



**County of Riverside
DEPARTMENT OF ENVIRONMENTAL HEALTH**

www.rivcoeh.org

**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. Electronic plans may be submitted via Dropbox to USTPlancheck@rivco.org. 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. **THIS PERMIT FOR CLOSURE IS VALID FOR 90 DAYS FROM THE DATE OF ISSUE.**

PLAN CHECK NUMBER _____ SR NUMBER _____ FACILITY ID _____

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 SIX (6) TANKS, PROVIDE INFORMATION ON AN ADDITIONAL FORM.

TANK INFORMATION:	TANK 1	TANK 2	TANK 3	TANK 4	TANK 5	TANK 6
TANK ID						
SINGLE/DOUBLE WALLED/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 BY EMAILING USTNOTIFICATIONS@RIVCO.ORG

CONTRACTOR/APPLICANT NAME _____ EMAIL: _____

CONTRACTOR/APPLICANT SIGNATURE: _____ DATE: _____

PERMIT APPROVED BY: _____ DATE: _____

WORK PLAN SUBMITTED PE 5302 (1st tank) X _____ Additional Tank(s)

***PLEASE MAKE CHECK PAYABLE TO COUNTY OF RIVERSIDE**

FOR OFFICE USE ONLY

Amount Attached \$ _____ Area/District Number _____

Transaction No. _____ Credit Card/Check No. _____

Riverside Office (951) 358-5055 4065 County Circle Dr Riverside, CA 92503	Indio Office (760) 863-8976 47950 Arabia St. #A Indio, CA 92201	Hemet Office (951) 766-6524 800 S. Sanderson Ave. #102 Hemet, CA 92545	Corona Office (951) 273-9143 2275 S. Main St. #204 Corona, CA 92882
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