



**CUPA**  
**San Bernardino County Fire Department • Hazardous Materials Division**  
**620 South 'E' Street, San Bernardino, CA 92415-0153 • (909) 386-8401 FAX (909) 386-8460**

**HAZARDOUS WASTE TANK CLOSURE CERTIFICATION**

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**I. FACILITY IDENTIFICATION**

FACILITY ID #	3	6		0	0	1						1	BUSINESS NAME (Same as FACILITY NAME or DBA)	3	
SITE ADDRESS											CITY		ZIP CODE		
TANK OWNER NAME														740	
TANK OWNER ADDRESS														741	
TANK OWNER CITY											742	STATE	743	ZIP CODE	744

**II. TANK CLOSURE INFORMATION**

TANK INTERIOR ATMOSPHERE READINGS	TANK ID # <i>(Attach additional copies of this page for more than three tanks.)</i>		Concentration of Flammable Vapor				Concentration of Oxygen			
	1	745	Top	Center	Bottom	Top	Center	Bottom		
			746a	746b	746c	747a	747b	747c		
2	748	749a	749b	749c	750a	750b	750c			
3	751	752a	752b	752c	753a	753b	753c			

**III. CERTIFICATIONS**

On examination of the tank(s), I certify that the tank is visually free from product, sludge, scale (thin, flaky residual of tank contents), rinseate and debris. I further certify that the information provided herein is true and accurate to the best of my knowledge.

SIGNATURE OF CERTIFIER		<b>STATUS OR AFFILIATION OF CERTIFYING PERSON</b>	760
NAME OF CERTIFIER <i>(Print)</i>	754		761
TITLE OF CERTIFIER	755		
CERTIFIER ADDRESS	756	Check the appropriate box below to indicate the status of the certifier:	762
CITY	757	<input type="checkbox"/> a. Certified Industrial Hygienist (CIH)	
PHONE	758	<input type="checkbox"/> b. Certified Safety Professional (CSP)	
DATE	759	<input type="checkbox"/> c. Certified Marine Chemist (CMC)	
CERTIFICATION TIME		<input type="checkbox"/> d. Registered Environmental Health Specialist (REHS)	
		<input type="checkbox"/> e. Professional Engineer (PE)	
		<input type="checkbox"/> f. Class II Registered Environmental Assessor	
		<input type="checkbox"/> g. Contractors' State License Board licensed contractor (with hazardous substance removal certification)	

TANK PREVIOUSLY HELD FLAMMABLE OR COMBUSTIBLE MATERIALS <i>(If yes, the tank interior atmosphere shall be re-checked with a combustible gas indicator prior to work being conducted on the tank).</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No	763
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CERTIFIER'S TANK MANAGEMENT INSTRUCTIONS FOR SCRAP DEALER, DISPOSAL FACILITY, ETC.:	764
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A copy of this certificate shall accompany the tank to the recycling / disposal facility and be provided to the CUPA.  
Copies shall be submitted to the owner / operator of the tank system, the removal contractor and the recycling / disposal facility.

# Instructions for Completing the Hazardous Waste Tank Closure Form

## GENERAL INFORMATION

This form provides certification to the CUPA and to the owner/operator of a UST that the tank was properly cleaned, inerted and disposed of. This form applies to any UST that previously held a hazardous material or hazardous waste and is to be removed or closed in place.

## DEFINITIONS

The following definitions of specific terms from CCR Title 23 and CHSC §25281 are included to assist you in completing this form:

- "Owner " means the owner of an underground storage tank. This is often the property owner.
- "Operator" means any person in control of, or having daily responsibility for, the daily operation of an underground storage tank system.

## INSTRUCTIONS

### *I. Facility Identification*

1. Enter your Facility ID Number, if known. Otherwise, leave blank. This number is assigned by the CUPA and is the last 6 digits of the facility's establishment number (which appears on the CUPA permit.)
3. Enter the name of the business, as it appears on the Business Activities Form.
- . Enter the physical address (no PO Boxes) for the site as it appears on the Business Activities Form. It should be the same address as the location address on business emergency/contingency plan.
740. Enter the name of the UST owner.
- 741- Enter the UST owner's address.
- 744.

### *II. Tank Closure Information*

745. Enter the identification number of the UST as assigned by the owner. This ID number must correspond to the ID number listed in your Business Emergency / Contingency Plan.
- 746a- Indicate the Lower Explosive Level (LEL) and the Oxygen levels, in percentages, taken at the top, center and bottom interior AND at each  
753c interior end of the UST. Trained personnel must take these readings with a calibrated monitoring device (such as a CGI).

### *III. Certifications*

Read the certification statement and provide the following information:

754. Print the name of the person certifying this information.
755. Enter the title of the person certifying this information.
- 756- Enter the address and city of the person certifying this information  
757.
758. Enter the phone number of the person certifying this information.
759. Enter the date and time that this information is certified.
760. Check the box that indicates whether the certifier is a representative of the CUPA. (**NOTE: Within San Bernardino County the CUPA inspector is NOT authorized to certify the UST.**)
761. If the certifier is a representative of the CUPA, enter the name of the CUPA.
762. Check the box that best indicates the certifier if NOT a representative of the CUPA.
763. Check the box that indicates whether the UST(s) contained flammable or combustible materials.
764. Enter your instructions for the recycling facility, scrap dealer, disposal facility, etc. that is receiving the UST.

**IF YOU HAVE ANY QUESTIONS CONTACT YOUR DISTRICT INSPECTOR AT (909) 386-8418**