



Tank Removal Permit (AGT/UST Removal)



Site Location

Site address: _____
 Project name/Tenant: _____
 Associated Permits: _____
 Property owner: _____
 Type of Closure: ___ Temporary ___ In-Place ___ Removal

Office Use Only

Permit # _____ Invoice # _____
 Geo Code _____ GIS Number _____
 Name of Inspector: _____

Applicant Information

Contact Person: _____ Address: _____
 Company Name: _____ City: _____
 Phone: _____ Fax: _____ State: _____ Zip: _____
 E-mail: _____

CONTRACTOR

Contractor Name: _____ State Contractors License #: _____
 Contact Person: _____ Expiration Date: _____
 Business address: _____ Redmond Business License #: _____
 City: _____ Phone: _____ Fax: _____
 State: _____ Zip: _____ E-mail: _____

DESCRIPTION AND DATE OF PROPOSED WORK

TYPE OF PERMIT

This permit is for the removal or abandonment in place of a flammable or combustible liquids storage tank, processing equipment or similar. The following documentation is required to be submitted electronically at the time of permit application. Electronic information needs to be in a PDF format, with specific file names as indicated in **BOLD** below.

On a Separate Site Plan Show: The location of all property lines, permanent structures, sensitive area easements, significant trees, roads, streets, driveways, dimension all above and below ground tanks and soil/water sample sites from 2 adjoining property lines. Plan shall be scaled at not less than 1':50' or have all dimensions shown.

Note on the Site Plan:

- _____ Reason for removal/closure,
- _____ Tank removal contractor
- _____ Disposal site, contents, quantities for all tanks,
- _____ Sludge removal contractor and disposal site
- _____ Marine chemist name
- _____ Soil/groundwater sampling contractor (**must be Ecology Certified Site Assessor**, include certification date and #)

Investigation and Reporting Requirements: In the event contaminated soil or groundwater is discovered during tank removal, a release investigation must be performed by or under the direction of a State of Washington licensed engineer or hydrogeologist. The final report shall be prepared by an engineer or hydrogeologist licensed in the State of Washington following UST regulations WAC 173-360-360 through -395 and Ecology's *Guidance for Site Checks and Site Assessments for Underground Storage Tanks*.

Type of Permit (continued)

Tank Number				
Under or Above ground				
Material Stored				
Manufacturer				
Serial Number				
Capacity (Gallons)				
Diameter (feet)				
Length (feet)				
Tank Material (a)				
Tank Type (b)				

(a) Tank Material: S = Steel F = Fiberglass C = Composite J = Jacketed

(b) Tank Type: SW= Single Wall DW = Double Wall PR = Protected

Temporary Tank Closure Checklist

Tank Number				
Tank & Product Lines Drained				
Corrosion Protection (Yes/No)				
Vent Lines Open				
Other Lines Secured (Yes/No)				
Planned Closure				

I understand that all applicable codes apply. Errors and/or omissions on the plans and corrections from field inspections are the responsibility of the owner/contractor. All work is subject to compliance with City of Redmond ordinances and laws of the State of Washington.

APPLICANT PRINT NAME

PHONE

SIGNATURE

DATE