



CLOSURE AUTHORIZATION FOR HAZARDOUS SUBSTANCE UNDERGROUND STORAGE TANKS

LOS ANGELES COUNTY PUBLIC WORKS (Public Works)
 Environmental Programs Division
 900 South Fremont Avenue, 3rd Floor Annex Building
 Alhambra, CA 91803-1331
 Phone Number (626) 458-3517, Fax Number (626) 458-3569
www.CleanLA.com

PW USE ONLY:

SITE-FILE NO. _____
 APP NO. _____ AREA _____
 CHECK [] CASH [] OTHER []
 FEE \$ _____

CLOSURE REQUESTED:

- PERMANENT, UST REMOVAL
- PERMANENT, UST CLOSURE IN-PLACE - Attach Justification Statement
- TEMPORARY CLOSURE
- OTHER (ONLY PIPING, UNDER DISPENSER CONTAINMENT, ETC), EXPLAIN: _____

ATTACH PLOT PLAN Show existing tanks, piping and dispenser locations, etc. (to scale).

FACILITY California Environmental Reporting System (CERS) ID: _____ DATE INFORMATION SUBMITTED TO CERS: _____

HOW MANY UNDERGROUND STORAGE TANKS WILL REMAIN AFTER THIS CLOSURE? _____ **EXISTING HSUSP NUMBER:** _____

Who is closing the UST(s)? UST OWNER/OPERATOR OR CONTRACTOR

Email address of UST owner/operator or recipient: _____

FACILITY TO BE CLOSED (VERIFICATION FOR NOTIFICATIONS):

Facility Name: _____ Phone: _____
 Facility Address: _____ City: _____ Zip: _____
 Tank Owner/Contact: _____ Title: _____
 Contractor Name: _____ Phone: _____
 Contractor License No.: _____ Class(s): _____

Contractors Shall Be Hazardous Substance Removal Certified "HAZ" per California Business & Professions Code Division 3, Chapter 9, Article 4, §7058.7 (e)

NUMBER OF UST's TO BE CLOSED	UST ID NO. (DPW USE ONLY)	CAPACITY GALLONS	SUBSTANCES STORED (PAST/PRESENT)	CLOSURE FEE
1				\$1,307.00
2				\$1,605.00
3				\$1,903.00
4				\$2,201.00
5				\$2,499.00
6 (+ ATTACH LIST)				\$1,009.00 + \$298.00 per UST =

Closure of Underground Storage Tanks (USTs) shall be in compliance with Los Angeles County Code Title 11, Division 4

COMPLETE SURVEY:

- | | | |
|--|--------------------------|--------------------------|
| Has an unauthorized release ever occurred at this site? | <input type="checkbox"/> | <input type="checkbox"/> |
| Has a structural repair ever been made to these underground storage tanks? | <input type="checkbox"/> | <input type="checkbox"/> |
| Will new underground storage tanks be installed after closure? | <input type="checkbox"/> | <input type="checkbox"/> |
| Will any wells, including monitoring wells, be abandoned? | <input type="checkbox"/> | <input type="checkbox"/> |

NOTICE: CONTAMINATED TANKS AND RESIDUES IN TANKS TO BE CLOSED, MAY BE HAZARDOUS WASTE WHICH MUST BE TRANSPORTED AND DISPOSED OF PURSUANT TO CALIFORNIA HEALTH AND SAFETY CODE DIVISION 20, CHAPTER 6.5 AND MUST BE REPORTED IN THE CLOSURE REPORT. FAILURE TO COMPLY MAY BE PROSECUTED AS A FELONY VIOLATION.

By signature below, you certify that all statements and disclosures above are true and correct.
 You have read and agree to abide by this authorization and all conditions and limitations on the back and attached:

Authorization Recipient (Print Name) _____ Phone _____

Recipient's Signature _____ Date _____

Recipient is: **UST Owner** **UST Operator** or **Contractor** Written authorization is required for submittals made on behalf of owner/operator.

TO BE COMPLETED BY PUBLIC WORKS

PURSUANT TO SECTION 11.80.070B, LOS ANGELES COUNTY CODE, PERMISSION IS HEREBY GRANTED TO PROCEED WITH THE CLOSURE DESCRIBED ABOVE SUBJECT TO THE ATTACHED CONDITIONS AND LIMITATIONS.

THIS AUTHORIZATION EXPIRES: _____ *****SEE ATTACHMENTS*****

MARK PESTRELLA
 Director of Public Works

By: _____ Date: _____

UNDERGROUND STORAGE TANKS CLOSURE INFORMATION

1. This authorization to temporarily or permanently close an underground storage tank (UST) pursuant to Los Angeles County Code, Title 11, Division 4. This authorization may also be used for product piping removal associated with an existing or removed USTs.
2. This authorization will not be approved unless a valid Hazardous Substance Underground Storage Permit (HSUSP) application is on file with Public Works or an Unified Program Facility Permit has been issued by the Certified Unified Program Agency (CUPA).
3. Submittals, including this authorization, made on behalf of the UST owner, operator, or Unified Program permit owner or operator shall be accompanied by written authorization.
4. USTs closed on site, by removal, or cleaning and filling with an inert solid substance prior to January 1, 1984, need not comply with current closure requirements, however, contamination related to these USTs must be reported and investigated.
5. All work shall be carried out in full compliance with all applicable federal, state and local laws, ordinances, rules and regulations.
6. All fees due to Public Works and/or to the CUPA for the operation and/or maintenance of the facility subject to closure through the date of closure shall be paid in full.
7. Closure authorizations are site specific and may be subject to additional sampling and site characterization requirements as necessary to protect the public health and safety, underground and surface water supplies, and may include requirements, requested by Federal, State or other regulatory agencies.
8. All inspection notification(s) shall be made as directed by the attached conditions of this approval.
9. Within 30 days after closure, all requirements of this Closure authorization shall be furnished to Public Works in a closure report per Public Works Closure Report Requirements and Supplements, describing all work completed, results of any required sampling, disposition of any contaminated soils or substances found and any other requirements made part of the closure application as well as submittal to the CERS database of the Unified Program UST FACILITY and UST TANK information for each UST permanently closed. <http://cers.calepa.ca.gov/>
10. In all cases, closure authorizations expire 180 days from the date of issue unless otherwise specified. It is the responsibility of the owner or operator to make sure that the final report contains the required information and is submitted to Public Works within 30 days from the sampling date or 180 days from the date of the permit issuance, whichever is earlier. The total number of tanks listed on the HSUSP or UP Permit and the yearly annual permit maintenance billing will remain unchanged until the closure report is received by Public Works. Only one copy of the closure report needs to be submitted unless otherwise directed.
11. This Closure Authorization is considered complete when all requirements of this Closure Authorization and the Permit have been met.
12. Public Works will review the closure report and will issue closure certification with no further action when all requirements of this Closure Authorization and Permit have been met, and where no unauthorized release has been found.
13. If an unauthorized release has occurred or any detected constituent in soil or groundwater is found above the method detection limit of an analytical method as identified in the laboratory testing requirements, reporting of this unauthorized release must comply with the Health and Safety Code Division 20, Chapter 6.7.
14. Where an unauthorized release has occurred, referral of the closure report will be made to a Regional Water Quality Control Board or State Water Resources Control Board who will then provide further direction until closure certification is issued.
15. All correspondence related to this closure authorization shall include the **SITE-FILE** numbers listed on the front of this document, found in the upper right box and be addressed to the following location:

**LOS ANGELES COUNTY PUBLIC WORKS
ENVIRONMENTAL PROGRAMS DIVISION
900 SOUTH FREMONT AVENUE
ALHAMBRA, CA 91803-1331**

CERTIFICATION OF COMPLIANCE WITH LOS ANGELES COUNTY LOBBYIST ORDINANCE	
This is to certify that I, as permit applicant for the project located at _____, <div style="text-align: right; margin-right: 100px;">LOCATION ADDRESS</div> am familiar with the requirements of Los Angeles County Code Chapter 2.160 et seq., (relating to the Los Angeles County Lobbyist Ordinance) and all persons acting on behalf of myself have complied and will continue to comply therewith through the application process.	
_____ APPLICANT (PRINT NAME)	_____ APPLICANT SIGNATURE
_____ COMPANY NAME (If employed by an entity/agency)	_____ DATE

If you suspect fraud or wrongdoing by a County employee, please report it to the County Fraud Hotline at 1-800-544-6861 or <http://fraud.lacounty.gov/>. You may remain anonymous.