

RESIDENTIAL UNDERGROUND OIL TANK DECOMMISSIONING *Permit*



3609 Market Place W, Suite 200
University Place, WA 98466-4488
PH: 253.566.5656

Application Date: _____ PERMIT #: _____

Applicant Name: _____

Applicant Phone: _____ Email: _____

Applicant Address: _____

Property Owner Name: _____

Site Address: _____

Size of Tank: _____ Gallons

Type of Decommissioning: Abandon In Place Removal

Type of Fill Material: _____

IFIC Certification #: _____

Department of Ecology Certification #: _____

Person Responsible for Decommissioning: _____
(Print Name) (Signature)

NOTARIZE UPON COMPLETION OF DECOMMISSIONING

Permit will not be closed until original notary is received

OFFICE USE ONLY

Fee Paid: _____

Date Paid: _____

Issued By: _____

Date Issued: _____
(Permit expires 180 days after issuance)

(Signature of Person Responsible for Decommissioning)

Date of Removal/Abandonment: _____

This notarized document certifies that the work has been completed. Subscribed and sworn before me on this _____ day of _____, 20____.

State of _____

County of _____

(Notary Signature)

(Commission Expires)

**MAKE CHECKS PAYABLE TO:
CITY OF UNIVERSITY PLACE**