Site Cleanup/Underground Storage Tank (UST) Removal Application

Tacoma-Pierce County Health Department
Healthy People in Healthy Communities

UST Fee Validation

An application for permit to conduct Site Cleanup and UST Removal activities must be submitted at least 10 business days in advance. Provide schedules to our office five days in advance. In accordance with Environmental Health Code Chapter 4: USTs, you must keep an active permit and continue cleanup, investigation and reporting until our office is satisfied and issues a 'Site Closure' determination letter. The permit expires after one year, after which a permit renewal will be required if Site Closure has not been achieved.

UST Permit Type
- ❑ Initial
- ❑ Renewal, work occurred last year
- ❑ Renewal, after year or more of inactivity

Phase of Activity
- ❑ UST Removal
- ❑ Site Remediation
- ❑ Site Investigation
- ❑ Monitoring

Site Information

Facility Name _____

Site Address _____

City _____ State _____ Zip _____ Parcel _____

UST Site Activity Date _____ Number of USTs to be removed _____

Site (Property) Owner Information

Owner _____

Phone _____

Email _____

Address _____

City _____ State _____ Zip _____

UST Owner Information
❑ Same as Site Owner

Owner _____

Phone _____

Email _____

Address _____

City _____ State _____ Zip _____

UST Removal/Remediation Company

Company _____

Certified Decommissioner _____

Phone _____

Email _____

Address _____

City _____ State _____ Zip _____

Site Assessor/Qualified Consultant
❑ Same UST Removal/Remediation Company

Company _____

Qualified Staff _____

Phone _____

Email _____

Address _____

City _____ State _____ Zip _____

Information submitted is subject to Public Records Act, Chapter 42.56 RCW.

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Description of current facility use, past facility use and plans for facility.

_____

_____

Description of UST(s) to be removed (if applicable).

	UST Size	Material Contained	Material of Construction	Age
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____
4.	_____	_____	_____	_____
5.	_____	_____	_____	_____
6.	_____	_____	_____	_____

Number of product dispensers_____

Do the results of a previous investigation indicate contamination from the UST system? ❑ Yes ❑ No
Other _____

If a prior investigation identified a release, the Health Department will likely require the submission of that data before issuing a Site Cleanup/UST Removal Permit. For permit renewals, the Health Department may already have this data. In this case, enter "Filed with Health Department." Call the UST Program with questions about submittal requirements.

Have all other permits and approvals been provided by the appropriate agencies (Washington State Department of Ecology, Fire Marshal, Building Official)? ❑ Yes ❑ No Other _____

Attach a site diagram identifying features of the project area along with any other information pertinent to Health Department review of this application.

For additional information, visit www.tpchd.org/ust or call (253) 798-2855.

Certification

I hereby certify I am authorized to sign on behalf of the UST owner/site owner. I have personally examined and am familiar with the information submitted in this document. I believe the submitted information is true, accurate and complete to the best of my knowledge and ability and all known and suspected hazards have been disclosed. I understand a closure/site assessment or status report must be submitted within 90 days of tank removal or other UST site activity and this permit is valid only for one year, after which a new permit is required if Site Closure has not been achieved.

Submitted By (Print Name)	Signature	Date