



## HAZARDOUS WASTE TANK CLOSURE NOTIFICATION FORM

*This form must be submitted prior to initiating cleaning, cutting, dismantling, or excavation of a tank system that previously held hazardous materials or hazardous waste (California Code of Regulations § 67383.3).*

I. FACILITY IDENTIFICATION			
FACILITY ID #	CERS ID #	FACILITY NAME	
FACILITY SITE ADDRESS		FACILITY CITY	FACILITY ZIP CODE
TANK OWNER NAME			
TANK OWNER ADDRESS		CITY	STATE
DATE(S) THE TANK SYSTEM WILL BE CLEANED AND/OR EXCAVATED, OR CLOSED IN PLACE			

II. TANK DESCRIPTION <i>(Attach additional copies of this page for more tanks)</i>					
TYPE	TANK ID #	SIZE (GAL)	CONTENT	LOCATION	METHOD OF CLOSURE
<input type="checkbox"/> ATS <input type="checkbox"/> UST					<input type="checkbox"/> Removal <input type="checkbox"/> Closure in Place
<input type="checkbox"/> ATS <input type="checkbox"/> UST					<input type="checkbox"/> Removal <input type="checkbox"/> Closure in Place
<input type="checkbox"/> ATS <input type="checkbox"/> UST					<input type="checkbox"/> Removal <input type="checkbox"/> Closure in Place

III. TANK CLOSURE CERTIFIER	
NAME OF PERSON AND/OR BUSINESS OF CERTIFIER (MUST MATCH CREDENTIALS)	
CREDENTIAL OF CERTIFIER (ATTACH COPY CREDENTIALS WITH THIS FORM)	
<input type="checkbox"/> Contractors State License Board (CSLB) licensed contractor (with Hazardous Substance Removal Certification) <input type="checkbox"/> California Certified Industrial Hygienist (CIH) <input type="checkbox"/> California Certified Safety Professional (CSP)	<input type="checkbox"/> California Registered Environmental Health Specialist (REHS) <input type="checkbox"/> Professional Engineer (PE) registered in California <input type="checkbox"/> Class II Registered Environmental Assessor <input type="checkbox"/> California Certified Marine Chemist (CMC)

IV. TANK DESTINATION
DESCRIBE THE INTENDED DISPOSITION AND DESTINATION OF THE TANK SYSTEM

V. IDENTIFICATION OF THE HAZARDOUS MATERIALS OR HAZARDOUS WASTE	
Select one of the following options to identify the hazardous materials or hazardous waste last held in the tank:	
<input type="checkbox"/> <b>OPTION A:</b> I certify to the best of my knowledge that the identity of the material or waste last stored or accumulated in the tank(s) are as listed in Section II (Tank Description) of this section.	
<input type="checkbox"/> <b>OPTION B:</b> A chemical analysis of the residue in the tank(s) has/have been completed and the lab results are attached with this form.	
OWNER / OPERATOR SIGNATURE	OWNER / OPERATOR TITLE
OWNER / OPERATOR NAME (PRINT)	DATE



## 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

# Instructions for the HAZARDOUS WASTE TANK CLOSURE NOTIFICATION FORM

## WHEN IS THIS FORM NEEDED?

Prior to initiating cleaning, cutting, dismantling, or excavation of an aboveground or underground tank that previously held a hazardous material or hazardous waste, the owner or operator of the tank system shall submit a written notification to the CUPA with all information outlined in this form (*California Code of Regulations Title 22 Division 4.5 Chapter 32 §67383.3*).

## HOW IS THIS FORM SUBMITTED?

### Aboveground Tank System (ATS)

For aboveground tank systems, this form can be uploaded into the California Environmental Reporting System (CERS) under the Tank element or it can be mailed to this office. Closure activities can occur once all appropriate agencies have been notified.

### Underground Storage Tank (UST)

For underground storage tanks, this form must be submitted with the UST Closure Submittal through the plan check process. Removal activity, including tank cleaning, cannot begin until plan approval has been received for the site. Contact the UST Front Counter Technician for additional questions at (909) 386-8464.

## HOW IS THIS FORM COMPLETED?

### I. FACILITY IDENTIFICATION

**Facility ID #:** Enter the Facility ID Number. This number is assigned by the CUPA and begins with the letters FA. If the Facility ID Number is unknown, leave this section blank.

**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 located. 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 mailing address, city, state, and zip code of the tank owner. This should match the address on CERS.

**Date(s) the Tank System Will be Cleaned and/or Excavated or Closed in Place:** Enter all the expected date range(s) at which time tank cleaning, tank excavating, or tank closure in place may occur.



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### II. TANK DESCRIPTION

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

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

**Size:** Enter the total capacity of each tank in gallons.

**Content:** Enter the name of the hazardous material or hazardous waste the tank most recently held (e.g. motor oil, gasoline, diesel, used oil etc.).

**Location:** Enter the location of the tank system in reference to the facility.

**Comment:** Provide any additional information about the tank system (e.g. this is a part of a compartmentalized tank with Tank #2)

### III. TANK CLOSURE CERTIFIER

**Name of Person and/or Business of Certifier:** Enter the name of the person or the name of the business that will be certifying the closure. The name here must match the credentials attached.

**Credential of Certifier:** Check the type of certification under which the closure will take place. A copy of the certification must be submitted with this form. In San Bernardino County, the CUPA does not certify closure of tanks.

### IV. TANK DESTINATION

**Describe the intended disposition and destination of the tank system:** Give the name and address of the location where the tank (or it's pieces) will be taken.

### V. IDENTIFICATION OF THE HAZARDOUS MATERIALS OR HAZARDOUS WASTE

The owner or operator must identify the hazardous material or hazardous waste last held in the tank(s). This can be done using the following options:

- **OPTION A:** If the contents of the tank are known, then check the box "I certify to the best of my knowledge that the identity of the material or waste last stored or accumulated in the tank(s) are as listed in Section II (Tank Description) of this section." Supporting documentation does not need to be submitted if this is selected.
- **OPTION B:** If the contents of the tank are unknown, then a chemical analysis must be done to determine the content of the tank. Select the box "A chemical analysis of the residue in the tank(s) has/have been completed and the lab results are attached with this form." Submit the lab results with this form.

**Owner/Operator Signature:** Signature of the person certifying the content of the tank.

**Owner/Operator Name:** Name of the person certifying the content of the tank.

**Owner/Operator Title:** Title of the person certifying the content of the tank.

**Date:** Date the tank contents are being certified.