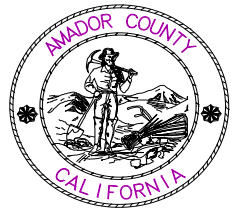


# ENVIRONMENTAL HEALTH DEPARTMENT

## LAND USE AGENCY

810 COURT STREET JACKSON, CA 95642-2132 PHONE: (209) 223-6439 FAX: (209) 223-6228



### AMADOR COUNTY ENVIRONMENTAL HEALTH DEPARTMENT UNDERGROUND STORAGE TANK CLOSURE PERMIT APPLICATION

Application for closure of underground storage tank system(s). Applicant must submit a work plan detailing proposed closure activities with this application for review & approval. Permit fees are payable at the time this application is submitted.

FACILITY NAME (TANK SITE)	FACILITY ADDRESS	PHONE #
TANK OWNER'S NAME	ADDRESS OF OWNER	PHONE #
TANK OPERATOR'S NAME	ADDRESS OF OPERATOR	PHONE #
NAME OF CONTRACTOR	ADDRESS OF CONTRACTOR	PHONE #
CONTRACTORS LICENSE TYPE AND NUMBER (Including Hazardous Materials Certification)		

#### SCOPE OF WORK:

PERMANENT CLOSURE ( )
TEMPORARY CLOSURE ( )

ANSWER THE FOLLOWING QUESTIONS DESCRIBING THE TANK SYSTEMS TO BE CLOSED. IF YOU HAVE MORE THAN FOUR (4) TANKS, PROVIDE INFORMATION ON AN ADDITIONAL APPLICATION FORM.				
	TANK 1	TANK 2	TANK 3	TANK 4
SINGLE/DOUBLE WALL TANK				
CAPACITY OF TANK				
TANK CURRENTLY IN USE (YES/NO)				
IS TANK SUSPECTED OF LEAKING (YES/NO)				
ORIGINAL DATE OF INSTALLATION				
CONSTRUCTION MATERIAL OF TANK				
HAZARDOUS SUBSTANCE STORAGE HISTORY				

I hereby certify that the information listed above is correct. I agree to comply with all applicable Amador County, State and Federal Laws & Regulations.

I acknowledge that a site investigation and clean up may be required in the event significant contamination is encountered during field activities.

APPLICANT NAME (PRINT) \_\_\_\_\_ APPLICANT SIGNATURE \_\_\_\_\_  
DATE \_\_\_\_\_

**PLEASE MAKE CHECK PAYABLE TO AMADOR COUNTY ENVIRONMENTAL HEALTH DEPARTMENT.**

FOR OFFICE USE ONLY: Amount Paid: \$ \_\_\_\_\_ Date Paid: \_\_\_\_\_ Inv. # \_\_\_\_\_