



**COMMUNITY AND ECONOMIC  
DEVELOPMENT DEPARTMENT**  
Division of Environmental Health

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Equal Opportunity Employer

## **Aboveground Tank System Closure Application**

### **Facility Information**

**Facility Name:**

**Address:**

**City/State/Zip Code:**

**Contact Person:**

**Phone Number:**

**EPA ID # (if applicable):**

### **Applicant Information**

**Applicant Name:**

**Address:**

**City/State/Zip Code:**

**Phone Number:**

**Email Address:**

### **Tank Information**

#### **Tank 1**

**Shell Capacity:**

**Composition/Material:**

**Previously Contained:**

**Cleaned Onsite or Offsite:**

#### **Tank 2**

**Shell Capacity:**

**Composition/Material:**

**Previously Contained:**

**Cleaned Onsite or Offsite:**

#### **Tank 4**

**Shell Capacity:**

**Composition/Material:**

**Previously Contained:**

**Cleaned Onsite or Offsite:**

#### **Tank 5**

**Shell Capacity:**

**Composition/Material:**

**Previously Contained:**

**Cleaned Onsite or Offsite:**

**Tank 3**

**Shell Capacity:**  
**Composition/Material:**  
**Previously Contained:**  
**Cleaned Onsite or Offsite:**

**Tank 6**

**Shell Capacity:**  
**Composition/Material:**  
**Previously Contained:**  
**Cleaned Onsite or Offsite:**

**Sampling/Analysis Information**

*Sampling Not Required (Complete the Next Section)*

**Name of Individual Certified to Collect Samples:**

**Phone Number:**

**Name of State-Certified Lab to Analyze Samples:**

**Phone Number:**

**Hazardous Waste Transporter Information**

*Will Conduct a Waste Determination*

**Name of Transporter:**

**Address:**

**City/State/Zip Code:**

**EPA ID # (if applicable):**

**Tank Shipment Information**

**Name of Transporter:**

**Address:**

**City/State/Zip Code:**

**EPA ID # (if applicable):**

**Name of Destination Facility:**

**Address:**

**City/State/Zip Code:**

**EPA ID # (if applicable):**

**Aboveground Tank Closure Authorization and Certification**

**Applicant/Agent's Name (Print)**

**Applicant/Agent's Signature**

**Date**

**Official Use Only**

**Inspector's Name (Print)**

**Inspector's Signature**

**Date**

**Facility ID:**

**CERS ID:**

**Provide a 48-hour notification to the CUPA, prior to the tank cleaning and closure process.  
[CUPA@countyofmerced.com](mailto:CUPA@countyofmerced.com)**