



FIRE DEPARTMENT

CITY OF BURBANK
311 ORANGE GROVE AVENUE, BURBANK CALIFORNIA 91502-1221
(818) 238-3473
FAX (818) 238-3479

UST CLOSURE APPLICATION

Name: _____ Title: _____

Address: _____ State: _____ Zip: _____

FACILITY OWNER/OPERATOR

Name: _____ Title: _____

Facility Address: _____ State: _____ Zip: _____

Mailing Address: _____ State: _____ Zip: _____

Contact Person: _____ Title: _____ Phone #: _____

CLOSURE REQUESTED

METHOD #1, Permanent Closure, Tank as Hazardous Waste

Tank(s) Disposal Destination _____

Generator EPA # _____

Haulers EPA # _____

Manifest # _____

METHOD #2, Permanent Closure, Tank Certified Non-Hazardous on-site

Wash Waste:

Generator EPA # _____

Haulers EPA # _____

Manifest # _____

Certified "Safe for Hot Work" By _____ of _____

IN-PLACE – Permanent Tank Closure Date Requested: _____

UST CLOSURE APPLICATION (Continued)

TANK(S) DESCRIPTION:

TANK ID	CONT. MATERIAL	AGE	CAPACITY GALLONS	CONTENTS

Has an unauthorized release ever occurred? Yes No Will new tank(s) be installed? Yes No
 _____ _____ _____ _____ _____ _____

Repairs ever been made on tank(s)? Yes No Will any wells be closed? Yes No
 _____ _____ _____ _____ _____ _____

If the response to any of the above questions is yes, please attach explanation.

★ ★ ★ ★ ★ LOCAL AGENCY USE ONLY ★ ★ ★ ★ ★

1. Samples shall be obtained at the sampling points (SP) indicated on the attached plot plan.
2. For each (SP), samples shall be obtained at the following depths and analyzed as indicated.

<u>SAMPLE POINT</u>	<u>DEPTH(S)</u>	<u>COMPOUNDS</u>	<u>ANALYSIS</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____