



**CITY OF CHICAGO
DEPARTMENT OF PUBLIC HEALTH
UNDERGROUND STORAGE TANK UNIT
333 S. STATE STREET, ROOM 200
CHICAGO, ILLINOIS 60604**

PERMIT # _____

REVIEWED BY: _____

Application for Permit for **ABANDONMENT IN PLACE** of Underground Storage Tanks. (Submit in duplicate)

1) OWNER OF TANKS: Corporation, Partnership

2) FACILITY: Name and Address where tanks are located.

Name

Name

Street Address

Street Address

City State Zip

City State Zip

Contact Person Phone

Contact Person Phone

Use of premises: _____

Facility #: _____

3) GENERAL INFORMATION: Check whichever applies and fill in the appropriate blanks for the UST system(s) to be abandoned in place. Attached additional sheet(s) if more space is needed.

a) TANK(S):

State Register ed Tank ID#	Unregistered Tank? (# of tanks)	Capacity (In gallons)	Product stored	Steel	Fiberglass	Composite	Date last used	Currently in use

Use this space for explanation for above:

b) EXPLANATION OF WHY WAIVER ID REQUESTED: Describe where the tank(s) are located and give the reasons why abandonment in place is necessary such as loss of support to structures, streets, railroad tracks, other tanks or where it demonstrated that a removal is infeasible. Attach additional sheet(s) if more space is needed.

4) SITE PLANS: Drawings of the site must accompany the application forms. They must show the UST(s) to be abandoned in place in relation to any structures, streets, railroad tracks, other tanks or other pertinent site characteristics. Dimensions must be given from the UST to any object of concern. All objects must be named. The maximum plan size must be 11" X 17". Blueprints are not acceptable.

5) A CERTIFICATION OF SITE CONDITION must be submitted on the form prescribed by the City of Chicago, Department of Public Health and attached to this application.

6) MISCELLANEOUS:

A) FILL MATERIAL: _____
Ballast calculations must be submitted when using inert foam.

B) AUXILIARY INFORMATION: Other supplemental information, detail drawings or supporting documents may be necessary depending on the site characteristics and the reason for abandonment in place.

C) APPLICATION REJECTION: Insufficient information or illegibility can be cause for return or denial.

D) PERMIT TO WORK: No work can proceed without a permit in hand and must be available upon request of the CDPH Inspector.

7) APPLICANT: The **RESPONSIBLE CONTRACTOR** must complete this section (or owner if doing own work). A fee of \$200.00 for each site must accompany this application. Checks or money orders are to be made payable to the City of Chicago, Department of Public Health. Do not send cash.

I certify under the penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that all information submitted is true, accurate and complete.

Contractor Company Name: _____

Address: _____ City: _____ State: _____ Zip Code: _____

Telephone No. _____ Contractor's Registration #: _____ Expiration Date _____

Name of Authorized Representative: _____

Title: _____

Signature: _____ Date: _____

The City of Chicago, Department of Environment is requesting information that is necessary to accomplish the statutory purpose as outlined in 425 ILCS 25/9. Disclosure of this information is required. Failure to provide any information will result in this form not being processed.