



Working for Healthy Communities

Underground Storage Tank Installation & Closure Application

Owner Name: _____ Date: _____

Owner Address: _____

Facility Name: _____ Facility ID: _____

Facility Address: _____

Contact Person: _____ Phone: _____

Contact Email Address: _____

Number of Tanks: _____

*Tank observation fees: \$550 up to 4 tanks per location; \$50 each additional tank.

Please submit Closure/Installation Plan to:

Please remit payment to:

Eric Larsen
Environmental Health Director
Central Utah Public Health Department
etlarsen@utah.gov

Central Utah Public Health Department
Accounts Payable
70 Westview Drive
Richfield, UT 84701

Office Use Only

Closure Plan Received: _____
Date Intl

Payment Date: _____

Closure Plan Approved: _____
Date Intl

Payment Received By: _____