CONTRA COSTA HEALTH SERVICES

CONTRA COSTA HAZARDOUS MATERIALS PROGRAMS

SR#_____
(Office use only)

PERMIT APPLICATION TO CLOSE
UNDERGROUND STORAGE TANK SYSTEMS

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

FACILITY INFORMATION

Site ID	CERS ID	☐ This site does not have a Site or CERS ID number. (see page 5)	
Facility Contact		Phone #	
Facility Name		Phone #	
Address		City	Zip Code
Cross Street			

CONTRACTOR INFORMATION

Contractor Business Name	Contact Name	
Phone	Email	
Address	CA License #	Class
	Contractor Fax #	
Insurer	Worker Comp #	
Fire District	Permit #	
Laboratory Name	County	Phone #
Sampling Firm		Phone #

TANK INFORMATION

CERS Tank ID #	Tank Size	Contents	Install Date	Removal/Closure in Place Fee	Temp Closure Fee
				$1798.00 +	**$771.00 +**
				385.00	**128.00**
				385.00	**128.00**
				385.00	**128.00**
				385.00	**128.00**

Applicants must perform all work in accordance with Contra Costa County Ordinances, State and Federal laws and regulations of Contra Costa Health Services Hazardous Materials Programs. Owner or licensed agents 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 Name _____ Title_____

Applicant Signature _____ Date_____

☐ **APPROVED** ☐ **APPROVED WITH CONDITIONS** ☐ **DISAPPROVED**
(see attached conditions)

PLAN REVIEWER'S NAME_____ DATE_____

Any deviations from this application must be submitted to CCHS Hazardous Materials Programs prior to commencing work.

Rev. November 2020

1. Is the current certificate of worker's compensation insurance on file?   ☐ YES   ☐ NO
2. Does the contractor possess a "Hazardous Substance Removal Certificate"?   ☐ YES   ☐ NO
3. Has everyone on site, including crane/backhoe operator, been certified to work on a hazardous waste site in accordance with Title 8 CCR?   ☐ YES   ☐ NO
4. Has a "Site Specific Health & Safety Plan" for this job site been submitted?   ☐ YES   ☐ NO
5. Has the contractor obtained approval from the local fire department to perform tank cutting?   ☐ YES   ☐ NO
6. Is there knowledge or evidence of leakage from the tank(s) and/or piping?   ☐ YES   ☐ NO
   If yes, please explain: _____
   _____
   _____
   _____
   _____

7. If tank residual exists, identify transporting hazardous waste hauler:
   Name:_____ Hauler Registration #:_____
   Address: _____City:_____State:_____ Zip:_____
   Phone: _____

8. Decontamination Procedures:
   a. Will tank(s) and piping be decontaminated prior to removal?   ☐ YES   ☐ NO
   b. Identify contractor performing decontamination:
      Name: _____
      Address: _____
      City: _____State: _____Zip:_____
      Phone#: _____
   c. Describe the method(s) 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:
      Name:_____Hauler Registration #: _____
      Address:_____
      City: _____State: _____Zip:_____
      Phone#: _____

Permitted Disposal Site:_____

9.   a. Describe the method(s) utilized to purge and/or inert the tank(s):

_____

_____

    b. Tank/Piping Hauler:
        Name: _____
        Address: _____
        City: _____State: _____Zip:_____
        Phone#_____
        Hauler Registration # (if hauled as hazardous waste): _____
    c. Tank/Piping Disposal Site:
        Name: _____
        Address: _____
        City: _____ State:_____ Phone#:_____
        EPA ID # (if transported to a permitted facility): _____

10. Is the sampling firm an independent third party from the contractor?   ☐ YES   ☐ NO

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

_____

_____

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

_____

_____

_____

12. 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:_____

    d. Hauler Registration #: _____
        Address:_____
        City: _____State: _____Zip:_____
        Phone#: _____

13. Depth to groundwater?_____
     Source of groundwater information_____

14. Indicate the responsible party to be billed for additional CCHSHMP staff time expended beyond 3 hours 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:_____

City: _____State: _____Zip:_____

Daytime Phone:_____

Signature:_____ Title:_____ Date:_____

This Underground Storage Tank Closure Permit expires three (3) months from the date of application approval.

For USTs not registered with the California Environmental Reporting System (CERS) website, please complete the following information.

Owner Contact Information	
Name	Business Name
Phone	Mailing Address
Secondary Phone	
Email	

Operator Contact Information	□Same as Owner	
Name	Business Name	
Phone	Mailing Address	
Secondary Phone		
Email		

Environmental Contact Information	□Same as Owner	□Same as Operator
Name	Business Name	
Phone	Mailing Address	
Secondary Phone		
Email		

Billing Contact Information	□Same as Owner	□Same as Operator
Name	Business Name	
Phone	Mailing Address	
Secondary Phone		
Email		