



HAZARDOUS WASTE TANK CLOSURE NOTIFICATION FORM

This form must be submitted prior to initiating cleaning, cutting, dismantling, or excavation of a tank system that previously held hazardous materials or hazardous waste (California Code of Regulations § 67383.3).

I. FACILITY IDENTIFICATION					
FACILITY ID #	CERS ID #	FACILITY NAME			
FACILITY SITE ADDRESS		FACILITY CITY		FACILITY ZIP CODE	
TANK OWNER NAME					
TANK OWNER ADDRESS			CITY	STATE	ZIP CODE
DATE(S) THE TANK SYSTEM WILL BE CLEANED AND/OR EXCAVATED, OR CLOSED IN PLACE					
II. TANK DESCRIPTION <i>(Attach additional copies of this page for more tanks)</i>					
TYPE	TANK ID #	SIZE (GAL)	CONTENT	LOCATION	METHOD OF CLOSURE
<input type="checkbox"/> ATS <input type="checkbox"/> UST					<input type="checkbox"/> Removal <input type="checkbox"/> Closure in Place
<input type="checkbox"/> ATS <input type="checkbox"/> UST					<input type="checkbox"/> Removal <input type="checkbox"/> Closure in Place
<input type="checkbox"/> ATS <input type="checkbox"/> UST					<input type="checkbox"/> Removal <input type="checkbox"/> Closure in Place
III. TANK CLOSURE CERTIFIER					
NAME OF PERSON AND/OR BUSINESS OF CERTIFIER (MUST MATCH CREDENTIALS)					
CREDENTIAL OF CERTIFIER (ATTACH COPY CREDENTIALS WITH THIS FORM)					
<input type="checkbox"/> Contractors State License Board (CSLB) licensed contractor (with Hazardous Substance Removal Certification)		<input type="checkbox"/> California Registered Environmental Health Specialist (REHS)			
<input type="checkbox"/> California Certified Industrial Hygienist (CIH)		<input type="checkbox"/> Professional Engineer (PE) registered in California			
<input type="checkbox"/> California Certified Safety Professional (CSP)		<input type="checkbox"/> Class II Registered Environmental Assessor			
		<input type="checkbox"/> California Certified Marine Chemist (CMC)			
IV. TANK DESTINATION					
DESCRIBE THE INTENDED DISPOSITION AND DESTINATION OF THE TANK SYSTEM					
V. IDENTIFICATION OF THE HAZARDOUS MATERIALS OR HAZARDOUS WASTE					
Select one of the following options to identify the hazardous materials or hazardous waste last held in the tank:					
<input type="checkbox"/> OPTION A: I certify to the best of my knowledge that the identity of the material or waste last stored or accumulated in the tank(s) are as listed in Section II (Tank Description) of this section.					
<input type="checkbox"/> OPTION B: A chemical analysis of the residue in the tank(s) has/have been completed and the lab results are attached with this form.					
OWNER / OPERATOR SIGNATURE			OWNER / OPERATOR TITLE		
OWNER / OPERATOR NAME (PRINT)			DATE		