COUNTY of VENTURA

Environmental Health Division

800 South Victoria Avenue, Ventura, CA 93009-1730
Phone 805-654-2813 • vcrma.org/divisions/environmental-health

SR#_____

FA#_____

UNDERGROUND HAZARDOUS MATERIAL STORAGE TANK APPLICATION FOR NON-HAZARDOUS WASTE TANK DISPOSAL

For use within the County of Ventura, excluding City of Ventura and City of Oxnard. Authority Cited: California Code of Regulations, Title 22, Section 67383.3(a)(1).

This form must be completed and submitted along with an application for permanent UST closure to the Ventura County Environmental Health Division (EHD) prior to initiating cleaning, cutting, dismantling, or excavation of a tank system.

_____   _____   _____
Facility Name   Facility Address (Number, Street, City, Zip)   CERS ID#
                                                                                                                                                        (If Previously Permitted)

Tank Operator Certification of Last Hazardous Material Stored

[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 chemical analysis of the residual tank contents 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: _____

_____   _____   _____
Tank Operator's Name (Print)   Tank Operator's Signature   Date

Describe where the tank(s) will be sent after cleaning and how they will be managed:

Facility's Permanent or Temporary Hazardous Waste EPA ID#: _____

Remaining product/waste in the tank(s) was/will be shipped to the following disposal facility:

_____   _____   _____   _____
Destination Facility Name   EPA ID# (if applicable)   Name of Transporter   EPA ID# (if applicable)

Tank rinsate will be shipped to the following disposal facility:

_____   _____   _____   _____
Destination Facility Name   EPA ID# (if applicable)   Name of Transporter   EPA ID# (if applicable)

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

_____   _____   _____   _____
Name   Professional Certification/Registration   Company   Phone No.

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

Applicant Certification

I certify that I have read and understand the tank management standards found in the 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