Decontamination: _____ Method of Decontamination: _____

Decontamination Contractor: _____

Contractor License #: _____ Email Address: _____ Phone #: _____

Mailing Address: _____

As an authorized representative of the decontamination contractor, I certify through my signature below that the tank has been decontaminated in accordance with all regulatory requirements, including Title 23 UST regulations and Title 22 hazardous waste regulations.

Signature: _____ Printed Name: _____ Title: _____

SECTION 3 – TANK REMOVAL

Date of Removal: _____ Name of EHD Inspector Onsite for Removal: _____

Removal Contractor: _____

Contractor License #: _____ Email Address: _____ Phone #: _____

Mailing Address: _____

SECTION 4 – TANK DISPOSAL

Disposal Method (choose one): ☐ Hazardous Waste (TSDF) ☐ Recycling ☐ Non-Hazardous Waste (Landfill)

Disposal Facility Name: _____ Phone #: _____

Facility Location: _____
Street Address City State Zip Code

Date Tank Received at Disposal Facility: _____

As an authorized representative of the treatment, storage, or disposal facility listed above, I certify through my signature below that the tank and/or piping has been properly received.

Signature: _____ Printed Name: _____ Title: _____