



SAN BENITO COUNTY

HEALTH & HUMAN SERVICES AGENCY

TRACEY BELTON, DIRECTOR
CHERYL SCOTT MD, MPH, PUBLIC HEALTH OFFICER

Environmental Health
351 Tres Pinos Road, Ste. C-1
Hollister, California 95023
(831) 636-4035
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APPLICATION FOR A PERMIT TO INSTALL, UPGRADE OR REPAIR UNDERGROUND STORAGE TANK(S) FOR HAZARDOUS SUBSTANCES

1. This application is valid for six (6) months from the date of application.
2. Three copies of drawings must be submitted.
3. Fees must be submitted with this application (each tank compartment is considered a separate tank).
4. Each tank, or compartment, even if identical, must have a separate UST tank form completed.
5. Contact Department for fees applicable

Install Upgrade-Including Piping Upgrade-No-Piping* Repair** Spill Container Only

* 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 _____ PHONE _____

CONTRACTOR ADDRESS _____

CITY _____ ZIP _____ Lic.# _____ CLASSIFICATIONS _____

CONTRACTOR SIGNATURE _____ DATE _____

PRINT NAME _____

FACILITY _____

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 Environmental Health Div 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 clearly called out in the site-specific drawings.**

EH 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
	Product Sumps, top-hat, and top-hat lids.	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> N/A	<input type="checkbox"/> N/A
	Fill Sumps, top-hats, and top-hat lids.	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> N/A	<input type="checkbox"/> N/A
	Man-way lids for sumps.	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> N/A	<input type="checkbox"/> N/A
	Under Dispenser Containment (UDC)	<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
	Low Point or Vapor Pot 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
	Dispenser Hose Break-away Connectors	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	<input type="checkbox"/> N/A
	Dispenser Nozzles	<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
	Vent Caps	<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, other.)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	<input type="checkbox"/> N/A
	EVR Phase II Vapor Recovery Equipment	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	<input type="checkbox"/> N/A

GENERAL INFORMATION (FOR ALL APPLICATIONS)

I) 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). THE PROGRAM MUST INCLUDE MAXIMUM DISTANCES BETWEEN THE PROBES/ CONDUIT AND THE UST SYSTEM.**

D) VACUUM, PRESSURE OR HYDROSTATIC SYSTEM (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 INTERSTICE ___ VACUUM ___ PRESSURE ___ HYDROSTATIC
- THE TURBINE SUMP INTERSTICE ___ VACUUM ___ PRESSURE ___ HYDROSTATIC
- THE FILL SUMP INTERSTICE ___ VACUUM ___ PRESSURE ___ HYDROSTATIC
- THE VENT BOX INTERSTICE ___ 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 REGULATIONS. **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 SBCEH ON A CASE-BY-CASE BASIS. **THE OWNER OR HIS AGENT SHALL BE RESPONSIBLE FOR MAKING ALTERNATIVE ARRANGEMENTS IN ADVANCE WITH SBCEH VIA AN APPROVED WRITTEN REQUEST.** SAMPLING PERSONNEL SHALL BE ON-SITE AT THE TIME OF THE SAMPLING INSPECTION.

V) 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 SAN BENITO COUNTY EH 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 IN WRITING IS NOT OBTAINED.**

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

TANK OWNER'S SIGNATURE	_____	DATE	_____
PRINTED NAME	_____	PHONE	_____
TITLE	_____		_____

NO UST CONSTRUCTION ACTIVITIES CAN PROCEED PRIOR TO ISSUANCE OF AN 'APPROVAL' LETTER (PERMIT) BY THE SAN BENITO COUNTY ENVIRONMENTAL HEALTH DIVISION (SBCEH).

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.

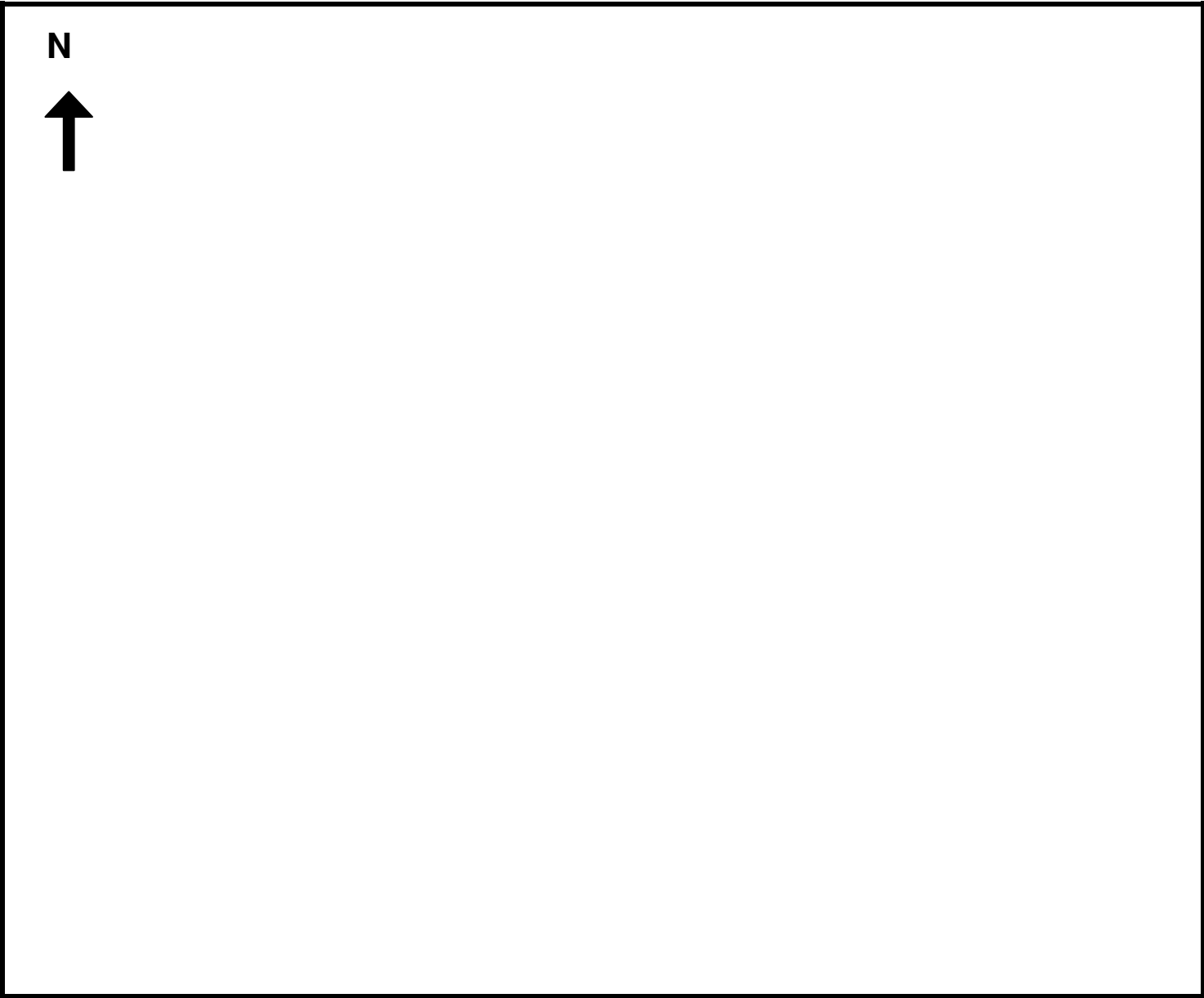
• FOR INSTALLATION APPLICATIONS SUBMIT:

- 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.

Site Plan:



THIS PAGE FOR EH USE ONLY

UPGRADE & REPAIR SAMPLING NOTES

Site Name: _____

Date: _____

Site Address: _____

Inspector: _____

Sampler Name: _____ Company Name: _____

Address & Phone Number: _____

Laboratory Name, Address & Phone: _____

Analysis

Required: _____

FOR EH USE ONLY

DATE APPLICATION REC'D

FEE REC'D

CHECK #

OTHER

RECEIPT #

BY _____

BY _____ DATE: _____