Request for Reconsideration Form

I. FACILITY / SITE INFORMATION

BUSINESS NAME (FACILITY NAME)	FACILITY ID#	
STREET ADDRESS		PHONE ( )
CITY	COUNTY	ZIP CODE

II. NAME AND ADDRESS OF OWNER/OPERATOR SUBMITTING REQUEST

NAME		☐ 1. OWNER ☐ 2. OPERATOR
TITLE OF APPLICANT		PHONE ( )
MAILING ADDRESS ☐ (MAILING ADDRESS SAME AS FACILITY ADDRESS)		
CITY	STATE	ZIP CODE

Please check reason(s) why you believe that the California State Water Resources Control Board (SWRCB) notification is in error. If the request for reconsideration is based on evidence that the UST system in question is greater than 1,000 feet from a public drinking water well, include a demonstration that the center of the well head is more than 1,000 feet from the closest component of the UST system. If the request is based on evidence that the UST system does not have a single-walled component, include supporting documentation. **INCLUDE ALL SUPPORTING DOCUMENTATION YOU WISH THE SWRCB TO CONSIDER WHEN REVIEWING YOUR REQUEST. REQUESTS FOR RECONSIDERATION ARE SUBJECT TO VERIFICATION.**

1. **( )** I am not the owner or operator of a UST system. Check applicable reason:
   - **( )** Change of owner or operator.
   - **( )** No UST system(s) present.
2. **( )** UST system is permanently closed.
3. **( )** UST system is exempt from regulation, according to Section 25281(x) (1)(A)-(D) of the Health and Safety Code, or Section 2621 of Title 23 of the California Code of Regulations. For example, certain farm tanks and heating oil tanks are exempt.
4. **( )** No single-walled component in UST system(s).
5. **( )** Closest component of UST system is greater than 1,000 feet from well head of any public drinking water well. Check applicable reason(s):
   - **( )** UST facility incorrectly located in GeoTracker database
   - **( )** PublicDrinking Water Well(s) incorrectly located in GeoTracker database
6. **( )** Other (explain)_____

NOTE: SUBMITTAL INSTRUCTIONS ON REVERSE SIDE OF THIS FORM

III. APPLICANT SIGNATURE

Certification – I certify that the information provided herein is true and accurate to the best of my knowledge. Knowingly submitting a request for reconsideration based on false or misleading information may be considered a violation of Health and Safety Code, Section 25299, punishable by fine up to $5000.

NAME OF APPLICANT (print)	PHONE ( )
SIGNATURE OF APPLICANT	DATE