Request for Reconsideration (RFR) Form

RFR NO. _____
For SWRCB use only.

I. FACILITY / SITE INFORMATION

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

II. NAME AND ADDRESS OF OWNER/OPERATOR SUBMITTING REQUEST

NAME	○ 1. OWNER ○ 3. BOTH 1 & 2 ○ 2. OPERATOR
TITLE OF APPLICANT	PHONE ( )

MAILING ADDRESS ○ (MAILING ADDRESS SAME AS FACILITY ADDRESS)

CITY	STATE	ZIP CODE

EMAIL ADDRESS

Please check reason(s) why you believe that the California State Water Resources Control Board (State Water Board) notification is in error. If you are requesting reconsideration for reasons #1 through #3, documentation is required. **If you do not include required 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.)**
   - ☐ UST facility incorrectly located in Geotracker database.
   - ☐ Public drinking water well(s) incorrectly located in Geotracker database.
4. ☐ 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

FOR SWRCB USE ONLY

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. Kevin L. Graves, P.E., UST 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.