Imperial County Public Health Department
Environmental Health Division
Participating Agency
1221 W. State Street, Suite B, El Centro, CA 92243
(442) 265-1888 Fax (442) 265-1903 hazamathealth@co.imperial.ca.us

Plan Check Permit # _____

PART II – APPLICATION TO INSTALL UNDERGROUND STORAGE TANK SYSTEM

California Department of Tax and Fee Administration https://www.cdfta.ca.gov or call1-800-400-7115

NO. OF TANKS TO BE INSTALLED ____

TY (TK) HQ | | | - | | | | | | | |

NOTE: Application will be disapproved without this information

I. TANKS DESCRIPTION (A scaled plot plan with the location of the UST system including buildings and landmarks must be included

TANK NO.	CAPACITY IN GALLONS	CONTENTS	COMPOSITION	MANUFACTURER	DELIVERY SYTEM (Pressure, Suction, Gravity, Other)	MULTI COMPARTMENT	
					☐ P ☐ S ☐ G Other:	YES ☐	NO ☐
					☐ P ☐ S ☐ G Other:	YES ☐	NO ☐
					☐P ☐S ☐G Other:	YES ☐	NO ☐
					☐P ☐S ☐G Other:	YES ☐	NO ☐
					☐P ☐S ☐G Other:	YES ☐	NO ☐
					☐P ☐S ☐G Other:	YES ☐	NO ☐

Use reverse side to list additional USTs to be installed

Materials and Construction

Product

Primary Piping: ☐ Fiberglass ☐ Flexible ☐ Steel ☐ Other_____ Manufacturer/Model _____
Secondary Piping: ☐ Fiberglass ☐ Flexible ☐ Steel ☐ Other_____ Manufacturer/Model _____

Vent and Vapor

Primary Piping: ☐ Fiberglass ☐ Flexible ☐ Steel ☐ Other_____ Manufacturer/Model _____
Secondary Piping: ☐ Fiberglass ☐ Flexible ☐ Steel ☐ Other_____ Manufacturer/Model _____

Under Dispenser Containment (UDC) type : ☐ Double wall ☐ Single wall ☐ Fiberglass ☐ Other_____
Manufacturer/Model _____

Leak Detection

UST Monitoring System_____ Manufacturer/Model _____

Type of Monitoring (*Check all that apply*):

	Tanks	Piping			Under Disp. Containment	Sump		
		Product	Vent	Vapor	UDC	Fill	Turbine	Other
Vacuum	☐	☐	☐	☐	☐	☐	☐	☐
Pressure	☐	☐	☐	☐	☐	☐	☐	☐
Hydrostatic	☐	☐	☐	☐	☐	☐	☐	☐

Pressurized Piping Line Leak Detection: ☐ Mechanical ☐ Electronic Manufacturer/Model _____

Enhanced Leak Detection (ELD) method to be used: _____

Overfill Protection

Spill Containment _____ Manufacturer/Model _____

Overfill Prevention _____

Ballast Tank(s)

(TANKS MUST BE BALLASTED IF HIGHEST ANTICIPATED GROUNDWATER IS AT LEAST 25' BELOW GROUND SURFACE)

☐ Anchor Straps per manufacturer's specification with deadman and/or slab

☐ Buoyancy Calculations (must be submitted)

☐ Depth of Groundwater: _____ft. (Provide documentation)

APPLICATION CONTINUED ON REVERSE

DECLARATION		
I declare that to the best of my knowledge and belief, the statements and information provided are correct and true. I understand that information in addition to that provided above may be needed in order to obtain final approval by **the Environmental Health Division.** I understand that tests and procedures that may be required by other departments and agencies to demonstrate adequate site safety or suitability for further development (e.g. soil compaction testing) are in addition to the requirements of the **Environmental Health Division**. I will notify the Division of Environmental Health at least two working days (48 hours) before work is to begin in order to schedule the required inspections. I understand that site and worker safety are solely the responsibility of the property owner or his agent and that this responsibility is not shared or assumed by the **Environmental Health Division.**		
SIGNATURE & TITLE	PRINT NAME	DATE / /
PHONE NUMBER FOR PROJECT CONTACT ( )		

I. TANKS DESCRIPTION (continued from page 1)							
TANK NO.	CAPACITY	CONTENTS	COMPOSITION	MANUFACTURER	**DELIVERY SYTEM (PRESSURE, SUCTION, GRAVITY, OR OTHER)**	**MULTI COMPARTMENT**	
					☐ P ☐ S ☐ G Other:	YES ☐	NO ☐
					☐ P ☐ S ☐ G Other:	YES ☐	NO ☐
					☐ P ☐ S ☐ G Other:	YES ☐	NO ☐
					☐ P ☐ S ☐ G Other:	YES ☐	NO ☐
					☐ P ☐ S ☐ G Other:	YES ☐	NO ☐
					☐ P ☐ S ☐ G Other:	YES ☐	NO ☐
					☐ P ☐ S ☐ G Other:	YES ☐	NO ☐
					☐ P ☐ S ☐ G Other:	YES ☐	NO ☐

SITE PLAN SUBMITTAL

Attach one (1) copy of plans showing the following:

1. Property lines, site address, scale, north arrow.
2. Location of all existing structures.
3. Location of all existing underground storage tank facilities.
4. Location of underground storage tanks and piping to be closed.
5. Location of underground utility lines and vaults.

INSPECTION REQUIREMENTS

Each new tank installation must be inspected by the **UST Inspector.** Four (4) inspections are required:

1. **FIRST INSPECTION: PRESSURE TEST ON PRIMARY SYSTEM:**
   - Tank, product, vapor and vent lines
2. **SECOND INSPECTION: PRESSURE TEST ON SECONDARY CONTAINMENT PIPING**
3. **FINAL INSPECTION: FINAL MONITORING AND CONSTRUCTION VERIFICATION**
   - Performance check of the UST monitoring system

Required Documents at Final Inspection

4. Certified Enhanced Leak Detection (ELD) Results
5. Certification of Tank System Installation
6. Tank Manufacturers Installation Checklist
7. UST Monitoring System Certification
8. New UST Written Monitoring Procedures & Emergency Response Plans
9. **EHD**!Forms UST Facility Information, UST Tank Page (Construction/Piping Info), and UST Installation Certification of! Compliance

All documents must be submitted before final operating permit will be issued.

Note: Failure to meet any of the conditions of the permit may result in a re-inspection and associated fee.