



Public Health Department

Danette York, MPH, Director
Dr. David Canton, DO, MPH, JD, Health Officer

Environmental Health Division

202 Mira Loma Drive
Oroville, California 95965

T: 530.552.3880
F: 530.538.5339

buttecounty.net/publichealth

**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)

New Owner or Operator (Permittee)

Name: _____ Name: _____
Mailing Address: _____ Mailing Address: _____
City: _____ State: _____ Zip: _____ City: _____ State: _____ Zip: _____
Phone Number: () _____ 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: _____