



DEPARTMENT OF PUBLIC HEALTH

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UST Permit Application: Install, Upgrade, Repair, & Closure

UNDERGROUND STORAGE TANK(S) FOR HAZARDOUS SUBSTANCES

FOR AGENCY USE ONLY

Date Received: _____ UST MODIFICATION # (M/MAJ) _____ BY: _____
INVOICE #: _____ FEE: _____ BY: _____
CERS#: _____ AR#: _____ FA#: _____

INSTRUCTIONS:

1. Complete and submit the original application to the Merced County, Department of Public Health, Division of Environmental Health (MCDEH). One application per underground storage tank (each tank compartment is considered a separate tank).
2. Submit an electronic copy of the installation or modification Plans.
3. Submit all components specification sheets.
4. Pay all application fees with application(s).
5. This application is valid for six (6) months from the date of application.

Install Upgrade–Including Piping Upgrade–No-Piping* Repair** Spill Container Only
 Tank Closure

Number of UST 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 _____

Equipment List

1. This document shall be completed & submitted to the MCDEH 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)	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> N/A	<input type="checkbox"/> N/A
	Primary Product Pipe	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> N/A	<input type="checkbox"/> N/A
	Secondary Product Pipe	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> N/A	<input type="checkbox"/> N/A
	Primary Vapor Return Pipe	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> N/A	<input type="checkbox"/> N/A
	Secondary Vapor Return Pipe	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> N/A	<input type="checkbox"/> N/A
	Primary Vent Pipe	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> N/A	<input type="checkbox"/> N/A
	Secondary Vent Pipe	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> N/A	<input type="checkbox"/> N/A
	Under Dispenser Containment	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> N/A	<input type="checkbox"/> N/A
	Leak Detection Console	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> N/A	<input type="checkbox"/> N/A
	Tank Interstitial Space Sensor	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> N/A	<input type="checkbox"/> N/A
	Product Sump Sensor	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> N/A	<input type="checkbox"/> N/A
	Fill Sump Sensor	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> N/A	<input type="checkbox"/> N/A
	UDC Sensor or Float	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> N/A	<input type="checkbox"/> N/A
	In-Tank Probe (e.g. ATG)	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> N/A	<input type="checkbox"/> N/A
	External Overfill Alarm	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> N/A	<input type="checkbox"/> N/A
	Drop Tube or Drop Tube with Overfill Device	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> N/A	<input type="checkbox"/> N/A
	Ball Float Valves	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> N/A	<input type="checkbox"/> N/A
	Ball Valves	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> N/A	<input type="checkbox"/> N/A
	Extractor Tees	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> N/A	<input type="checkbox"/> N/A
	Flex Connectors	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> N/A	<input type="checkbox"/> N/A
	Flex Connector Boots	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> N/A	<input type="checkbox"/> N/A

	Vent Transition Containment Sump	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> N/A	<input type="checkbox"/> N/A
	Line Leak Detector	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> N/A	<input type="checkbox"/> N/A
	Penetration Fittings (pipe & conduit)	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> N/A	<input type="checkbox"/> N/A
	Pipe Centralizer or Spacer	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> N/A	<input type="checkbox"/> N/A
	Shear Valves (product & vapor)	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> N/A	<input type="checkbox"/> N/A
	Dispenser Hoses	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> N/A	<input type="checkbox"/> N/A
	Dispensers	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> N/A	<input type="checkbox"/> N/A
	Spill Containment & Lids	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> N/A	<input type="checkbox"/> N/A
	Test and Reducer Boots	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> N/A	<input type="checkbox"/> N/A
	Turbines	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> N/A	<input type="checkbox"/> N/A
	Remote Fill Primary Pipe	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> N/A	<input type="checkbox"/> N/A
	Remote Fill Secondary Pipe	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> N/A	<input type="checkbox"/> N/A
	Low Point Or Transition Sump	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> N/A	<input type="checkbox"/> N/A
	VPH System & Sensors <small>(Veeder-Root, Beadreau etc.)</small>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> N/A	<input type="checkbox"/> N/A
	Tank Closure	<input type="checkbox"/> Temporary <input type="checkbox"/> Permanent	<input type="checkbox"/> N/A	<input type="checkbox"/> N/A
	Other	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> N/A	<input type="checkbox"/> N/A

GENERAL INFORMATION (FOR ALL APPLICATIONS)

REASON FOR UPGRADE OR REPAIR:

- Upgrade or Repair to meet current State/Federal Requirements
 - Equipment Failure
 - Other, Briefly Describe:
-

Estimated Starting Date: _____ Estimated Completion Date: _____

Distance of UST(S) From Nearest Well: _____ Feet (minimum distance shall be 100 ft.)

Depth to Usable Ground Water (if known) _____

- Type of UST System: PRESSURE
 SUCTION
 SAFE SUCTION
 GRAVITY
 EMERGENCY GENERATOR

SCOPE OF WORK (describe the components that will be modified, installed, or replaced):

FOR UST INSTALLATIONS:

MONITORING EQUIPMENT Contractor who will Install, Calibrate, and Program Monitoring Equipment:

Contractor Name: _____

Address: _____ Phone #: _____

License Number: _____ Classification: _____

ICC Certification Number: _____

Names of Personnel employed by the this contractor who are certified by the Manufacturer's to install, calibrate, and program the equipment:

Required Certifications and Documents:

- Attach a copy of Monitoring System Manufacturer's Certification (**for the employees that will be performing the installation and programing**).
- Attach a photocopy of Manufacturer Training Certifications (**for the employees that will be installing/repairing/replacing the tank, piping, and all other UST components**).
- Attach a photocopy of the ICC Installer Certification for the Supervising Contractor of all UST work that will be occurring.

ENHANCED LEAK DETECTION (ELD):

ELD Testing Company Name: _____

Address: _____ Phone #: _____

Note:

- Attach the testing procedure for ELD from the company that will be performing the ELD Test. The procedure must include maximum distances between the probes/conduit and the UST system.

VACUUM, PRESSURE OR HYDROSTATIC SYSYEM (VPH):

Indicate the type of Continuous Vacuum, Pressure, or Hydrostatic Monitoring that will be utilized for the UST system:

- | | | | | | | |
|--------------------------------------|-----|--------|-----|----------|-----|-------------|
| • 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 |

FOR UPGRADES AND APPLICABLE REPAIRS:

MONITORING EQUIPMENT Contractor who will Install, Calibrate, and Program Monitoring Equipment:

Contractor Name: _____

Address: _____ Phone #: _____

License Number: _____ Classification: _____

ICC Certification Number: _____

Names of Personnel employed by the this contractor who are certified by the Manufacturer's to install, calibrate, and program the equipment:

Required Certifications:

- Attach a copy of Monitoring System Manufacturer's Certification **(for the employees that will be performing the installation and programing).**
- Attach a photocopy of Manufacturer Training Certifications **(for the employees that will be installing/repairing/replacing the tank, piping, and all other UST components).**
- Attach a photocopy of the ICC Installer Certification for the Supervising Contractor of all UST work that will be occurring.

SAMPLING:

Sampling Company Name: _____

Address: _____ Phone #: _____

Name of Analytical Laboratory: _____

CA State Certification #: _____

Address: _____ Phone #: _____

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 MCDEH. **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 MCDEH on a case-by-case basis. **The Owner or his agent shall be responsible for making alternative arrangements in advance with MCDEH via an approved written request.** Sampling personnel shall be on site at the time of the sampling inspection.

NOTE: No UST construction activities can proceed prior to the issuance of UST Approved Installation Letter and Permit from MCDEH. The UST Approved Installation Letter will be addressed to the Owner and identified Contractor. The letter will list the required inspection scheduling and site-specific construction requirements, if applicable.

ADDITIONAL ITEMS:

For all applications submitted (except repair of damaged pipe):

- **A UST written monitoring plan**
- **Electronic Plans**
- **Equipment Specification Sheets**

NOTE: If a Subcontractor is utilized to work on the UST system, the Name, Address, Phone Number, and Contractor's License Number must be submitted with the Application.

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 the this application, may be needed in order to obtain a permit from the MCDEH and that no work is to begin on any portion of the UST Equipment or Leak Detection system until the "UST Approved Installation Letter" and Permit are issued by MCDEH.

I understand that any changes in design, materials, or equipment will void my Permit with MCDEH, prior to approval being obtained.

I understand that any inspection must be scheduled with MCDEH at least 48 Hours in advance.

TANK OWNER'S SIGNATURE _____ DATE _____

PRINTED NAME _____ PHONE _____

TITLE _____

NOTE: A copy of an Authorized Signature Form must be included with the application, if an individual is signing for the Tank Owner.