



**COUNTY OF RIVERSIDE
DEPARTMENT OF ENVIRONMENTAL HEALTH**

**Underground Storage Tank Closure
Application and Permit**

A permit will be issued for closure or abandonment in place of UST when a work plan is submitted. In addition to this permit, all applicable permits required by the local fire department, building department, and the Air Quality Management District must be obtained and should be available for review at the closure site. **A WORK PLAN MUST BE SUBMITTED TO OBTAIN A PERMIT.** All tank closures must, at a minimum, comply with the California Underground Storage Tank Regulations and the appropriate section of the California Health and Safety Code.

FACILITY NUMBER

PLAN CHECK NUMBER

NAME OF FACILITY ADDRESS OF FACILITY CITY ZIP PHONE NUMBER

NAME OF OWNER/OPERATOR ADDRESS OWNER/OPERATOR CITY ZIP PHONE NUMBER

NAME OF CONTRACTOR/APPLICANT ADDRESS CONTRACTOR/APPLICANT CITY ZIP PHONE NUMBER

CONTRACTOR'S LICENSE TYPE AND NUMBER (Including Hazardous Materials Certification)

ANSWER THE FOLLOWING QUESTIONS DESCRIBING THE TANK(S) TO BE CLOSED OR ABANDONED. IF YOU HAVE MORE THAN FOUR (4) TANKS, PROVIDE INFORMATION ON AN ADDITIONAL FORM.

TANK INFORMATION:	TANK 1	TANK 2	TANK 3	TANK 4
SINGLE/DOUBLE WALLED TANK/AGE				
SIZE OF TANK/TANK MATERIAL				
SUBSTANCE STORED/ SUSPECTED OF LEAKING				

CIRCLE THE METHOD OF CLOSURE: **REMOVAL** **ABANDONMENT IN PLACE** **TEMPORARY CLOSURE**

UNDERGROUND TANK CLOSURE INSPECTIONS MUST BE SCHEDULED AT LEAST FIVE (5) BUSINESS DAYS IN ADVANCE.

RIVERSIDE (951) 358-5055 INDIO (760) 863-8976 HEMET (951) 766-6524

CONTRACTOR/APPLICANT SIGNATURE: _____ DATE: _____

PERMIT APPROVED BY (**Ensure Workplan is Attached**) : _____ DATE: _____

Please Make Your Check Payable To The County Of Riverside

AMOUNT ATTACHED \$ _____ TRANSACTION/OCR NO. _____ CHECK NO. _____

WORK PLAN SUBMITTED _____

****THIS PERMIT FOR CLOSURE IS VALID FOR 90 DAYS FROM THE DATE OF ISSUE.**