|  |  |  |
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| CO_logoW | Environmental Management Department11080 White Rock Road, Ste. 200Rancho Cordova, CA 95670Tel: (916) 875-8550Fax: (916) 875-8513[www.emd.saccounty.net/](http://www.emd.saccounty.net/) | APPLICATION FOR A PERMIT TOINSTALL UPGRADE OR REPAIRUNDERGROUND STORAGE TANK(S) FORHAZARDOUS SUBSTANCES |

|  |  |  |  |
| --- | --- | --- | --- |
|  | **FOR AGENCY USE ONLY** |  |  |
| DATE REC’D: |  | INSTALLATION AUTHORITY#: |  | BY: |  |
| RECEIPT #: |  |  |  FEE: |  | BY: |  |
| SR#: |  |  |  |  | FA#: |  |
|  |  |  |  |  |  |

 INSTRUCTIONS

1. This is an Application for the **Sacramento County Environmental Management Department (EMD)**.
2. **This application does not constitute approval from all local agencies. You must seek approval from the local building, planning, air quality and fire commissions, departments or other agencies having jurisdiction over this project.**
3. This application is valid for six (6) months from the date of application.
4. Three copies of drawings must be submitted.
5. All fees must be submitted with this application (each tank compartment is considered a separate tank).
6. Each tank, or compartment, even if identical, must have a separate UST tank form submitted to the California Electronic Reporting System (CERS).

[ ] Install [ ] Upgrade–Including Piping [ ] Upgrade–No-Piping\* [ ] Repair\*\* [ ] Spill Container Only

Number of Compartments \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\* Upgrade-No Piping: Includes UDC installation or sump installation.

\*\* Repair: Includes replacement of the leak detection console or the repair of a leaking pipe.

|  |  |
| --- | --- |
| ASSESSORS PARCEL NUMBER |  |
| CONTRACTOR COMPANY NAME |  | PHONE |  |
| CONTRACTOR ADDRESS |  |
| CITY |  | ZIP |  | LIC# |  | CLASSIFICATIONS |  |
| CONTRACTOR SIGNATURE |  |  | DATE |  |
| PRINT NAME |  |  |  |
| FACILITY NAME |  | FIRE DISTRICT |  |
| FACILITY ADDRESS |  | CITY |  |  | ZIP |  |
| OWNER NAME |  |  |  | PHONE |  |  |  |
| OWNER ADDRESS |  | CITY |  |  | ZIP |  |
| OWNER MAILING ADD. |  | CITY |  | ZIP |  |

1. This document shall be completed & submitted to the EMD along with site specific drawings and supporting forms.
2. In the table below, check the box for any component that will be **installed, replaced or modified**. List the manufacturer name and specific model number for each piece of **new** equipment. If an item is not applicable to this project, check the “N/A” box.
3. For a list of items that must be included in the site specific drawings refer to the “Drawings & Parts List” document.
4. **Each item marked yes must be depicted in the site specific drawings.**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Agency Use Only** | **Equipment** | Will be replaced, repaired or installed? | If **yes**, list the **Name of Equipment Manufacturer****(for the new equipment only)** | If **yes** list the **Model Number****(for the new equipment only)** |
|  | Tank(s) |  Yes No |  N/A |  N/A |
|  | Primary Product Pipe |  Yes No |  N/A |  N/A |
|  | Secondary Product Pipe |  Yes No |  N/A |  N/A |
|  | Primary Vapor Return Pipe |  Yes No |  N/A |  N/A |
|  | Secondary Vapor Return Pipe |  Yes No |  N/A |  N/A |
|  | Primary Vent Pipe |  Yes No |  N/A |  N/A |
|  | Secondary Vent Pipe |  Yes No |  N/A |  N/A |
|  | Product Sumps, tophats, and tophat lids. |  Yes No |  N/A |  N/A |
|  | Fill Sumps, tophats, and tophat lids. |  Yes No |  N/A |  N/A |
|  | Manway lids for sumps. |  Yes No |  N/A |  N/A |
|  | Under Dispenser Containment |  Yes No |  N/A |  N/A |
|  | Leak Detection Console |  Yes No |  N/A |  N/A |
|  | Tank Interstitial Space Sensor |  Yes No |  N/A |  N/A |
|  | Product Sump Sensor |  Yes No |  N/A |  N/A |
|  | Fill Sump Sensor |  Yes No |  N/A |  N/A |
|  | Low Point or Vapor Pot Sensor |  Yes No |  N/A |  N/A |
|  | UDC Sensor or Float |  Yes No |  N/A |  N/A |
|  | In-Tank Probe (e.g. ATG) |  Yes No |  N/A |  N/A |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | External Overfill Alarm |  Yes No |  N/A |  N/A |
|  | Drop Tube **or** Drop Tube with Overfill Device |  Yes No |  N/A |  N/A |
|  | Ball Float Valves |  Yes No |  N/A |  N/A |
|  | Ball Valves |  Yes No |  N/A |  N/A |
|  | Extractor Tees |  Yes No |  N/A |  N/A |
|  | Flex Connectors |  Yes No |  N/A |  N/A |
|  | Flex Connector Boots |  Yes No |  N/A |  N/A |
|  | Vent TransitionContainment Sump |  Yes No |  N/A |  N/A |
|  | Line Leak Detector |  Yes No |  N/A |  N/A |
|  | Penetration Fittings (pipe & conduit) |  Yes No |  N/A |  N/A |
|  | Pipe Centralizer or Spacer |  Yes No |  N/A |  N/A |
|  | Shear Valves (product & vapor) |  Yes No |  N/A |  N/A |
|  | Dispensers |  Yes No |  N/A |  N/A |
|  | Spill Containment & Lids |  Yes No |  N/A |  N/A |
|  | Test and Reducer Boots |  Yes No |  N/A |  N/A |
|  | Turbines |  Yes No |  N/A |  N/A |
|  | Vent Caps |  Yes No |  N/A |  N/A |
|  | Remote Fill PrimaryPipe |  Yes No |  N/A |  N/A |
|  | Remote Fill Secondary Pipe |  Yes No |  N/A |  N/A |
|  | Low Point Or Transition Sump |  Yes No |  N/A |  N/A |
|  | VPH System & Sensors (Veeder-Root, Beadreau etc.) |  Yes No |  N/A |  N/A |
|  | Monitoring Panel Software / ECPU |  Yes No |  N/A |  N/A |
|  | EVR Phase II Vapor Recovery Equipment |  Yes No |  N/A |  N/A |
|  | Other |  Yes No |  N/A |  N/A |
|  | Other |  Yes No |  N/A |  N/A |
|  | Other |  Yes No |  N/A |  N/A |

**I) GENERAL INFORMATION (FOR ALL APPLICATIONS)**

**REASON FOR UPGRADE OR REPAIR:**

[ ]  UPGRADE OR REPAIR TO MEET CURRENT STATE/FEDERAL REQUIREMENTS

[ ]  PIPING SYSTEM FAILURE

[ ]  OTHER, BRIEFLY DESCRIBE:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

ESTIMATED STARTING DATE\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ESTIMATED COMPLETION \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

DISTANCE OF UST(S) FROM NEAREST WELL \_\_\_\_\_\_\_\_ FEET (minimum distance shall be 100 ft.)

DEPTH TO USABLE GROUND WATER (IF KNOWN) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

TYPE OF SYSTEM: [ ]  PRESSURE [ ]  SUCTION [ ]  SAFE SUCTION [ ]  GRAVITY

 [ ]  EMERGENCY GENERATOR

**SCOPE OF WORK (DESCRIBE THE COMPONENTS THAT WILL BE MODIFIED, INSTALLED OR REPLACED):**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**II) FOR UST INSTALLATIONS:**

**A) MONITORING EQUIPMENT:**

NAME OF THE COMPANY THAT WILL INSTALL, CALIBRATE & PROGRAM THE MONITORING EQUIPMENT:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

ADDRESS: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ PHONE #: \_\_\_\_\_\_\_\_\_\_\_\_\_

CONTRACTORS LICENSE NUMBER AND CLASSIFICATION: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**NAMES OF PERSONNEL** EMPLOYED BY THIS CONTRACTOR **WHO ARE CERTIFIED BY THE**

**MANUFACTURER** TO INSTALL, CALIBRATE & PROGRAM THIS MAKE/MODEL OF MONITORING

EQUIPMENT: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**● ATTACH A COPY OF MONITORING SYSTEM MANUFACTURER’S TRAINING CERTIFICATION** [FOR THE EMPLOYEE THAT WILL PERFORM THE INSTALLATION & PROGRAMMING].

**B) OTHER CERTIFICATIONS**

**● ATTACH A PHOTOCOPY OF MANUFACTURER TRAINING CERTIFICATE FOR THE TANK, PIPE AND ALL OTHER UST COMPONENTS THAT WILL BE INSTALLED, REPLACED OR REPAIRED.**

**● ATTACH A PHOTOCOPY OF THE ICC INSTALLER CERTIFICATION FOR THE PERSON THAT WILL BE ON SITE SUPERVISING ALL UST WORK.**

**C) ENHANCED LEAK DETECTION (ELD):**

NAME OF COMPANY THAT WILL PERFORM THE ELD TEST: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

ADDRESS: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ PHONE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**● ATTACH A PROGRAM OF ENHANCED LEAK DETECTION** (FROM THE COMPANY THAT WILL PERFORM THE ELD TEST).

**D) VACUUM, PRESSURE OR HYDROSTATIC SYSYEM (VPH):**

INDICATE WHAT TYPE OF CONTINUOUS VPH MONITORING WILL BE UTILIZED FOR:

● THE UST INTERSTICE \_\_\_ VACUUM \_\_\_ PRESSURE \_\_\_ HYDROSTATIC

**●** THE PRODUCT PIPE INTERSTICE \_\_\_ VACUUM \_\_\_ PRESSURE \_\_\_ HYDROSTATIC

**●** THE VAPOR RECOVERY PIPE INTERSTICE \_\_\_ VACUUM \_\_\_ PRESSURE \_\_\_ HYDROSTATIC

**●** THE VENT PIPE INTERSITCE \_\_\_ VACUUM \_\_\_ PRESSURE \_\_\_ HYDROSTATIC

**●** THE TURBINE SUMP INTERSTICE \_\_\_ VACUUM \_\_\_ PRESSURE \_\_\_ HYDROSTATIC

**●** THE FILL SUMP INTERSTICE \_\_\_ VACUUM \_\_\_ PRESSURE \_\_\_ HYDROSTATIC

**●** THE VENT BOX INTERSTICE \_\_\_ VACUUM \_\_\_ PRESSURE \_\_\_ HYDROSTATIC

**●** THE UDC INTERSTICE \_\_\_ VACUUM \_\_\_ PRESSURE \_\_\_ HYDROSTATIC

**●**  \_\_\_ VACUUM \_\_\_ PRESSURE \_\_\_ HYDROSTATIC

**III) FOR UPGRADES AND APPLICABLE REPAIRS:**

**A) MONITORING EQUIPMENT:**

NAME OF THE COMPANY THAT WILL INSTALL, CALIBRATE & PROGRAM THE MONITORING

EQUIPMENT: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

ADDRESS: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ PHONE #: \_\_\_\_\_\_\_\_\_\_\_\_\_

LICENSE NUMBER AND CLASSIFICATION: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**NAMES OF PERSONNEL** EMPLOYED BY THIS CONTRACTOR **WHO ARE CERTIFIED BY THE**

**MANUFACTURER** TO INSTALL, CALIBRATE & PROGRAM THIS MAKE/MODEL OF MONITORING

EQUIPMENT: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**● ATTACH A COPY OF MONITORING SYSTEM MANUFACTURER’S CERTIFICATION** (FOR THE EMPLOYEE THAT WILL PERFORM THE INSTALLATION & PROGRAMMING).

**B) OTHER CERTIFICATIONS**

**● ATTACH A PHOTOCOPY OF MANUFACTURER TRAINING CERTIFICATE FOR THE TANK, PIPE AND ALL OTHER UST COMPONENTS THAT WILL BE INSTALLED, REPLACED OR REPAIRED.**

**● ATTACH A PHOTOCOPY OF THE ICC INSTALLER CERTIFICATION FOR THE PERSON THAT WILL BE ON SITE SUPERVISING ALL UST WORK.**

**C) SAMPLING:**

COMPANY NAME, ADDRESS AND PHONE NUMBER THAT WILL PERFORM SOIL AND OR WATER SAMPLING: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

NAME, ADDRESS, PHONE NUMBER AND CA STATE CERTIFICATION NUMBER FOR THE LAB THAT WILL PERFORM THE ANALYSIS ON THE SOIL AND OR WATER SAMPLES: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

The owner or his agent shall be responsible for contracting with an independent, qualified third party to collect samples. The owner or his agent shall have the samples analyzed at a State approved analytical laboratory for product constituents as required by SCECD. **Brass, stainless steel, or teflon tubes shall be used to take soil samples.** Glass containers (i.e., VOLATILE ORGANIC ANALYSIS bottles) shall be used to take water samples. Other sampling arrangements shall be approved in advance by SCECD on a case by case basis. **The owner or his agent shall be responsible for making alternative arrangements in advance with SCECD via an approved written request.** sampling personnel shall be on site at the time of the sampling inspection**.**

**IV) OWNER ACKNOWLEDGEMENT**

I DECLARE THAT TO THE BEST OF MY KNOWLEDGE THE STATEMENTS AND INFORMATION PROVIDED ARE CORRECT AND TRUE. I UNDERSTAND THAT INFORMATION, IN ADDITION TO THAT PROVIDED IN THIS APPLICATION, MAY BE NEEDED IN ORDER TO OBTAIN A PERMIT FROM THE SCECD AND THAT NO WORK IS TO BEGIN ON ANY PORTION OF THE UST SYSTEM OR THE UST LEAK DETECTION SYSTEM UNTIL THE AUTHORITY TO CONSTRUCT LETTER (PERMIT) IS ISSUED.

I UNDERSTAND THAT ANY CHANGES IN DESIGN, MATERIALS OR EQUIPMENT WILL **VOID** MY AUTHORITY TO CONSTRUCT (PERMIT) **IF PRIOR APPROVAL IS NOT OBTAINED**.

I UNDERSTAND THAT ANY INSPECTION APPOINTMENTS MUST BE ESTABLISHED WITH THE SCECD AT LEAST TWO WORKING DAYS (48 HOURS) IN ADVANCE.

|  |  |  |  |
| --- | --- | --- | --- |
| TANK OWNER'S SIGNATURE |  | DATE |  |
| PRINTED NAME |  | PHONE |  |
| TITLE |  |

NOTE: A COPY OF AN AUTHORIZED SIGNATORS FORM MUST BE ON FILE WITH THE SCECD IF AN INDIVIDUAL IS SIGNING FOR THE TANK OWNER.

**NO UST CONSTRUCTION ACTIVITIES CAN PROCEED PRIOR TO ISSUANCE OF AN ‘AUTHORITY TO CONSTRUCT’ LETTER (PERMIT) BY THE SCECD. THE ‘AUTHORITY TO CONSTRUCT’ LETTER WILL BE ADDRESSED TO THE OWNER AND IDENTIFY THE CONTRACTOR. IT WILL LIST INSPECTION SCHEDULING AND SITE SPECIFIC CONSTRUCTION REQUIREMENTS.**

**V) ADDITIONAL ITEMS:**

**● For all applications submit (except repair of damaged pipe):**

* A UST written monitoring plan.
* THREE SETS OF DRAWINGS (REFER TO THE “DRAWINGS AND PARTS LIST” DOCUMENT FOR THE ITEMS TO BE INCLUDED).
* IF A SUBCONTRACTOR IS UTILIZED TO WORK ON THE UST SYSTEM - THE NAME, ADDRESS, PHONE NUMBER, AND CONTRACTORS LICENSE NUMBER MUST BE SUBMITTED WITH THIS APPLICATION.

**● For Installation applications submit:**

* A Certificate of Financial Responsibility.
* A Hazardous Materials Business Plan.

**● For the installation, modification or repair of a cathodic protection system –**

 **complete and submit the:**

- “cathodic protection system installation, modification and repair addendum”

 form.

**THIS PAGE FOR AGENCY USE ONLY**

**UPGRADE & REPAIR SAMPLING NOTES**

**Site Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_**

**Site Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Inspector: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Sampler Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Company Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Address & Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Laboratory Name, Address & Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

|  |
| --- |
|  N |

Analysis Required: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_