



COUNTY OF SAN DIEGO CUPA
DEPARTMENT OF ENVIRONMENTAL HEALTH – HAZARDOUS MATERIALS DIVISION
P.O. BOX 129261, SAN DIEGO, CA 92112-9261
(858) 505-6880 FAX (858) 505-6848
<http://www.sdcdeh.org>

OFFICE USE ONLY

____/____/____
Date Received

TEMPORARY CLOSURE OF UNDERGROUND STORAGE TANK (UST) APPLICATION

I. FACILITY INFORMATION

BUSINESS NAME (Same as FACILITY NAME or DBA-Doing Business As)					Facility ID#	3	7	-	0	0	0	-						
UST SITE ADDRESS							CITY				CA	ZIP CODE						
UST FACILITY CONTACT PERSON										UST FACILITY CONTACT PHONE ()								

II. PROJECT CONTACT INFORMATION

PROJECT CONTACT NAME										CHOOSE ONE <input type="checkbox"/> UST Owner <input type="checkbox"/> UST Operator								
PROJECT CONTACT MAILING ADDRESS							CITY				STATE	ZIP CODE						
PROJECT CONTACT PHONE ()					FAX ()					E-MAIL								

PLEASE NOTE THAT TEMPORARY CLOSURE APPROVAL OR DISAPPROVAL WILL BE SENT TO THE CONTACT PERSON LISTED ABOVE

III. TANK(S) DESCRIPTION

Reason for Temporary Closure: _____

Are UST(s) in compliance? Yes No ♦ Has operator submitted all required UST forms to HMD (see list on reverse side 1-5)? Yes No

TANK NO.	CAPACITY	CONTENTS	DATE PLACED IN TEMPORARY CLOSURE:	SINGLE/ DOUBLE WALLED		KNOWN RELEASE	
			/ /	<input type="checkbox"/> SW	<input type="checkbox"/> DW	<input type="checkbox"/> YES	<input type="checkbox"/> NO
			/ /	<input type="checkbox"/> SW	<input type="checkbox"/> DW	<input type="checkbox"/> YES	<input type="checkbox"/> NO
			/ /	<input type="checkbox"/> SW	<input type="checkbox"/> DW	<input type="checkbox"/> YES	<input type="checkbox"/> NO
			/ /	<input type="checkbox"/> SW	<input type="checkbox"/> DW	<input type="checkbox"/> YES	<input type="checkbox"/> NO

Use additional form(s) to list additional UST(s) to be put in Temporary Closure

**California Code Regulations (CCR), Title 23, Division 3, Chapter 16, Article 7
§ 2671. Temporary Closure Requirements.**

- (a) An owner or operator shall comply with all of the following requirements to complete and maintain temporary closure of an underground storage tank:
(1) All residual liquid, solids, or sludges shall be removed and handled in accordance with the applicable provisions of Chapters 6.5 and 6.7 of Division 20 of the Health and Safety Code.
(2) If the underground storage tank contained a hazardous substance that could produce flammable vapors at standard temperature and pressure, it shall be inerted, as often as necessary, to levels that will preclude an explosion or to lower levels as required by the local agency.
(3) The underground storage tank may be filled with a noncorrosive liquid that is not a hazardous substance. This liquid shall be tested and the test results submitted to the local agency prior to removal from the underground storage tank at the end of the temporary closure period.
(4) Except for required venting, all fill and access locations and piping shall be sealed using locking caps or concrete plugs.
(5) Power service shall be disconnected from all pumps associated with the use of the underground storage tank unless the power services some other equipment which is not being closed, such as the impressed-current cathodic protection system.
- (b) The monitoring required pursuant to the permit may be modified by the local agency during the temporary closure period. In making a decision to modify monitoring requirements, the local agency shall consider the need to maintain monitoring in order to detect unauthorized releases that may have occurred during the time the underground storage tank was used but that have not yet been detected. In all cases, corrosion protection shall continue to be operated.
- (c) The underground storage tank shall be inspected by the owner or operator at least once every three months to verify that the temporary closure measures are still in place. The inspection shall include but is not limited to the following:
(1) Visual inspection of all locked caps and concrete plugs.
(2) If locking caps are used, at least one shall be removed to determine if any liquids or other substances have been added to the underground storage tank or if there has been a change in the quantity or type of liquid added pursuant to subsection (a)(3) of this section.

California Health and Safety Code §25298 requires that a UST system which is temporarily taken out of service but which the operator intends to return to use shall continue to be subject to local permitting, inspection, and required maintenance.

IV. DECLARATION

I have read the above temporary closure requirements and have met those conditions. I declare that to the best of my knowledge and belief, the statements and information provided are correct and true. I understand that information in addition to that provided above may be needed in order to obtain final approval by the Department of Environmental Health (DEH). At the end of a temporary closure period over 12 months, including any extension granted by the local agency, the owner may reuse the underground storage tank only if the tank meets the requirements of Article 3 for new underground storage tanks or is upgraded to meet the requirements of Article 6.

SIGNATURE & TITLE			PRINT NAME		
PHONE NUMBER FOR PROJECT CONTACT ()					DATE / /

- HMD USE ONLY -

FIELD VERIFICATION / INSPECTION FOR TEMPORARY CLOSURE OF UNDERGROUND STORAGE TANK(S)

REQUIRED FORMS AT INSPECTION:

1.	UST form HM-9715 – Facility Information	<input type="checkbox"/> YES <input type="checkbox"/> NO
2.	UST form HM-9717 – Tank Information (one per tank)	<input type="checkbox"/> YES <input type="checkbox"/> NO
3.	Manifest for contents, residuals, sludge and/or other substance	<input type="checkbox"/> YES <input type="checkbox"/> NO
4.	Certificate of Financial Responsibility	<input type="checkbox"/> YES <input type="checkbox"/> NO

INSPECTION CHECKLIST:

6.	USTs inerted	<input type="checkbox"/> YES <input type="checkbox"/> NO Method: _____
7.	Fill and access locations properly secured	<input type="checkbox"/> YES <input type="checkbox"/> NO
8.	Power service disconnected or hoses/nozzles removed	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A
9.	Unified Program Facility (Health) Permit current	<input type="checkbox"/> YES <input type="checkbox"/> NO
10.	UST Operating Permit current	<input type="checkbox"/> YES <input type="checkbox"/> NO
11.	SAM Case: Project Manager _____ Case Status _____	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A

TEMPORARY CLOSURE STATUS:

12.	Approved (Only valid with Inspector and Supervisor signatures) <input type="checkbox"/> YES <input type="checkbox"/> NO	Temporary Closure Expiration Date: / /
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REMARKS:

INSPECTOR (Signature Required):	PRINT NAME	DATE / /
SUPERVISOR (Signature Required):	PRINT NAME	DATE / /

OTHER AGENCY:

NAME (Please Print):	TITLE (Please Print):	DATE / /
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REMARKS:

RECEIVED BY:	PRINT NAME	DATE / /
BUSINESS REPRESENTATIVE:	PRINT NAME	DATE / /