



APPLICATION FOR UNDERGROUND STORAGE TANK CLOSURE PERMIT

I. GENERAL INSTRUCTIONS:

- [] 1. Submit all information in triplicate. 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 page 8, "**Authorization to Release**". This form must be signed and dated by the **OWNER/OPERATOR** of the facility.
- [] 5. Submit a "Service Request" form with the appropriate fees, submit completed UPC forms for Facility and Tanks (formerly State A & B forms) and complete the "**Underground Storage Tank Program Fee Worksheet**".
- [] 6. Complete all questions on page 9, 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. Refer to the Site Safety Plan Guidance Document for specifics.
- [] 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, pursuant to the Uniform Building Code STD 70-11.
- [] 9. 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 \$152.00/hour fee and the review 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.**
- [] 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, page 10) 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 form EH 23 039 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 (a)-(e). 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, mailed directly from laboratory to EHD, including a chain of custody and quality assurance and quality control (QA & QC).
 - b) UST Tracking Record 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.

APPLICATION FOR UNDERGROUND STORAGE TANK CLOSURE PERMIT

THIS PERMIT FOR PERMANENT/TEMPORARY CLOSURE OR ABANDONMENT IN PLACE OF UNDERGROUND HAZARDOUS SUBSTANCES STORAGE TANK(S) EXPIRES 180 DAYS FROM THE APPROVAL DATE. DO NOT WRITE IN ANY SHADED AREAS. INDICATE PERMIT TYPE:

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

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

CONTRACTOR INFORMATION			
CONTRACTOR NAME			PHONE #
CONTRACTOR ADDRESS		CA LIC #	CLASS
INSURER	WORKER COMP#		
FIRE DISTRICT	PERMIT #		
LABORATORY NAME	COUNTY	PHONE #	
SAMPLING FIRM	PHONE #		

TANK INFORMATION			
TANK ID #	TANK SIZE	TANK CONTENTS (PRESENT AND PAST)	DATE INSTALLED
39-			
39-			
39-			
39-			
39-			
39-			

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 **APPROVED WITH CONDITION(S)** **DISAPPROVED**
(SEE CONDITIONS BELOW AND/OR ON ATTACHMENT)

PLAN REVIEWER'S NAME _____ DATE _____

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

CONDITIONS:

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 _____

Phone # (_____) _____

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 _____

Phone No. (_____) _____

c. Describe method to be used for decontamination:

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

e. Rinsate Hauler and **permitted** Treatment, Storage & Disposal Facility:

Hauler Name _____ **Hauler Registration #** _____

Address _____ City _____ Zip _____

Phone No. (_____) _____

Permitted Disposal Site _____

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

b. Tank/Piping Hauler:

Name _____

Address _____ City _____ Zip _____

Phone No. (_____) _____

Hauler Registration # (if hauled 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 []

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 _____

Phone Number (_____) _____

12. What is the depth to groundwater? _____
Describe the 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 _____

Mailing Address _____

Day Phone Number (_____) _____

SAMPLING PROTOCOL FOR ROUTINE TANK REMOVALS

The following represents minimum sampling criterion required for closure compliance. Soil samples collected shall be representative of native soils beneath the tank's invert (tank's bottom) at a collection depth not to exceed 2 - 4 feet. If contamination is documented during closure, an Unauthorized Release Notification must be completed and submitted within five (5) working days pursuant to California Health & Safety Code, Section 25295. **Samples cannot be combined into a composite sample for analysis in the field or the lab. Each sample must have a set of corresponding analytical results.**

WATER NOT PRESENT IN THE TANK PIT

TANK #	TANK SIZE (Gallons)	MINIMUM NUMBER of SOIL SAMPLES	LOCATION OF SOIL SAMPLES
	< 1,000	1 per Tank	Fill OR Pump End of Tank
	1,000 - 10,000	2 per Tank	1 at each End of Tank
	> 10,000	3 or More per Tank	Ends and Middle OR generally spaced along the length of the Tank

PIPING AND STOCKPILE

	PIPING SOIL SAMPLES	1 Sample every 20 lineal feet
	TANK & PIPING STOCKPILE SAMPLES	2 Samples every 50 cubic yards

WATER IS PRESENT IN TANK PIT

TANK #	TANK SIZE (Gallons)	MINIMUM NUMBER of SOIL SAMPLES	LOCATION of SOIL SAMPLES	MINIMUM NUMBER of WATER SAMPLES
	< 10,000 Single Tank	3	2 from wall next to tank ends at soil/groundwater interface & 1 below tank	1
	> 10,000 OR Tank Cluster	5 or more	4 from wall next to tank ends at soil/groundwater interface & 1 below each tank	1

SLAB PRESENT IN THE TANK PIT

Soil samples shall be obtained beneath the slab within native soils. Penetration through the obstruction will be required in order to collect the samples. (Physical removal of the obstruction will allow sampling according to the above conditions.)

TANK #	TANK SIZE (Gallons)	MINIMUM NUMBER of SOIL SAMPLES	LOCATION of SOIL SAMPLES
	< 1,000	3 per Tank	Center and Ends OR Sides of Tank
	1,000 - 10,000	5 per Tank	Center and Ends OR Sides of Tank
	> 10,000	5 OR More per Tank	Ends and Middle and generally spaced along the length of the Tank

**TABLE #2 RECOMMENDED MINIMUM VERIFICATION ANALYSES
FOR UNDERGROUND STORAGE TANK INVESTIGATIONS**

TANK #	TANK CONTENTS	Gasoline	Diesel	BTEX	VOCs ⁽¹⁾	Semi-VOCs ⁽²⁾	Oil & Grease	PCB	Total Lead	Title 22 Metals ⁽³⁾
		8015M 8260B	8015M	8021B 8260B	8260B	8270C	1664A	8082	7421	
	Unknown Fuel (C4-C36)	X	X		X				X	
	Gasoline (C4-C20)	X			X				X	
	Diesel (C10—C36)		X	X	X					
	Jet Fuel/Kerosene (C9-C20)		X	X						
	Heating Oil (C10-C32)		X	X						
	Stoddard Solvent (non-chlorinated) (C8-C20)		X		X					
	Chlorinated Solvents				X	X				
	Waste Oil or Unknown Contents	X	X		X	X	X	X		X

Notes:

1. EPA Method 8260B analyses must include all analytes listed in the method plus fuel oxygenates methyl-tertiary-butyl ether (MTBE), diisopropyl ether (DIPE), ethyl-tertiary-butyl ether (EtBE), tertiary-amyl-methyl ether (TAME), tertiary-butanol (TBA), methanol and ethanol and fuel additives 1,2-dichloroethane (1,2-DCA) and ethylene dibromide (EDB or 1,2-dibromoethane).
2. If pentachlorophenol (PCP) is identified, analyze the soil and/or water sample for dioxins and furans by EPA Method 8290 and pesticides by EPA Method 8081A.
3. Title 22 Metals: Method 6010B may be used for all but the following metals, for which individual AA methods are required: Antimony & Arsenic by 7062, Cadmium by 7131A, Lead by 7421, Mercury by 7471A, Nickel by 7521, Selenium by 7742, and Thallium by 7841.
4. Non-proprietary, performance based analytical methods may be used with approval of Regional Board staff.

AUTHORIZATION TO RELEASE

* ANALYTICAL RESULTS

* GEOTECHNICAL DATA

* ENVIRONMENTAL/SITE ASSESSMENT INFORMATION

I, THE UNDERSIGNED OWNER AND/OR OPERATOR OF THE PROPERTY AND/OR FACILITY LOCATED AT

(Street Address)

(City)

HEREBY AUTHORIZE

(Laboratory)

TO RELEASE ANY AND ALL ANALYTICAL INFORMATION TO 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.

BUSINESS NAME: _____
(If Applicable)

OWNER/OPERATOR: _____
(Please Print) *(Title)*

(Owner/Operator Signature) *(Date)*

ADDRESS: _____
(Mailing Address)

(City) *(State)* *(Zip Code)*

PHONE: (_____) _____

UNDERGROUND STORAGE TANK DISPOSITION TRACKING RECORD

SECTION 1 - SJC Environmental Health Department's Tank Tracking Sheet shall accompany each tank affixed with its site identification number. The Tank Tracking Sheet is to be returned to the Environmental Health Department within 30 days of acceptance of the tank by the disposal or recycling facility. The permit holder is responsible for ensuring that this form is completed and returned.

FACILITY NAME: _____

FACILITY ADDRESS: _____

TANK ID #39 - _____ TANK SIZE: _____ PREVIOUS TANK CONTENTS: _____

SECTION 2 - To be filled out by tank removal contractor:

Tank Removal Contractor: _____

Address: _____ City: _____ Zip: _____

Phone #: (_____) _____ Date Tank Removed: _____

SECTION 3 - To be filled out by contractor "decontaminating tank":

Tank Decontamination Contractor: _____

Address: _____ City: _____ Zip: _____

Phone #: (_____) _____

Authorized representative of contractor certifying through signature below that the tank has been decontaminated in an approved manner as required by Cal EPA.

Name: _____ Title: _____ Signature: _____ Date _____

SECTION 4 - To be signed and dated by an authorized representative of the treatment, storage, or disposal facility accepting tank and/or piping.

Facility Name: _____

Address: _____ City: _____ Zip: _____

Phone #: (_____) _____

Date Tank Received: _____

Name: _____ Title: _____ Signature: _____ Date _____

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.