

<p><i>Agency Use Only</i> <input type="checkbox"/> Approved; <input type="checkbox"/> Disapproved.</p> <p>SR No.: _____</p> <p>Staff: _____; Date: _____</p> <p>Comment: _____</p>
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HAZARDOUS MATERIALS STORAGE TANK SYSTEM CLEANING/CUTTING APPLICATION

*For Use Within the Cities of Los Altos, Los Altos Hills, Monte Sereno, Saratoga, and in Unincorporated Areas of Santa Clara County
 Authority Cited: California Code of Regulations, Title 22, Section 67383.3(a)(1)*

This form, and a Tank System Closure Permit Application/Closure Plan, must be completed and submitted to the Hazardous Materials Compliance Division (HMCD) prior to on-site cleaning of any aboveground or underground storage tank system that stored a hazardous material/waste.

1. Facility Name (Tank Site): _____ Bldg. No.: _____
 Address: _____ City: _____ Zip: _____

2. Proposed Date of Tank System Cleaning: _____

3. The following individual will directly supervise cutting and/or cleaning activities and prepare the Hazardous Waste Tank Closure Certification form:*

Name: _____ Phone No.: (____) _____
 Address: _____ City: _____ Zip: _____

* Attach to this application a copy of this person's professional credentials (e.g. state license or registration) demonstrating that he/she is qualified to legally certify tank cleaning activities:

4. Will cutting of the tank(s) be necessary? Yes; No. *(If yes, Fire Marshal approval is required.)*

5. The following procedures will be used for the onsite cleaning and closure of these tank systems (check one box only):

- Recommended Practice for the Closure of Underground Petroleum Storage Tanks, API Publication 1604, Third Edition (March, 1996).
- Safe Entry and Cleaning of Petroleum Storage Tanks, API Publication 2015, (May, 1994).
- Standard Procedures for Cleaning or Safeguarding Small Tanks and Containers Without Entry, NFPA 327, 1993 Edition.
- The following procedures [Describe the specific tools and techniques proposed for cleaning, cutting (if applicable), and inspection of tank systems]:

6. Remaining product/waste in the tank(s) was/will be shipped to the following destination:

Facility Name: _____ EPA ID No. (If applicable): _____

Name of Transporter: _____ EPA ID No. (If applicable): _____

Check this box if the tank(s) was/were emptied by drawing down inventory through normal product use.

7. Intended Disposition and Destination of Tank System(s) [Describe where the tank system(s) will be sent after cleaning and how they will be managed]:

8. Rinseate and any other hazardous wastes will be shipped to the following recycling/disposal facility:

TSD Name: _____ EPA ID No.: _____

Name of Licensed Waste Transporter: _____ EPA ID No.: _____

Applicant Certification

I certify that I have read the Guidelines for On-Site Cleaning of Hazardous Materials Storage Tank Systems and California Code of Regulations, Title 22, Div. 4.5, Chapter 32, and declare that the above information is correct to the best of my knowledge.

Applicant/Agent's Name (Print)

Applicant/Agent's Signature

Date

Tank Operator Certification

[Note: This certification must be completed by the operator of the tank system, not the contractor or agent. If the most recent hazardous contents of the tank(s) are unknown, and residuals remain in the tank(s) in sufficient quantity to be collected and analyzed, a report of chemical analysis may be attached to this application in place of the Operator's certification.]

I am the operator of the tank system(s) covered by this application. I hereby certify that the tank(s) last held the following hazardous material(s)/waste(s):

Identity of Material(s) or Waste(s): _____

Tank Operator's Name (Print)

Tank Operator's Signature

Date
