



Mariposa County Environmental Health



Public Health
Prevent. Promote. Protect.

5100 Bullion Street
Post Office Box 5
Mariposa, California 95338
(209) 966-2220 FAX (209) 966-8248

APPLICATION FOR CLOSURE OF UNDERGROUND STORAGE TANKS

Application is for: Tank Removal _____ Abandonment in Place _____

NOTE: A fee *per tank* is assessed and must accompany this application. [Fee Schedule \(PDF\)](#)

Facility Name: _____ Phone #: _____

Facility Address: _____ Contact Person: _____

Contractor Name: _____

Contact Person: _____ Contractor's License #: _____

Phone #: _____ Address: _____

Email Address: _____

State Certified Laboratory providing sample analysis: _____

TANK INFORMATION

Tanks	1.	2.	3.	4.	5.
Capacity (Gal)					
Former Contents					
Piping (check box)					
Pressurized					
Suction					
Gravity					

If tanks contained a flammable liquid, how will the tanks be inerted (i.e. dry ice) or purged (i.e. CO² or Nitrogen gas?) _____

Where will the tank(s) be transported for disposal and who will provide for their transportation? If tanks are not recycled, they must be transported via a hazardous waste manifest by a registered hauler. Documentation of final disposal or recycling must be provided to MCDEH within 30 days.

How will the disposal of tank sludge, waste product, and/or rinseate be conducted and who will provide this service? If a manifest is generated, a copy must be forwarded to MCDEH within 30 days.

How will soil and/or groundwater samples be collected from the excavation (i.e. hand-auger, backhoe?)

Will traffic control be necessary, and if so, how will it be controlled?

How will the excavation be secured if left open overnight? We recommend contacting USA Alert for underground utility information within the working area.

Provide a drawing of the facility below. The following information must be provided:

1. Location of the tanks, piping, dispensers, and vents. Include lengths and dimensions.
2. Proposed sampling locations and indicate those locations with an **X**.
3. Identify roads, buildings, and/or other pertinent information such as utility lines.

<u>North</u> ↑	SITE MAP

Owner/Contractor Signature: _____ Date: _____

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FOR OFFICE USE ONLY. PLEASE DO NOT WRITE IN THIS SECTION

___ Authority to abandon is denied for the reason(s) listed below:

___ Authority to abandon is approved with the following conditions:

Fire Department notified by: _____ Date: _____

Signature: _____ Date: _____