

CUPA San Bernardino County Fire Protection District • Hazardous Materials Section 598 S. Tippecanoe Ave., San Bernardino, CA 92415-0153 • (909) 386-8401 FAX (909) 386-8460

HAZARDOUS WASTE TANK CLOSURE CERTIFICATION																
I. FACILITY IDENTIFICATION																
FACILITY ID # CERS ID #						FACILITY NAME										
FACILITY SITE ADDRESS					FACILITY CITY						FACILITY ZIP CODE					
TANK OWNER ADDRESS				CITY			STATE		ZIP	ZIP CODE						
	II. TANK	CLOSURE	INFOR		N (Atte	(Attach additional copies of this page for more tanks)										
					TAN	TANK INTERIOR ATMOSPHERE READINGS										
<b>TANK ID #</b> (If UST, enter CERS Tank ID #)			Conce	n of Fl	of Flammable Vapor (%			Concentration of Oxygen (%				%)				
			Тор		Center		Bottom		Тор		Center		Bottom			
DIRECTIONALITY (UST Only)																
□ ATS □ UST																
□ UST																
□ ATS																
□ UST																
On eva	mination o	f the tank	cortify					e from	nrodu	nt elu	dae e	cale (f	hin fl	akv		
On examination of the tank, I certify that the tank is visually free from product, sludge, scale (thin, flaky residual of tank contents), rinsate and debris. I further certify that the information provided herein is true and accurate to the best of my knowledge.																
CERTIFIER SIGNATURE					STATUS OR AFFILIATION OF CERTIFYING PERSON											
					Check the appropriate box below to indicate the status of the											
CERTIFIER NAME / BUSINESS (Print)					certifier:											
					Contractors State License Board (CSLB) licensed contractor (with Hazardous Substance Removal Certification)											
CERTIFIER TITLE					□ California Certified Industrial Hygienist (CIH)											
CERTIFIER ADDRESS / CITY					□ California Certified Safety Professional (CSP)											
					California Certified Marine Chemist (CMC)											
CERTIFIER PHONE					<ul> <li>California Registered Environmental Health Specialist (REHS)</li> </ul>											
DATE CERTIFIED TIME CERTIFIED					Professional Engineer (PE) registered in California											
						lass II F	Register	ed Envi	ronmer	ntal As	sesso	r				
This tank previously held flammable or combustible materials. (If yes, the tank interior atmosphere shall be re-																
checked with a combustible gas indicator prior to work being conducted on the tank).																
CERTIFIER'S TANK MANAGEMENT INSTRUCTIONS FOR SCRAP DEALER, DISPOSAL FACILITY, ETC.:														,. <u>.</u>		
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# Instructions for the HAZARDOUS WASTE TANK CLOSURE CERTIFICATION FORM

# WHEN IS THIS FORM NEEDED?

A hazardous waste tank closure certification must be completed whenever an underground storage tank (UST) or aboveground tank system (ATS) that previously held hazardous materials or hazardous waste is being closed by removal or closed in place and is subject to the tank closure requirements of the California Code of Regulations Title 22 Division 4.5 Chapter 32 §67383.1-67383.5.

## HOW IS THIS FORM SUBMITTED?

The completed hazardous waste tank closure certification MUST be submitted in California Environmental Reporting System (CERS). Under Business Activities, answer "Yes" to the question "Does your facility need to report the closure/removal of a tank that was classified as hazardous waste and cleaned on-site?" The "Tank" Element will appear. Upload this form in that element.

# HOW IS THIS FORM COMPLETED?

## I. FACILITY IDENTIFICATION

**Facility ID #**: Enter the Facility ID Number, if known. This number is assigned by the CUPA and begins with the letters FA. It can be found on the facility's CUPA permit.

**CERS ID #**: Enter the 10-digit identification number assigned by CERS, if applicable. If the CERS ID # is unknown, leave this section blank.

**Facility Name**: Name of the business where the tank is held. If there is a CUPA permit associated with this site, then the business name must match the facility name of the permit.

Facility Site Address, City, Zip Code: Enter the physical address (no PO Boxes) for the site.

**Tank Owner Name**: Enter the name of the tank owner. For USTs, this name must match the UST Facility Operating Permit Application in CERS.

Tank Owner Address, City, Zip Code: Enter the address, city, state, and zip code of the tank owner. This should match the address on CERS.

## **II. TANK CLOSURE INFORMATION:** Tank Interior Atmosphere Readings

If more than 3 tanks are being closed, then submit additional forms (as needed). Enter the Page Number on the bottom right hand corner to identify the number of pages.

Trained personnel must take these readings with a calibrated monitoring device (such as a combustible gas indicator (CGI)).

**Tank ID #**: Enter the identification number of the tank. If the tank is an UST, then the stateassigned CERS Tank ID # must be entered. If it is an ATS, the Tank ID # may be assigned by the owner.

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**Directionality**: For USTs, CGI readings shall be taken at the top, center, and bottom of each interior end. Enter the directionality of the end at which the reading was taken. S = South, N = North, E = East, W = West, SW = Southwest, SE = Southeast, NE = Northeast, NW = Northwest. For an ATS, only enter ONE reading for the top, center, and bottom. Strike through all other sections.

**Concentration of Flammable Vapor**: Indicate the Lower Explosive Level (LEL) in percentages, taken at the top, center and bottom of the interior. For USTs, LEL readings shall be taken at the top, center, and bottom of EACH interior end. The LEL readings shall be 0% for the material or waste the tank previously held.

**Concentration of Oxygen**: Indicate the Oxygen levels, in percentages, taken at the top, center and bottom interior. For USTs, oxygen readings shall be taken at the top, center, and bottom of EACH interior end. The readings shall be the same as that of the ambient air (~20.8%).

### **III. CERTIFICATIONS**

**Status or Affiliation of Certifying Person**: Check the box that indicates the authority by which the person is certifying this (NOTE: Within San Bernardino County the CUPA does not certify tank closures).

**Certifier Signature**: The Certifier shall read the statement above the certifier's signature field and sign attesting to the information on this certification.

**Certifier Name / Business**: Print the name of the person certifying this information and the Business (if applicable) the person is affiliated with (e.g. the Contractor).

**Certifier Title**: Enter the title of the person certifying this information.

Certifier Address / City: Enter the address and city of the person certifying this information.

**Certifier Phone**: Enter the phone number of the person certifying this information.

Date Certified / Time Certified: Enter the date and time that this information is certified.

This tank previously held flammable or combustible materials: Check the box that indicates whether the UST/ATS(s) contained flammable or combustible materials.

**Certifier's Tank Management Instructions for Scrap Dealer, Disposal Facility, Etc.**: Enter your instructions for the recycling facility, scrap dealer, disposal facility, etc. that is receiving the tank.