



For DPH Office Use Only

City and County of San Francisco

Date Received:	_____
File No. UTOO:	_____
Business No.:	_____

Department of Public Health  
Environmental Health Branch

## Underground Storage Tank System Closure Application (2023-2024)

### 1. Tank Facility/Business Site Information

Business Name:		Business Operator/Manager Name	
Street Address:	Zip Code	Nearest Cross Street	Phone Number
Type of Business <input type="checkbox"/> Gas Station <input type="checkbox"/> Residence <input type="checkbox"/> Other (Please Specify)		SFFD Permit No.	US EPA ID Number

### 2. Description of Proposed Closure

Tank #	Proposed Closure to Underground Storage Tank System Application Filing Fee = \$1,341.00	Tank and/or Pipe Under Street or Sidewalk? Yes** or No	Tank to be cut on-site?*** Yes or No
	<input type="checkbox"/> Remove <input type="checkbox"/> Close in Place* <input type="checkbox"/> Temporary Closure For closures involving just the UST System piping, check the piping only box in addition to the type of closure. - <input type="checkbox"/> Piping Only	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
	<input type="checkbox"/> Remove <input type="checkbox"/> Close in Place* <input type="checkbox"/> Temporary Closure For closures involving just the UST System piping, check the piping only box in addition to the type of closure. - <input type="checkbox"/> Piping Only	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
	<input type="checkbox"/> Remove <input type="checkbox"/> Close in Place* <input type="checkbox"/> Temporary Closure For closures involving just the UST System piping, check the piping only box in addition to the type of closure. - <input type="checkbox"/> Piping Only	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
	<input type="checkbox"/> Remove <input type="checkbox"/> Close in Place* <input type="checkbox"/> Temporary Closure For closures involving just the UST System piping, check the piping only box in addition to the type of closure. - <input type="checkbox"/> Piping Only	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>

\* If Closure in Place, submit subsurface investigative report and indicate the type and amount of material for filling tank in the WorkPlan.

\*\* If tank or pipe is located under a street or sidewalk, an encroachment permit must be obtained from the Department of Public Works, Bureau of Street-Use and Mapping prior to start of work.

\*\*\* If tank is to be cleaned and cut on-site, comply with San Francisco Fire Department requirements for on-site cutting. Attach a copy of the Welding and Cutting Permit for open flame torch issued by the San Francisco Fire Department, where applicable.

**3. Map:** Provide a site map indicating the location of the UST system(s) relative to a fixed structure, the location of the UST fill, the orientation of the UST, North directional arrow and any street or cross streets.

**4. Tank Forms:** Attach a UST Facility Form (formerly UST Form A) and UST Tank Form (formerly UST Form B) for each tank.

**5. Work Plan:** Submit a description of the work to be performed. Include the procedures for cleaning the UST system and evaluating the condition of the soil and groundwater. Also, a list of waste disposal/recycling facilities and contact information must be included.

**6. Site Safety Plan:** Include hazards and solutions including but not limited to, trenching, PPE, confined space entry, hazardous communication, emergency response procedure, and medical facility's name and phone number.

**7. Contractor/Consultant Information:** Contractors performing, or subcontracting tank closure must possess a proper contractor's license and a valid Hazardous Substance Removal Certificate (HAZ/CERT) issued by the Contractors State License Board. Approval for tank work will not be granted unless copies of the contractor's license and certifications are on file with SFDPH.

Primary Contractor/Consultant Business Name	CA Contractors License Classification & No.	Phone Number
Mailing Address	State	Zip Code
		Email Address

**8. Subcontractor/Consultant Information:** List all applicable excavation, equipment, tank cleaning or other subcontractors. Attach a separate sheet for additional subcontractors or consultants.

Primary Contractor/Consultant Business Name	CA Contractors License Classification & No.	Phone Number
Mailing Address	State	Zip Code
		Email Address

**9. Pump Information:** Provide information on the pump equipment that will be used to make the tank free of any product prior to transportation. Also, any ground water, which may be present in the tank excavation, must be removed and allowed to recharge prior to taking any water samples.

Pump Truck Company Name or Name of Equipment Manufacturer	US EPA ID No. (If applicable)	Phone Number
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\* All pumping equipment must be third party certified for use in a combustible/flammable atmosphere.

**10. Hazardous Waste Information:** Indicate the disposal location(s) and transporter(s) for all hazardous waste expected to be generated and transported off-site. Transporter and disposal information must be provided for the UST(s) and associated components, tank contents and rinsate, contaminated soil and/or groundwater, etc. All hazardous waste including the tank(s), piping, impacted soils, etc. must be managed in accordance with applicable regulations governing transportation, treatment and disposal of hazardous waste. Attach a separate sheet as necessary to identify all hazardous waste or contaminated materials generated or expected to be generated during the tank closure activities e.g. tank contents/rinsate, contaminated soil and/or groundwater, etc. Copies of the Hazardous Waste Manifest or other HW transportation documents shall be submitted as part of the final tank closure report.

Tank Transportation Company Name	US EPA ID Number	Phone Number	
Mailing Address	City	State	Zip Code
Designated (Treatment/Disposal) Facility Name	US EPA ID Number	Phone Number	
Designated Facility Address	City	State	Zip Code

**11. Laboratory Information:** Soil and groundwater sampling, sample management and analyses must be conducted in accordance with procedures specified in CCR Title 22, Section 66261.20(c). Sample splits must be made available to the San Francisco Department of Public Health upon request. All samples that are to be analyzed must be submitted with a properly completed chain-of-custody form to a state certified laboratory. Copies of laboratory results and chain-of-custody forms shall be submitted as part of the final tank closure report.

Laboratory Name	State Certificate No.	Phone Number	
Business Address	City	State	Zip Code

**12. Applicant Information:** Tank closure approval will be sent to the applicant unless otherwise specified.

Applicant Name	Title	Phone Number	
Business Name	Business Address	Email Address	
Mailing Address	City	State	Zip Code
Tank Site Contact Person	Title	Phone Number	

In signing this application, the applicant declares:

- That the above information is complete and accurate. Any deviation from the approved plan without prior approval from the San Francisco Department of Public Health may result in the revocation of the approval and an assessment of fines and penalties.
- That I have read the San Francisco Department of Public Health's guidelines and that such guidelines do not relieve my obligation to comply with other pertinent State and Federal laws and regulations.
- That I will contact the San Francisco Department of Public Health, Hazardous Materials and Waste Program, and where required, San Francisco Fire Department, Department of Public Works or Port of San Francisco, a minimum of 3 (three) working days in advance to schedule inspection appointments.
- Documents relating to tank closure must be submitted within 90 (ninety) days of removing/closing an underground storage tank. All other tank modification, installation, and/or upgrades documents or reports must be submitted within 30 (thirty) days of project completion. Refer to San Francisco Department of Public Health guidelines for specific reporting requirements.
- That in the event an unauthorized release (leak) is detected and confirmed, the business, tank, or property owner, or I, on behalf of the business, tank, or property owner will notify the San Francisco Department of Public Health within 24 (twenty-four) hours. In addition, an Underground Storage Tank Unauthorized Release (Leak)/Contamination Site Report shall be completed and submitted to the San Francisco Department of Public Health within 5 (five) days.
- The Applicant will be billed at the current DPH hourly inspection rate for any time exceeding 3 hours inspection time or 3 hours administrative time. All such charges shall be paid in full immediately upon receipt of the invoice.
- The Applicant understands that a separate permit and approval may be required by the San Francisco Fire Department and the Department of Public Works and no removal work may take place until all appropriate permits or approvals have been obtained.

Signature of Applicant

Date