



**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>

## HAZARDOUS WASTE TANK CLOSURE CERTIFICATION

Page \_\_\_\_ of \_\_\_\_

### I. FACILITY IDENTIFICATION

BUSINESS NAME (Same as FACILITY NAME or DBA – Doing Business As) <sup>3</sup>	FACILITY ID #	3	7		0	0	0													1
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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 # (Attach additional copies of this page for more than three tanks)	Concentration of Flammable Vapor			Concentration of Oxygen		
		Top	Center	Bottom	Top	Center	Bottom
1	745	746a	746b	746c	747a	747b	747c
2	748	749a	749b	749c	750a	750b	750c
3	751	752a	752b	752c	753a	753b	753c

### III. CERTIFICATION

On examination of the tank, I certify 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	STATUS OR AFFILIATION OF CERTIFYING PERSON
NAME OF CERTIFIER (Print) <span style="float:right">754</span>	Certifier is a representative of the CUPA, authorized agency, or LIA: <span style="float:right">760</span> <input type="checkbox"/> Yes <input type="checkbox"/> No
TITLE OF CERTIFIER <span style="float:right">755</span>	Name of CUPA, authorized agency, or LIA: <span style="float:right">761</span>
ADDRESS <span style="float:right">756</span>	If certifier is other than CUPA / LIA check appropriate box below: <span style="float:right">762</span>
CITY <span style="float:right">757</span>	<input type="checkbox"/> a. Certified Industrial Hygienist (CIH)
PHONE <span style="float:right">758</span>	<input type="checkbox"/> b. Certified Safety Professional (CSP)
DATE <span style="float:right">759</span>	<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 763  
 (If yes, the tank interior atmosphere shall be re-checked with a combustible gas indicator prior to work being conducted on the tank.)  Yes  No

CERTIFIER'S TANK MANAGEMENT INSTRUCTIONS FOR SCRAP DEALER, DISPOSAL FACILITY, ETC:

A copy of this certificate shall accompany the tank to the recycling / disposal facility and be provided to the CUPA. If there is no CUPA, copies shall be submitted to the LIA and authorized agency; owner / operator of the tank system; removal contractor; and the recycling / disposal facility.

## Hazardous Waste Tank Closure Certification

Complete and submit this page prior to initiating any cleaning, cutting, dismantling, or excavation of a tank system that meets the conditions below:

- Any tank system that previously held a hazardous material or a hazardous waste, that is identified as a hazardous waste, and that is destined to be disposed, reclaimed or closed in place.
- This does not apply to tank systems regulated under a hazardous waste facility permit, other than permit by rule (PBR), or to tank systems regulated under a grant of interim status, nor to a tank system or any portion thereof, that meets the definition of scrap metal in 22 CCR Section 66260.10 and is excluded from regulation pursuant to 22 CCR Section 66261.6(a)(3)(B).

Refer to 22 CCR Section 67383.3 and 23 CCR Section 2672 for disposal requirements for tank systems.

(Note: the numbering of the instructions follows the data element numbers that are on the UPCF pages. These data element numbers are used for electronic submission and are the same as the numbering used in 27 CCR, Appendix C, the Business Section of the Unified Program Data Dictionary.)

Please number all pages of your submittal. This helps your CUPA or local agency identify whether the submittal is complete and if any pages are separated.

1. FACILITY ID NUMBER - Enter the 6 character Permit # on your Unified Program Facility Permit (UPFP). If you do not have a Unified Program Facility Permit, leave this blank.

3. BUSINESS NAME - Enter the full legal name of the business. This is the same as the terms "Facility Name" or "DBA" - Doing Business As.

740. TANK OWNER NAME Complete items 740-744, unless all items are the same as the Business Owner information (items 111-116) on the Business Owner/Operator Identification page

741. TANK OWNER ADDRESS (OES Form 2730). If the same, write "SAME AS SITE" across this section

742. TANK OWNER CITY

743. TANK OWNER STATE

744. TANK OWNER ZIP CODE

745. TANK ID NUMBER 1-3 - Enter up to three owner's tank ID numbers. This is a unique number used by the owner to identify the tank. If more than three tanks are being closed, complete additional copies of this page. (Enter additional tank numbers in 748 and 751.)

746. CONCENTRATION OF FLAMMABLE VAPOR 1-3 - Enter three interior flammable vapor levels for each tank being closed, taken at the top, center, and bottom of the tank. (For more than one tank, enter additional tank readings in 749 and 752.)

747. CONCENTRATION OF OXYGEN 1-3 - Enter three interior oxygen levels for each tank being closed, taken at the top, center, and bottom of the tank. (For more than one tank, enter additional tank readings in 750 and 753).

SIGNATURE - The business owner or officer of the company who is authorized to make decisions for the facility and who has operational control, shall sign in the space provided.

754. CERTIFIER NAME - Enter the full printed name of the person signing the page.

755. CERTIFIER TITLE - Enter the title of the person signing the page.

756. CERTIFIER ADDRESS - Enter the address of the person signing the page.

757. CERTIFIER CITY - Enter the city for the signer's address.

758. CERTIFIER PHONE - Enter the phone number for the person signing the page.

759. DATE CERTIFIED - Enter the date that the document was signed. Enter the time that the readings were taken.

760. CERTIFIER REPRESENTS LOCAL AGENCY - Check "Yes" if the person certifying the tank is a representative of the CUPA, authorized agency, or LIA, check "No" if not.

761. NAME OF LOCAL AGENCY - Enter the name of the local agency represented by the person certifying the tank.

762. AFFILIATION OF CERTIFYING PERSON - Check the certification, license, or organization which the certifier holds or to which the certifying person belongs, if not a CUPA/ LIA.

763. TANK HELD FLAMMABLE OR COMBUSTIBLE MATERIALS - Check "Yes" if the tank held flammable or combustible materials, check "No" if not.

764. MANAGEMENT INSTRUCTIONS - Provide tank management instructions to the scrap dealer, disposal facility, etc., in this space.