



HEALDSBURG/SEBASTOPOL

UNIFIED PROGRAM AGENCY

601 HEALDSBURG AVE
HEALDSBURG, CA 95448
PHONE 431-3360 * FAX 431-3146



UNDERGROUND STORAGE TANK SYSTEM CLOSURE PERMIT APPLICATION

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

Address: _____ City: _____ Zip: _____

EPA ID No.: _____ Contact Person: _____ Phone No.: () _____

2. Tank Owner's Name: _____

Address: _____ City: _____ Zip: _____

3. Applicant's Name: _____

Address: _____ City: _____ Zip: _____

Contact Person: _____ Phone No.: () _____

4. Tank Closure Contractor Business Name: _____

(As registered with the Contractors State License Board at www.cslb.ca.gov)

Address: _____ City: _____ Zip: _____

CSLB License No.: _____ Contact Person: _____ Phone No.: () _____

Business License on file; attached

5. Firm that will take soil/water samples: _____ Phone No.: () _____

6. State-certified laboratory that will analyze samples: _____ Phone No.: () _____

7. Name of Licensed Transporter of Tanks: _____

EPA ID No.: _____ Phone No.: () _____

8. Destination of Tanks and Piping: _____

9. Tank System: Size (gallons) Substance(s) Previously Contained

Tank 1 _____

Tank 2 _____

Tank 3 _____

Tank 4 _____

Applicant/Agent's Name (Print)

Applicant/Agent's Signature

Date