Imperial County Public Health Department
Environmental Health Division
Participating Agency
1221 W. State Street, Suite B, El Centro, CA 92243
(442) 265-1888 Fax (442) 265-1903 hazamathealth@co.imperial.ca.us

OFFICE USE ONLY
Facility Permit No:
Plan Check Permit No.

PART III – APPLICATION TO CLOSE AN UNDERGROUND STORAGE TANK (UST) SYSTEM

NUMBER OF TANKS TO BE CLOSED _____

CLOSURE TYPE: ☐ **REMOVAL** ☐ **IN PLACE** ☐ **PIPING ONLY** ☐ **OTHER** _____

Reason for tank(s) to be closed:
☐ Tank System Failure description _____
☐ Other _____

I. TANKS DESCRIPTION (A scaled plot plan with the location of the UST system including buildings and landmarks must be included.)

TANK NO.	CAPACITY	CONTENTS	COMPOSITION	DATE INSTALLED	SINGLE/ DOUBLE WALLED		TANKS CURRENTLY IN USE? YES	NO	LAST DATE OF OPERATION
				__/__/__	■ SW	■ DW	❒	■	__/__/__
				__/__/__	■ SW	■ DW	■	■	__/__/__
				__/__/__	■ SW	■ DW	■	■	__/__/__
				__/__/__	■ SW	■ DW	■	■	__/__/__
				__/__/__	■ SW	■ DW	■	■	__/__/__

Use reverse side to list additional USTs to be closed

Has the tank system ever failed or leaked? ☐ **YES** ☐ **NO** ☐ **UNKNOWN**

Previous Owner or Operator:
1. _____
2. _____
3. _____

If tanks are to be closed in place, please submit alternative closure work plan describing:

- Reason/justification for closure in place
- Soil sampling plan
- Inert material to be used to fill UST

WORK PLAN FOR UST CLOSURE

1. Describe the existing land use in the surrounding area (residential, commercial, schools). Describe the locations of nearest receptors and the prevailing wind.

2. Explain how the excavation will be secured. Describe fencing/site security and other methods that ensure public safety.

3. If soil is to be stockpiled, describe the location on the Plan Check map. Describe method of soil containment (berming/covers, run-off control).

4. Do you plan to conduct site assessment or remedial work beyond what is necessary to remove the UST(s) and perform the mandatory soil sampling required by the Environmental Health Division? ☐ Yes ☐ No

If Yes, a Workplan for Post-Tank Removal Investigation must be completed under the direction of a registered professional.

DISPOSAL LOCATION (Plans will be disapproved without this information)

SITE NAME	ADDRESS	CITY	ZIP

DECLARATION

I declare that to the best of my knowledge and belief, the statements and information provided are correct and true. I understand that information in addition to that provided above may be needed in order to obtain final approval by the Environmental Health Division.

I understand that tests and procedures that may be required by other departments and agencies to demonstrate adequate site safety or suitability for further development (e.g. soil compaction testing) are in addition to the requirements of the Environmental Health Division.

I will notify the Environmental Health Division at least two working days (48 hours) before work is to begin in order to schedule the required inspections. I understand that site and worker safety are solely the responsibility of the property owner or his agent and that this responsibility is not shared or assumed by the County of Imperial.

SIGNATURE & TITLE	PRINT NAME	DATE __/__/__

PHONE NUMBER FOR PROJECT CONTACT
( )

ICUPA USE ONLY	OPEN CASE	PROJECT MANAGER	CASE STATUS

APPLICATION CONTINUED ON REVERSE

I. TANKS DESCRIPTION (continued from page 1)									
TANK NO.	CAPACITY	CONTENTS	COMPOSITION	DATE INSTALLED	SINGLE/ DOUBLE WALLED		TANKS CURRENTLY IN USE?		
							YES	NO	LAST DATE OF OPERATION
				___/___/___	❒ SW	❒ DW	☐	☐	___/___/___
				___/___/___	❒ SW	❒ DW	☐	☐	___/___/___
				___/___/___	❒ SW	❒ DW	☐	☐	___/___/___
				___/___/___	❒ SW	❒ DW	☐	☐	___/___/___
				___/___/___	❒ SW	❒ DW	☐	☐	___/___/___
				___/___/___	❒ SW	❒ DW	☐	☐	___/___/___

SAMPLING PROTOCOL

Tank owner/authorized representative responsible for all sampling analyses and associated costs.

TANK SYSTEM CLOSURE BY REMOVAL

❑ The excavation shall be exposed prior to the scheduled inspection and sampling points identified by the DTSC Imperial CUPA inspector. Sampling is required for both tank and piping. **The tank and piping must remain in the excavation until the UST Inspector approves the removal.**

TANK SYSTEM CLOSURE IN PLACE

❑ Submit an alternate plan which must include soil sampling, reason for closing the tank system in place and type of material to be used to fill the tank. Soil sampling and/or hydrostatic testing is also required for piping closures. Tank system closure in place will only be considered after evaluating the risks and hazards if the tank system installed.

SITE PLAN SUBMITTAL

Attach one (1) copy of plans showing the following:

1. Property lines, site address, scale, north arrow.
2. Location of all existing structures.
3. Location of all existing underground storage tank facilities.
4. Location of underground storage tanks and piping to be closed.
5. Location of underground utility lines and vaults.

REQUIRED INSPECTION(S)

An UST inspector must be on site at the time the tank(s) are closed.

TANK SYSTEM CLOSURE BY REMOVAL:

❑ The excavation shall be exposed prior to the scheduled inspection. The tank owner/authorized representative on site must submit a uniform hazardous waste manifest demonstrating that the tank has been properly decontaminated. A combustible gas instrument and soil sampling equipment must be on site. The UST Inspector will identify sampling points. The tank and piping must remain in the excavation until UST inspector approves the removal.

TANK SYSTEM CLOSURE IN PLACE:

❑ Soil sampling for tank(s) and piping

❑ The UST inspector shall verify that the tank system has been properly emptied and will witness the filling with an approved inert substance. Piping must be closed at the same time as the tank. The tank owner/authorized representative on site shall submit a uniform hazardous waste manifest demonstrating that the tank has been properly decontaminated.