UNDERGROUND STORAGE TANK DISPOSAL FORM

I. FACILITY INFORMATION		
FACILITY ID	CERS ID	PTA
BUSINESS NAME/FACILITY NAME		
FACILITY ADDRESS		
CITY	ZIP	BUSINESS PHONE ( )

II. TANK REMOVAL CONTRACTOR INFORMATION		
CONTRACTOR'S NAME	CONTRACTOR'S PHONE ( )	
CONTRACTOR'S MAILING ADDRESS		
CITY	STATE	ZIP CODE
CALIFORNIA CONTRACTOR'S LICENSE NUMBER	LICENSE TYPE	
NAME OF CONTRACTOR'S CONTACT PERSON	CONTRACTOR'S EMAIL	
TANK REMOVAL DATE	NUMBER OF TANK(s) REMOVED	

III. HAZARDOUS SUBSTANCE REMOVAL CONTRACTOR INFORMATION		
CONTRACTOR'S NAME	CONTRACTOR'S PHONE ( )	
CONTRACTOR'S MAILING ADDRESS		
CITY	STATE	ZIP CODE
CALIFORNIA CONTRACTOR'S LICENCE NUMBER	LICENSE TYPE	
NAME OF CONTRACTOR'S CONTACT PERSON	CONTRACTOR'S EMAIL	

IV. TANK INFORMATION (To be filled out by contractor)

TANK CAPACITY	PRODUCT	L.E.L (< 5%)	OFFICIAL USE ONLY	
			O_2 (<10%)	Inspector's Initials
			%	%
			%	%
			%	%
			%	%
			%	%
			%	%
			%	%

I certify under penalty of law that the tank(s) listed above have been decontaminated in accordance with the Kern County Unified Program Agency's requirements, and that the rinsate has been properly managed and transported to a permitted disposal facility. A copy of the rinsate manifest shall be emailed to hazmatprogram@kerncounty.com or faxed to (661) 862-8701 within 14 days of the rinsate removal.

Signature: Title: Date:

V. TANK DISPOSAL/RECYCLING FACILITY

DISPOSAL FACILITY NAME	FACILITY PHONE ( )
FACILITY REPRESENTATIVE SIGNATURE	NUMBER OF TANKS RECEIVED
DISPOSAL FACILITY ADDRESS	
CITY	STATE	ZIP CODE

A copy of the completed Tank Disposal Tracking Form shall be emailed to hazmatprogram@kerncounty.com or faxed to (661) 862-8701 within 14 days of the tank removal.

OFFICIAL USE ONLY	DATE COMPLETED	INITIALS
☐ Tank disposal form received		
☐ Sample results received		
☐ Rinsate manifest received		
☐ Closure letter issued		
☐ Referred to State Water Board (if applicable)		
☐ Scanned all documents into Search Express		

(10/2016 revised)

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