

ALAMEDA COUNTY  
DEPARTMENT OF ENVIRONMENTAL HEALTH  
1131 HARBOR BAY PARKWAY  
ALAMEDA, CA 94502-6577  
PHONE (510) 567-6700

**UNDERGROUND STORAGE TANK CLOSURE PLAN**

**\*\*\* Complete closure plan according to instructions \*\*\***

1. Name of Business \_\_\_\_\_  
Business Owner or Contact Person (PRINT) \_\_\_\_\_
2. Site Address \_\_\_\_\_  
City, State \_\_\_\_\_ Zip \_\_\_\_\_ Phone \_\_\_\_\_
3. Mailing Address \_\_\_\_\_  
City, State \_\_\_\_\_ Zip \_\_\_\_\_ Phone \_\_\_\_\_
4. Property Owner \_\_\_\_\_  
Business Name (if applicable) \_\_\_\_\_  
Address \_\_\_\_\_  
City, State \_\_\_\_\_ Zip \_\_\_\_\_ Phone \_\_\_\_\_
5. Generator name under which tank will be manifested  
\_\_\_\_\_  
EPA I.D. No. under which tank(s) will be manifested    \_\_\_\_\_
6. Contractor \_\_\_\_\_  
Address \_\_\_\_\_

City, State \_\_\_\_\_ Zip \_\_\_\_\_ Phone \_\_\_\_\_

License Type \_\_\_\_\_ ID# \_\_\_\_\_

7. Consultant (if applicable) \_\_\_\_\_

Address \_\_\_\_\_

City, State \_\_\_\_\_ Zip \_\_\_\_\_ Phone \_\_\_\_\_

8. Main Contact Person for Investigation (if applicable)

Name \_\_\_\_\_ Title \_\_\_\_\_

Company \_\_\_\_\_

Phone \_\_\_\_\_

9. Number of underground tanks being closed with this plan \_\_\_\_\_

Length of piping being removed under this plan \_\_\_\_\_

Total number underground tanks at this facility (confirmed with owner or operator) \_\_\_\_\_

10. State Registered Hazardous Waste Transporters/Facilities (See Instructions).

a) Product/Residual Sludge/Rinsate Transporter

Name \_\_\_\_\_ EPA I.D. No. \_\_\_\_\_

Hauler License No. \_\_\_\_\_ License Exp. Date \_\_\_\_\_

Address \_\_\_\_\_

City, State \_\_\_\_\_ Zip \_\_\_\_\_

b) Product/Residual Sludge/Rinsate Disposal Site

Name \_\_\_\_\_ EPA I.D. No. \_\_\_\_\_

Address \_\_\_\_\_

City, State \_\_\_\_\_ Zip \_\_\_\_\_

c) Tank and Piping Transporter

Name \_\_\_\_\_ EPA I.D. No. \_\_\_\_\_

Hauler License No. \_\_\_\_\_ License Exp. Date \_\_\_\_\_

Address \_\_\_\_\_

City, State \_\_\_\_\_ Zip \_\_\_\_\_

d) Tank and Piping Disposal Site

Name \_\_\_\_\_ EPA I.D. No. \_\_\_\_\_

Address \_\_\_\_\_

City, State \_\_\_\_\_ Zip \_\_\_\_\_

11. Sample Collector

Name \_\_\_\_\_

Company \_\_\_\_\_

Address \_\_\_\_\_

City, State \_\_\_\_\_ Zip \_\_\_\_\_ Phone \_\_\_\_\_

12. Laboratory

Name \_\_\_\_\_

Address \_\_\_\_\_

City, State \_\_\_\_\_ Zip \_\_\_\_\_

State Certification No. \_\_\_\_\_

13. Have tank(s) or piping leaked in the past? Yes [ ] No [ ] Unknown [ ]

If yes, describe: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

14. Describe method(s) to be used for rendering tank(s) inert:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Before tank(s) are pumped out and inerted, all associated piping must be flushed back into the tank(s). All accessible piping must then be removed. Inaccessible piping must be permanently plugged using grout.**

The Bay Area Air Quality Management District, (415) 771-6000, along with local Fire and Building Departments, must also be contacted for tank removal permits. Fire departments typically require the use of a combustible gas indicator to verify tank inertness. **It is the contractor's responsibility to have a functional combustible gas indicator on-site to verify that the tank(s) is inerted.**

15. Tank History and Sampling Information (See Instructions)

Tank		Material to be sampled (tank contents, soil, groundwater)	Location and Depth of Sample(s)
Capacity (gallons)	Use History include date last used (estimated)		

**One soil sample must be collected for every 20 linear feet of underground piping that is removed. A groundwater sample must be collected if any groundwater is present in the excavation.**

Excavated/Stockpiled Soil	
Stockpiled Soil Volume (estimated)	Sampling Plan

**Stockpiled soil must be placed on bermed plastic and must be completely covered by plastic sheeting.**

Will the excavated soil be returned to the excavation immediately after tank removal?  yes  no  unknown

If yes, explain reasoning \_\_\_\_\_  
 \_\_\_\_\_

**If unknown at this point in time, please be aware that excavated soil may not be returned to the excavation without prior approval from this office. This means that the contractor, consultant, or responsible party must communicate with the Specialist IN ADVANCE of backfilling activities.**

16. Chemical methods and associated detection limits to be used for analyzing sample(s):

**The Tri-Regional Board recommended minimum verification analyses and practical quantitation reporting limits shall be followed.**

See Table 2, Recommended Minimum Verification Analyses for Underground Tank Leaks.

Contaminant Sought	EPA or Other Sample Preparation Method Number	EPA or Other Analysis Method Number	Method Detection Limit

17. Submit Site Health and Safety Plan (See Instructions)

18. Submit copy of Worker's Compensation Certificate

Name of Insurer \_\_\_\_\_

19. Submit Plot Plan (See Instructions)

20. Enclose Fee (See Instructions)

21. **Report all leaks or contamination to this office within 5 days of discovery.**

The written report shall be made on an Underground Storage Tank Unauthorized Leak/Contamination Site Report (URL) form.

22. Submit a closure report to this office within 60 days of the tank removal. The closure report must contain all information listed in item 22 of the instructions.

23. Submit State (Underground Storage Tank Permit Application) Forms A and B (one-B form for each UST to be removed) (mark box 8 for "Tank Removed" in the upper right hand corner, if applicable).

I declare that to the best of my knowledge and belief that the statements and information provided above are correct and true.

I understand that information, in addition to that provided above, may be needed in order to obtain approval from the Department of Environmental Health and that no work is to begin on this project until this closure plan has been approved.

I understand that any changes in design, materials, or equipment will void this plan if prior approval is not obtained.

I understand that all work performed during this project will be done in compliance with all applicable OSHA (Occupational Safety and Health Administration) requirements concerning personnel health and safety. I understand that site and worker safety are solely the responsibility of the property owner or his agent and that this responsibility is not shared nor assumed by the County of Alameda.

**Once I have received my stamped, accepted closure plan, I will contact the project Hazardous Materials Specialist at least three working days in advance of site work to schedule the required inspections.**

CONTRACTOR INFORMATION

Name of Business \_\_\_\_\_

Name of Individual \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

PROPERTY OWNER OR  MOST RECENT TANK OWNER (Check one)

Name of Business \_\_\_\_\_

Name of Individual \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_