Request for Reconsideration (RFR) Form						RFR NO						
I. FACILITY / SITE INFORMATION							F	or SWRC	.B use	e only.		
BUSINESS NAME (FACILITY NAME)	I. FACILITY / S.	FACILITY ID#			П	- I			<u> </u>	ГГ		
DUSINESS NAME (FACILITY NAME)		FACILIT I ID#										
STREET ADDRESS					COUNTY							
CITY ZIP												
EMAIL ADDRESS PHO (DNE))						
II. NAME AND ADDRESS OF OWNER/OPERATOR SUBMITTING REQUEST												
						OWNER 3. BOTH 1 & 2 OPERATOR						
TITLE OF APPLICANT PI)						
MAILING ADDRESS [] (MAILING ADDRESS SAME AS FACILITY ADDRESS)												
CITY				TATE			ZIP CODE					
EMAIL ADDRESS												
 documentation, your request for reconsideration application will be considered incomplete and will be returned. Include all supporting documentation you wish the State Water Board to consider when reviewing your request. All information submitted with requests for reconsideration is subject to verification. 1. UST system(s) is permanently closed. (DOCUMENTATION IS REQUIRED.) 2. UST system(s) 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. (DOCUMENTATION IS REQUIRED.) 3. Closest component of UST system(s) is greater than 1,000 feet from well head of any public drinking water well. Check applicable reason(s): 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 well head is more than 1,000 feet from the closest component of the UST system. (DOCUMENTATION IS REQUIRED.) 4. UST facility incorrectly located in Geotracker database. 4. Other(explain): 												
NOTE: SUBMITTAL INSTRUCTIONS ON REVERSE SIDE OF THIS FORM												
Contification I (1 + 4) + 6		NT SIGNATU		10 IZ	orr. 1				.4 F-	•	long#	
based on false or misleading information	ation provided herein is true and accura on may be considered a violation of Healt					able l	by fine u			reconsi	ieration	
NAME OF APPLICANT (print)						PHONE ()						
SIGNATURE OF APPLICANT						DATE						
	FOR SWR	<u>CB USE ONLY</u>										
DATE NOTIFICATION MAILED	DATE REQUEST RECEIVED											
DATE NOTIFICATION RECIEVED	RECEIVED BY											

Request for Reconsideration Instructions:

Include the following information:

- 1. Completed Request for Reconsideration Form.
- 2. All required documentation.
- 3. Signature and date are required.

Submit all materials as follows:

1. Submit original form and all required documentation to:

Attn: Mr. Daniel Newton, P.E. UST & Site Cleanup Program Manager State Water Resources Control Board Division of Water Quality, UST Program ELD Request for Reconsideration PO Box 2231 Sacramento, CA 95812

- 2. Submit one complete copy to your local permitting agency at the appropriate address.
- 3. Keep one complete copy for your records.