



Facility# \_\_\_\_\_

**COUNTY OF RIVERSIDE HEALTH SERVICES AGENCY  
DEPARTMENT OF ENVIRONMENTAL HEALTH  
Hazardous Materials Management Division**

**UNDERGROUND STORAGE TANK  
OWNERSHIP TRANSFER FORM**

FACILITY NAME: \_\_\_\_\_

FACILITY ADDRESS: \_\_\_\_\_

NEW FACILITY NAME (DBA): \_\_\_\_\_

**PREVIOUS OWNER****NEW OWNER**Name: \_\_\_\_\_  
(Print Name)Name: \_\_\_\_\_  
(Print Name)

Mailing Address: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone Number: ( ) \_\_\_\_\_

Phone Number: ( ) \_\_\_\_\_

As the new owner of the above referenced underground storage tank(s), with an effective date of \_\_\_\_\_, I do hereby accept the responsibility as required by the California Health and Safety Code, Division 20, Chapter 6.7, Section 25280 through 25299.6 and the California Administrative Code, Title 23 Waters, subchapter 16, Underground Storage Regulations. I, \_\_\_\_\_, am  
(Print Date)

requesting that the operating permit(s) for \_\_\_\_\_ be transferred to me as  
(Facility Name) (Print Name) (Facility Name)

the **new owner**.

**MONITORING**

AS THE NEW OWNER OF THE UNDERGROUND STORAGE TANK(S), I WOULD LIKE TO:

- Continue with the existing monitoring option(s).
- Discontinue the existing monitoring option(s) and apply for another monitoring option for my UST(s). [See Monitoring Options]
- Review the monitoring alternatives available (for up to 30 days) before deciding on how to monitor my UST(s). I will continue with the present monitoring system until I have made my decision.

NEW UST OWNER:

\_\_\_\_\_  
(Signature)

REVIEW DATE: \_\_\_\_\_ SPECIALIST: \_\_\_\_\_

***THERE IS A FEE FOR OWNERSHIP TRANSFER.***