

BUTTE COUNTY PUBLIC HEALTH DEPARTMENT  
Division of Environmental Health  
202 Mira Loma Dr., Oroville, CA 95965  
Telephone (530) 552-3880; Fax (530) 538-5339

**APPLICATION FOR TRANSFER OF PERMIT TO OPERATE  
UNDERGROUND HAZARDOUS MATERIALS STORAGE TANK(S)**

Existing Facility ID Number: \_\_\_\_\_ Number of USTs: \_\_\_\_\_  
Facility Name: \_\_\_\_\_ Assessor Parcel #: \_\_\_\_\_  
Facility Site Address/Location: \_\_\_\_\_  
New Facility Name (DBA): \_\_\_\_\_

**Previous Owner or Operator (Permittee)**

Name: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_ Zip: \_\_\_\_\_  
Phone Number: ( ) \_\_\_\_\_

**New Owner or Operator (Permittee)**

Name: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_ Zip: \_\_\_\_\_  
Phone Number: ( ) \_\_\_\_\_

The new permittee shall submit with this application the following completed documents: **Operating Permit Application - Facility Information, Certificate of Financial Responsibility (Exhibit A and B), and Owner Statements of Designated UST Operator and Understanding of and Compliance with UST Requirements.**

THE NEW PERMITTEE IS:

1.  UST Owner and Operator
2.  UST Owner but not UST Operator (Owner/Operator Agreement Required)
3.  UST Operator but not UST Owner

If Boxes #2 or #3 is checked above, provide Owner or Operator Information for Owner or Operator whom is **NOT NAMED** as **NEW PERMITTEE**.

**UST Owner or Operator (Not Permittee)**

Name: \_\_\_\_\_ Phone Number: ( ) \_\_\_\_\_  
Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_ Zip: \_\_\_\_\_

As the new Permittee of the above referenced underground storage tank facility, with an effective date of \_\_\_\_\_, I do hereby accept the obligations of the Permit to Operate, as required by Chapters 6.7 and 6.75 of Division 20 of the California Health and Safety Code and Title 23, Division 3, Chapter 16 of the California Code of Regulations

I, \_\_\_\_\_, am requesting that the Underground Storage Tank Operating  
(Print Name)  
Permit for \_\_\_\_\_ be transferred to me as the New Permittee.  
(Facility Name)

Signature: \_\_\_\_\_ Title: \_\_\_\_\_

Print Name: \_\_\_\_\_ Date: \_\_\_\_\_

**DEPARTMENT USE ONLY:**

Approved by: \_\_\_\_\_ Date: \_\_\_\_\_

PERMIT TRANSFER FEE: \_\_\_\_\_ Receipt No: \_\_\_\_\_ Date: \_\_\_\_\_