



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 _____, requesting that the operating permit(s) for _____ be transferred to me as 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.