



Public Health  
Prevent. Promote. Protect.

Kings County Health Department

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Health Officer

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## UST ABANDONMENT APPLICATION

Application is for:  Tank Removal  Abandonment in Place

**A fee of \$678.00 per facility is assessed and must accompany this application.**

Facility Name		Facility Address	
Facility / Property Owner's Name		Facility Contact Phone	Owner's Contact Phone
UST Contractor's Name		Contractor's License No.	
UST Contractor's Phone		Business Address	
State Certified Lab:	Address		Phone

### Tank Information

Tanks	1.	2.	3.	4.	5.
Capacity (Gal.)					
Former Contents					

### Piping Ex: Supply/Fill

### Check Applicable Boxes

Pressurized					
Suction					
Gravity					

***\*If additional room is necessary please attach an extra sheet with the question number provided.***

1. For tanks that contain a flammable liquid, will the tanks be inerted(i.e. dry ice) or purged(i.e. CO<sub>2</sub> or nitrogen gas)?

2. UST's require triple rinsing and inerting prior to tank pit removal and transporation. Both the oxygen level and lower explosion limits of each tank must be checked prior to removal/abandonment. *It shall be noted that removed UST's cannot be utilized for future aboveground use and must be recycled or transported as hazardous waste if not cleaned as described.*

3. Tank sludge and rinseate waste is hazardous waste and must also be transported for final disposal under a manifest. All manifests and/or other required documentation must be submitted to KCEHS within 30 days of tank removal/abandonment. Provide the contact names, addresses and phone numbers for each service provider.

4. What soil and/or groundwater sampling procedures be implemented for collection from all required sampling points (ex: hand-auger, backhoe, excavator)? Sampling shall be performed under the direction of the Department.

5.If traffic control and security is necessary at the facility, identify how this will be accomplished.



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***USA Alert must be contacted prior to beginning any tank removal or abandonment activity.***

The following information must be provided:

1. Location of the tanks, piping, dispensers, and vents. Include lengths and dimensions.
2. Proposed sampling locations and indicate those locations.
3. Identify roads, buildings, and/or other pertinent information such as utility lines.
4. A separate drawing or site map may be utilized in lieu of this map with the understanding that it must be attached.

<u>North</u> ↑	SITE MAP

Facility Owner/ UST Contractor Signature

(Print Name)

Date:

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**For DEHS use only. Please do not write in this section.**

Authority to abandon is approved with the following conditions:

Authority to abandon is denied for the reason(s) listed below:

\_\_\_\_\_

Fire Dept. notify by: \_\_\_\_\_ Date: \_\_\_\_\_

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