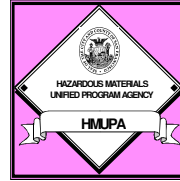




**HAZARDOUS MATERIALS UNIFIED PROGRAM AGENCY
UNDERGROUND STORAGE TANK
CLOSURE APPLICATION
(2009-2010)**



FOR OFFICE USE	
DATE REC'VD _____	
FILE NO. UT00 _____	
BUSINESS NO. _____	

1. TANK FACILITY/BUSINESS SITE INFORMATION Attach a *State Water Resources Control Board, Underground Storage Tank Facility Form (HMUPA 603)* additional tank facility information. **PLEASE TYPE OR PRINT CLEARLY**

BUSINESS NAME		BUSINESS OPERATOR/MANAGER NAME	
STREET ADDRESS	ZIP CODE	NEAREST CROSS STREET	PHONE NUMBER ()
TYPE OF BUSINESS <input type="checkbox"/> GAS STATION <input type="checkbox"/> RESIDENCE <input type="checkbox"/> OTHER (PLEASE SPECIFY)		SFFD PERMIT NO.	US EPA ID NUMBER

2. DESCRIPTION OF PROPOSED CLOSURE

TANK No.	PROPOSED CLOSURE TO UNDERGROUND STORAGE TANK SYSTEM APPLICATION FILING FEE \$940.00	TANK AND/OR PIPE UNDER STREET OR SIDEWALK? YES** OR NO	TANK TO BE CUT ON-SITE?
	<input type="checkbox"/> REMOVE <input type="checkbox"/> CLOSE IN PLACE* <input type="checkbox"/> TEMPORARY CLOSURE* FOR CLOSURES INVOLVING JUST THE UST SYTEM PIPING, CHECK THE PIPING ONLY BOX IN ADDITION TO THE TYPE OF CLOSURE <input type="checkbox"/> PIPING ONLY		
	<input type="checkbox"/> REMOVE <input type="checkbox"/> CLOSE IN PLACE* <input type="checkbox"/> TEMPORARY CLOSURE* FOR CLOSURES INVOLVING JUST THE UST SYTEM PIPING, CHECK THE PIPING ONLY BOX IN ADDITION TO THE TYPE OF CLOSURE <input type="checkbox"/> PIPING ONLY		
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- * If Closure in Place, submit subsurface investigative report and indicate the type and amount of material for filling tank in the Work Plan.
- ** If tank or pipe is located under a street or sidewalk, an encroachment permit must be obtained from the Department of Public Works, Bureau of Street-Use and Mapping prior to start of any work.
- *** If tank is to be cleaned and cut on-site, comply with San Francisco Fire Department requirements for on-site cutting. Attach a copy of the Welding and Cutting Permit for open flame torch issued by the San Francisco Fire Department, where applicable.

- 3. MAP** Provide a site map indicating the location of the UST(s) relative to a fixed structure, the location of the UST fill, the orientation of the UST, North directional arrow and any street or cross streets.
- 4. TANK FORMS** Attach a *State Water Resources Control Board, UST "Tank Form" (HMUPA 604)* for **each** tank.
- 5. WORK PLAN** Submit a description of the work to be performed. Include the procedures for cleaning the UST and evaluating the condition of the soil and groundwater.

6. CONTRACTOR/CONSULTANT INFORMATION Contractors performing or subcontracting tank closure must possess a proper contractor license and a valid Hazardous Substance Removal Certification (HAZ/CERT) issued by the Contractors State License Board. Approval for tank work will not be granted unless copies of the contractor's license and certifications are on file with the San Francisco Department of Public Health.

PRIMARY CONTRACTOR/CONSULTANT BUSINESS NAME	CALIF. CONTRACTORS LICENSE CLASSIFICATION AND No.	PHONE NUMBER ()	
MAILING ADDRESS	CITY	STATE	ZIP CODE

7. SUBCONTRACTOR/CONSULTANT INFORMATION List all applicable excavation, equipment, tank cleaning or other subcontractors. Attach a separate sheet for additional subcontractors or consultants.

SUBCONTRACTOR/CONSULTANT BUSINESS NAME	CALIF. CONTRACTORS LICENSE CLASSIFICATION AND No.	PHONE NUMBER ()	
MAILING ADDRESS	CITY	STATE	ZIP CODE

8. PUMP INFORMATION Provide information on the pump equipment that will be used to make the tank free of any product prior to transportation. Also, any ground water, which may be present in the tank excavation, must be removed and allowed to recharge prior to taking any water samples.

PUMP TRUCK COMPANY NAME OR NAME OF EQUIPMENT MANUFACTURER	US EPA ID No. (IF APPLICABLE)	PHONE NUMBER ()
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* All pumping equipment must be third party certified for use in a combustible/flammable atmosphere.

9. HAZARDOUS WASTE INFORMATION INDICATE where tank(s) will be taken for disposal and the name of the company transporting the tanks. All hazardous waste including tanks must comply with applicable hazardous waste regulations for transportation, treatment and disposal. A *Uniform Hazardous Waste Manifest* completed by the Generator must accompany all generated hazardous waste during transportation. Attach separate sheet for additional hazardous waste or contaminated materials generated by the tank closure. Copies of the Hazardous Waste Manifest or other transportation documents shall be submitted as part of the final tank closure report.

TANK TRANSPORTATION COMPANY NAME	US EPA ID NUMBER	PHONE NUMBER ()
MAILING ADDRESS	CITY	STATE ZIP CODE
DESIGNATED (TREATMENT/DISPOSAL) FACILITY NAME	US EPA ID NUMBER	PHONE NUMBER ()
DESIGNATED FACILITY ADDRESS	CITY	STATE ZIP CODE

10. LABORATORY INFORMATION SOIL and groundwater sampling, sample management and analyses must be conducted in accordance with procedures specified in CCR Title 22, Section 66261.20(c). Sample splits must be made available to the San Francisco Department of Public Health upon request. All samples that are to be analyzed must be submitted with a properly completed chain-of-custody form to a state certified laboratory. Copies of laboratory results and chain-of-custody forms shall be submitted as part of the final tank closure report.

LABORATORY NAME	STATE CERTIFICATE No.	PHONE NUMBER ()
BUSINESS ADDRESS	CITY	STATE ZIP CODE

11. APPLICANT INFORMATION Tank closure approval will be sent to the applicant unless otherwise specified.

APPLICANT NAME	TITLE	PHONE NUMBER ()
BUSINESS NAME	BUSINESS ADDRESS	
MAILING ADDRESS	CITY	STATE ZIP CODE
TANK SITE CONTACT PERSON	TITLE	PHONE NUMBER ()

In signing this application the applicant declares:

- That the above information is complete and accurate. Any deviation from the approved plan without prior approval from the San Francisco Department of Public Health may result in the revocation of the approval and an assessment of fines and penalties.
- That I have read the San Francisco Department of Public Health's guidelines and that such guidelines do not relieve my obligation to comply with other pertinent State and Federal laws and regulations.
- That I will contact the San Francisco Department of Public Health, Hazardous Materials Unified Program Agency, and where required, San Francisco Fire Department, Department of Public Works or Port Authority, a minimum of 3 (three) working days in advance to schedule inspection appointments.
- Documents relating to tank closure must be submitted within 90 (ninety) days of removing/closing an underground storage tank. All other tank modification, installation, and/or upgrades documents or reports must be submitted within 30 (thirty) days of project completion. Refer to San Francisco Department of Public Health guidelines for specific reporting requirements.
- That in the event an unauthorized release (leak) is detected and confirmed, the business, tank, or property owner, or I, on behalf of the business, tank, or property owner will notify the San Francisco Department of Public Health within 24 (twenty-four) hours. In addition, an *Underground Storage Tank Unauthorized Release (Leak)/Contamination Site Report* shall be completed and submitted to the San Francisco Department of Public Health within 5 (five) days.
- The Applicant will be billed for any additional San Francisco Department of Public Health inspection charges. All such charges shall be paid in full immediately upon receipt of the invoice.
- The Applicant understands that a separate permit and approval may be required by the San Francisco Fire Department and the Department of Public Works and no removal work may take place until all appropriate permits or approvals have been obtained.

APPLICANT'S SIGNATURE	DATE
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