



# County of San Diego

## DEPARTMENT OF ENVIRONMENTAL HEALTH & QUALITY HAZARDOUS MATERIALS DIVISION

P.O. BOX 129261, San Diego, CA 92112-9261

(858) 505-6880 • FAX (858) 505-6848

<http://www.sdcdeh.org>

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## TEMPORARY CLOSURE OF UNDERGROUND STORAGE TANKS (USTs) PROCEDURES & APPLICATION

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California Code of Regulations (CCR) Title 23, §2670 & §2671 allows for the temporary closure of USTs in which the storage of hazardous substances has ceased but the underground tank(s) will again be used for the storage of hazardous substances within the next 12 consecutive months. The time between cessation of hazardous substance storage and application for temporary closure shall not exceed ninety (90) calendar days. These USTs shall continue to be subject to all CUPA permit requirements, inspections, and operating fees during the temporary closure period.

Those USTs that have had an unauthorized release do not qualify for temporary closure pursuant to §2671 until the owner/operator demonstrates to the Hazardous Materials Division (HMD) that appropriate authorized repairs, under permit and inspection, have been made which would allow the tank to be capable of storing hazardous substances. USTs that have had an unauthorized release and cannot be repaired, must be permanently closed under permit and inspection.

### APPLICATION

To apply for temporary closure, an owner or operator must submit a completed UST temporary closure application to the Hazardous Materials Division. Closure shall be completed within a reasonable time as determined by the CUPA. The CUPA will review the application, the operating and compliance status of the UST system, and conduct an inspection prior to approval/disapproval. Application for temporary UST closure does not guarantee approval.

### EXTENSION REQUIREMENTS

Pursuant to 23 CCR §2670(b), at the end of 12 consecutive months during which the tank is temporarily closed, the local agency may approve a one-time extension of the temporary closure period for a maximum additional period of up to 12 months. The owner/operator shall complete a site assessment in accordance with §2672(d) **before** an extension may be granted by the local agency at the end of the initial 12-month period. The site assessment must demonstrate to the satisfaction of the local agency that no unauthorized release has occurred. A work plan for the site assessment must be submitted and approved by the CUPA prior to commencing site assessment work.

## TEMPORARY CLOSURE REQUIREMENTS

The Owner/Operator shall comply with the following requirements:

- Remove all liquid, solids, and sludge and handle according to provisions of Chapter 6.5 and 6.7 of Division 20 of the California Health and Safety Code. If the tank contained a hazardous substance that could produce flammable vapors at standard temperature and pressure, then the tank shall be purged and inerted to levels that shall prevent an explosion. The tank system must also be properly decontaminated (cleaned) by a licensed hazardous waste hauler and a copy of the hazardous waste manifest must be provided to HMD.
- Seal all fill, access locations, and piping (except for required venting) with locking caps or concrete plugs.
- Disconnect electric service to the pump associated with the tank(s) to be temporarily closed unless the power services other equipment not being closed, such as an impressed-current cathodic protection system.
- The tank may be filled with a noncorrosive liquid that is not a hazardous substance. This liquid must be tested, and the test results submitted to the HMD prior to its being removed from the tank at the end of the temporary closure period.
- The UST element in CERS must be modified at the beginning and end of the temporary closure period.
- The monitoring plan (CERS) may be modified at the discretion of the local agency during the temporary closure period. A modified monitoring plan may require a monitor system certification before the UST system can be operational.
- If tank(s) and/or product piping are single walled, the current year's tank integrity test verifying tank tightness must be submitted to HMD to confirm that there has not been an unauthorized release.
- An inspection of the temporarily closed tank shall be performed and recorded by the owner/operator at least once **every three (3) months** to ensure that the temporary closure requirements are still in effect. At minimum, this shall include:
  - 1) Visual inspection of all locked caps and concrete plugs.
  - 2) If locking caps are utilized, then at least one (1) shall be removed to determine if any contaminant has been added to the tank, or if there has been a liquid level change.
- If applicable, the owner/operator must request an extension of the temporary closure period in a timely manner to ensure the site assessment is completed and approved **before** an extension may be granted by HMD at the end of the initial 12-month period.

### References:

[California Health & Safety Code Chapter 6.7](#) §25298

[California Code of Regulations Title 23](#) §2670, §2671 and §2672(d)



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**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)		RECORD ID#	
UST SITE ADDRESS	CITY	<b>CA</b>	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

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
				<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 supplemental form(s) to list additional UST(s) to be put in Temporary Closure**

**Reason for Temporary Closure:**

*This Department requires verification of compliance with USTs Laws and Regulations to qualify for Temporary Closure. The CUPA will not approve temporary closure for non-compliant systems.*

## IV. VERIFICATION OF COMPLIANCE

### 1. UST System Compliance:

1.1 Monitoring system certification within the past 12 months:

Date:

- Pass
- Fail – Description/Repair:

1.2 Secondary Containment within the last 36 months:

Date:

- Pass
- Fail – Description/Repair:
- N/A (AB2481 Compliant)

1.3 Unauthorized release:

- No (SW systems must provide the current tank/line integrity test)
- Yes
  - Repair:
  - No Repair (does not qualify for temporary closure and must be permanently closed)

### 2. UST Documents – Current and available

- CERS UST submittal
- UST Designated Operator Inspections
- Monitoring and maintenance records

### 3. Estimated Temporary Closure Time frame:

- The facility understands that a tank(s) under temporary closure shall continue to be subject to all CUPA permit conditions, inspection and monitoring requirements, and operating fees during the temporary closure period.
- The facility intends to operate the temporarily closed tank(s) within 12 consecutive calendar months from the date of application, and will comply with all requirements for monitoring, certifications, testing and inspections.
- The facility understands that the owner or operator must perform and record an inspection of the temporarily closed tank(s) at least once every 3 months to ensure that the temporary closure actions are still in effect.

## V. 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 to obtain final approval by the Department of Environmental Health & Quality (DEHQ). 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 ITEMS/TASKS CONFIRMED AT INSPECTION:**

1.	Updated 'Type of Action' in CERS ► Temporary Closure	<input type="checkbox"/> YES <input type="checkbox"/> NO
2.	Monitoring Plan Updated in CERS	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A
3.	Manifest provided for contents, residuals, sludge and/or other substance	<input type="checkbox"/> YES <input type="checkbox"/> NO
4.	Current year's tank/piping integrity test provided (SW tank/piping only)	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A
5.	Local Fire Authority contacted for applicable Fire Code requirements	<input type="checkbox"/> YES <input type="checkbox"/> NO

**INSPECTION CHECKLIST:**

6.	USTs inerted / method:	<input type="checkbox"/> YES <input type="checkbox"/> NO
7.	Fill and access locations properly secured	<input type="checkbox"/> YES <input type="checkbox"/> NO
8.	Power disconnected to pumps (unless servicing other equipment)	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A
9.	Unified Program Facility Permit current	<input type="checkbox"/> YES <input type="checkbox"/> NO
10.	UST Operating Permit current	<input type="checkbox"/> YES <input type="checkbox"/> NO

**TEMPORARY CLOSURE STATUS:**

11.	<b>Approved</b> (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