Shasta County Department of Resource Management Environmental Health Division

1855 Placer Street, Suite 201, Redding CA 96001 Telephone (530)225-5787 Fax (530)225-5413

UNDERGROUND STORAGE TANK REMOVAL/CLOSURE APPLICATION
PLAN REVIEW FEE: \$194.75 (PLUS \$259.66 FOR FIRST TANK AND \$129.83 EACH ADDITIONAL TANK)

This application must be accompanied with a work plan, proof of Workman's Compensation Insurance and Contractor's Hazardous Substance Removal Certificate (copy).

TOTAL # OF TAN	KS					
Facility Name			PHONE			
Street Location						
Mailing Address	Street		City	State	Zip Code	
Emergency Contact I	Person		•		-	
	Name			Telephone Numbe		
Tank Owner	Name				Telephone Number	
Mailing Address	Street	City	State	Zip Co		
Property Owner					Telephone Number	
Mailing Address					refeptione Number	
Mailing Address	Street	City	State	Zip Code		
Name of Contractor						
Contractor's License: Type			N	Number		

No underground storage tank shall be removed or filled in-place except in the presence of the Health Officer or his designated representative.

CONTACT THIS OFFICE TO ARRANGE FOR AN ENVIRONMENTAL HEALTH REPRESENTATIVE TO BE ON-SITE DURING TANK REMOVAL/CLOSURE AND SAMPLING.

All tanks containing combustible or flammable liquids must be rendered gas-free/inerted utilizing dry ice or other approved means.

TANK DESCRIPTION

TANK #1:								
Tank capacity:	Gallons	_Unknown	Year	installed	Unknown			
Tank contents:	_Unleaded Fuel	Leaded Fuel	Diesel	Waste Oil	Other			
TANK #2:								
Tank capacity:	Gallons	_Unknown	Year	installed	Unknown			
Tank contents:	_Unleaded Fuel	Leaded Fuel	Diesel	Waste Oil	Other			
TANK #3:								
Tank capacity:	Gallons	_Unknown	Year	installed	Unknown			
Tank contents:	_Unleaded Fuel	Leaded Fuel	Diesel	Waste Oil	Other			
TANK #4:								
Tank capacity:	Gallons	_Unknown	Year	installed	Unknown			
Tank contents:	_Unleaded Fuel	Leaded Fuel	Diesel	Waste Oil	Other			
Do you propose to _	remove the	tank(s) or	fill tank(s)	in-place?				
water samples which		terize the site for	the presence of		tory analyses of soil and/or ntamination. A State-			
analyzed by a State- contamination. Each with a cement slurry Health staff. If cont	accredited laboratory h tank must be triple- or other approved m	in order to proper rinsed prior to rec aterial. All samplered, approval to f	rly characterize eiving approva es must be col	e the site for the al from this office lected in the pre-	y under the tank(s) must be expresence or absence of the to fill the tank(s) in-place esence of Environmental to be granted and the tank(s)			
FOR OFFICE USE ONLY								
Received by:	Da	ate	Amount rec	eived				
R.E.H.S. Signature_								

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File closure date_____

Tank removal date_____