



## Aboveground Petroleum Storage Act Exemption Application

FACILITY ID # (Agency Use Only)																			
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### I. FACILITY INFORMATION

BUSINESS NAME (Same as FACILITY NAME or DBA-Doing Business As)		
BUSINESS SITE ADDRESS	CITY	ZIP CODE
CONTACT NAME	CONTACT PHONE NUMBER	

### II. TOTAL FACILITY CAPACITY (in gallons)

Total aboveground petroleum storage capacity for all tanks and containers equal to or greater than 55 gal.: \_\_\_\_\_ gal

Capacity of the largest tank/container that stores petroleum at your facility (in gallons): \_\_\_\_\_ gal

The following hazardous materials are stored onsite:

Contents (Gas, Diesel, etc)	Capacity (in gallons)	Tank Location	Secondary Containment
		SEE SITE MAP/PLAN FOR TANK LOCATION	<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No

### III. APSA EXEMPTION

I am requesting an exemption to the requirement to provide a SPCC plan and furthermore by signing this document, I am agreeing to the exemption requirements stipulated in Section 25270.4.5 in the California Health and Safety Code.

Facility will maintain the conditional exemption from SPCC under APSA.  YES    NO

**CERTIFICATION:** I certify under penalty of law that this AST system is compatible with the hazardous substance stored and that the information provided herein is true, accurate, and complete to the best of my knowledge.

APPLICANT SIGNATURE

DATE

APPLICANT NAME (print)

APPLICANT TITLE

At the time of the inspection, this facility meets the exemptions set forth in HSC 25270.4.5.

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REHS or Hazardous Materials Specialist