



**PLUMAS COUNTY ENVIRONMENTAL HEALTH**

270 County Hospital Rd., Ste 127 Quincy, CA 95971

Phone: 530-283-6355 Fax: 530-283-6241

**UNDERGROUND TANK PERMANENT CLOSURE PERMIT APPLICATION**

FEE: Contact Environmental Health

Facility Name: \_\_\_\_\_

Facility Location: \_\_\_\_\_

Tank Owner Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

\_\_\_\_\_

Tank ID #	Tank Capacity	Tank Material/Construction	Products Stored Past/Present	Type of Closure	
				Tank Removal	Abandon in Place
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

***Abandonment in place is subject to approval by this Department on a case by case basis.***

Before this application is considered complete and a permit can be issued, the applicant or qualified contractor must submit the following to the Quincy Office of Environmental Health:

1. Plot Plan Showing tank location in relation to buildings, piping and associated structures with appropriate fee.
2. Closure plan which demonstrates compliance with all applicable state and local regulations including method for removal and disposal of residual tank contents, method of inerting tank, method of demonstrating no unauthorized release has occurred, method of disposing of tank and/or piping (if applicable, and other pertinent data.
3. Site Safety plan (required for tank removal only).

**Schedule required Department inspections at least 48 hours in advance**

***FOR OFFICE USE ONLY***

Payment Received by: \_\_\_\_\_

Date: \_\_\_\_\_

Amount: \$ \_\_\_\_\_

Check # \_\_\_\_\_

Receipt #: \_\_\_\_\_

Closure Plan Approved By: \_\_\_\_\_ Date: \_\_\_\_\_ Permit #: \_\_\_\_\_