



COMMUNITY AND ECONOMIC DEVELOPMENT DEPARTMENT
Division of Environmental Health

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Director

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Equal Opportunity Employer

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 this application to the Merced County, Division of Environmental Health (MCDEH).
2. Submit an electronic copy of the installation or modification plans.
3. Submit all components specification sheets.
4. Submit technicians' certifications and licenses needed for the project (i.e., ICC, Bravo, Veeder Root, etc.).
5. Pay all application fees with application(s).
6. 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. In the table below, check the box for any component that will be **modified, installed, replaced**. 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.
2. For a list of items that must be included in the site specific drawings refer to the “Drawings & Parts List” document.
3. Each item marked “Yes” must be depicted in the site-specific drawings.

Agency Use Only	Equipment	Will be modified, installed, or replaced?	If Yes, list the Name of Equipment Manufacturer (for new equipment only)	If Yes, list the Model Number (for 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 (Veeder-Root, Beadreau etc.)	<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(S) 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 to be modified, installed, or replaced):

CONTRACTOR / SUBCONTRACTOR INFORMATION:

Contractor who will install, calibrate, and program monitoring equipment:

Contractor Name: _____

Address: _____ Phone #: _____

License Number: _____ Classification: _____

ICC Certification Number: _____

Name(s) of personnel employed by this contractor who is/are certified by the manufacturer(s) to install, calibrate, and program the equipment:

ENHANCED LEAK DETECTION (ELD)

ELD Testing Company Name: _____

Address: _____ Phone #: _____

Additional Documentation Required:

- 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 SYSTEM (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 |

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.

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/or 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 required inspection must be scheduled with MCDEH at least 48 hours in advance.

TANK OWNER'S SIGNATURE _____ DATE _____

PRINTED NAME _____ PHONE _____

TITLE _____

Additional Documentation Required:

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