



Facility# _____

**COUNTY OF RIVERSIDE
DEPARTMENT OF ENVIRONMENTAL HEALTH
Hazardous Materials Management Branch**

**UNDERGROUND STORAGE TANK SYSTEM
OWNERSHIP TRANSFER FORM**

FACILITY NAME: _____

FACILITY ADDRESS: _____ **CITY** _____ **ZIP** _____

NEW FACILITY NAME (DBA): _____

PREVIOUS OWNER

NEW OWNER

Name: _____
(Print Name)

Name: _____
(Print Name)

Mailing Address: _____

Mailing Address: _____

City: _____ **State:** _____ **Zip:** _____

City: _____ **State:** _____ **Zip:** _____

Phone Number (____) _____

Phone Number (____) _____

As the new owner of the above referenced underground storage tank system(s), with an effective date of (print date) _____, I do hereby accept the responsibility for the referenced tank system(s) as required by the California Health and Safety Code, Division 20, Chapter 6.7, Section 25280 through 25299.6 and the California Administrative Code, Title 23 Waters, Chapter 16, Underground Tank Regulations. I (print new owner name) _____ am requesting that the operating permits for

_____ (print facility name)

be transferred to me as the **new owner**.

MONITORING: As the new owner of the underground storage tank(s), I would like to:

<input type="checkbox"/>	Continue with the existing monitoring option(s).
<input type="checkbox"/>	Discontinue the existing monitoring option(s) and apply for another monitoring option for my UST(s). [See Monitoring Options]
<input type="checkbox"/>	Review the monitoring alternatives available (for up to 30 days) before deciding on how to monitor my UST(s). I will continue with the present monitoring system until I have made my decision.

NEW UST SYSTEM OWNER SIGNATURE: _____

REVIEW DATE: _____ **SPECIALIST:** _____

THERE IS A CONSULTATION/REVIEW FEE FOR OWNERSHIP TRANSFER.