**TANK DEGASSING & CLEANING NOTIFICATION**

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| COMPANY NAME: |      |  | FACILITY ID: |       |

**Use this form to notify the District of tank cleaning activities pursuant to Rule 4623 Section 5.7.5. Return completed form to the Compliance Department at your Regional District office at least three (3) days prior to performing tank degassing and interior tank cleaning activities.**

NOTIFICATION INFORMATION

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| 1. Permit #: |       |
| 2. Location of tank: |       |
| 3. TVP of Organic Liquid: |       |
| 4. Date and time tank degassing/cleaning will begin: |       |
| 5. Description of degassing method (per Section 5.7.5.4, include permitted VRS and registration/permit #):*\* Contact the District before using a CARB PERP to provide power to District permitted equipment or non-permitted ancillary equipment. Failure to acquire a District permit for the PERP may result in a violation.* |
|       |
| 6. Description of cleaning method (per Section 5.7.5.5, include solvents with attached MSDS if applicable): |
|       |
| 7. Description of sludge disposal method (per Section 5.7.5.6, include emission controls from the receiving vessels and transport): |
|       |
| Attach a copy of the letter documenting facilities participation in the Voluntary Tank Preventive Inspection and Maintenance, and Tank Interior Cleaning Program per Rule 4623 Section 5.7. **A Variance is generally required for tank cleaning if a facility is not a participant.** |
| Initial Notification: | Reported By: |        | Date: |        |
| ***District Use Only*** |
| Date Rec’d: |        | Reviewed By: |        | Date: |        |

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| **Northern Region**4800 Enterprise WayModesto CA 95356-8718(209) 557-6400 • Fax (209) 557-6475 | **Central Region**1990 E. Gettysburg AvenueFresno CA 93726-0244(559) 230-5950 • Fax (559) 230-6062 | **Southern Region**34946 Flyover CourtBakersfield CA 93308-9725(661) 392-5540 • FAX (661) 392-5586 |