

COUNTY OF SANTA BARBARA CERTIFIED UNIFIED PROGRAM AGENCY

225 Camino del Remedio, Santa Barbara, CA 93110 (805) 681-4900 Fax (805) 681-4901
 2125 S. Centerpointe Parkway, Room 333, Santa Maria, CA 93455 (805) 346-8460 Fax (805) 8485

**APPLICATION TO TEMPORARILY CLOSE
 AN UNDERGROUND HAZARDOUS
 SUBSTANCE STORAGE TANK SYSTEM**

CUPA Form 308

FOR OFFICE USE
Operating Permit #
Date Received:
of Tanks
Fee Paid
Receipt #

Applicant must submit this completed form and State Form B for each tank, and applicable fees to obtain a permit. In lieu of State Form B, CERS tank information may be submitted provided it has been accepted on CERS.

Reference: CA Health & Safety Code, Division 20, Chapter 6.7, Section 25298 and CCR Title 23, Section 2670 and 2671.

A. PROPOSED DATES OF CLOSURE: From _____ to _____

TEMPORARY CLOSURE CAN NOT EXCEED TWELVE CONSECUTIVE MONTHS; AN EXTENSION OF TWELVE ADDITIONAL MONTHS MAY BE REQUESTED IF REQUIREMENTS OF SECTION 2670(B) ARE MET.

B. FACILITY / SITE INFORMATION:

Site Name _____

Site Address _____

C. TANK HISTORY:

TANK HISTORY	TANK #1	TANK #2	TANK #3	TANK #4
ID #				
DATES & TYPES OF ANY REPAIRS				
DATES & TYPES OF ANY MODIFICATION				
LIST ALL SUBSTANCES STORED IN TANK FROM PRESENT TO PAST, WITH DATES IF KNOWN.				

D. HAVE THERE BEEN ANY KNOWN RELEASES FROM TANK(S): NO YES

Product released: _____

Location of release: _____

Amount released: _____

Date of release: _____

E. DESCRIBE REMOVAL AND DOCUMENTATION OF PRODUCT DISPOSAL:

Note: Removal and handling must be pursuant to the applicable provisions of CA Health & Safety Code, Division 20, Chapters 6.5 and 6.7.

F. DESCRIBE PROCEDURES AND SCHEDULE TO BE USED DURING TEMPORARY CLOSURE FOR INERTING, MONITORING, MAINTENANCE, ETC. (MINIMUM INSPECTION FREQUENCY IS ONCE EVERY 3 MONTHS).

G. HOW WILL THE TANK(S) BE SEALED TO PREVENT ANY UNAUTHORIZED USE?:

H. SUBMIT A PLOT PLAN WITH THIS APPLICATION

Remember to submit the State Forms and other supporting documentation as applicable; also, your business plan inventory must be updated with the CUPA within 30 days after product removal from the tank.

I **declare** to the best of my knowledge and belief the statements and information provided are true and correct. I understand that additional information may be needed in order to obtain approval from the CUPA.

After temporary closure has been approved by the CUPA, and in order to schedule the required inspections, I will notify the CUPA at least 48 hours (two working days) before work on the temporary closure is to begin.

Signature & Title: _____

Print Name: _____ **Date:** _____

Telephone: _____

FOR OFFICE USE ONLY:

In approving this permit application, the CUPA has reviewed the application for compliance with Chapter 16 of Division 3 of Title 23 of the California Code of Regulations, and Chapter 6.7 of Division 4.5 of the California Health & Safety Code. No review of compliance was conducted of, nor shall this approval be construed as extending to, the provisions of any other rule, regulation or standard including but not limited to: the California Building Code, California Electrical Code, and the California Fire Code.

Approved / Denied By: _____ Date: _____

ICC #: _____

The CUPA conditions for approval; based on forms and plans as submitted – any changes must be proposed on new forms and plans and approved in writing by the CUPA:

APPROVED APPLICATIONS ARE VALID FOR 90 DAYS FROM DATE OF ISSUANCE.

NOTE: CUPA APPROVAL MUST BE OBTAINED PRIOR TO REUSE OF THE UNDERGROUND STORAGE TANKS.