



## **APPLICATION FOR UNDERGROUND STORAGE TANK INSTALLATION PERMIT**

San Joaquin County Environmental Health Department (EHD) has established the following guidelines to assist you in the completion of your construction project. The guidelines specify the construction and monitoring criteria necessary to complete our review of your proposed underground storage tank (UST) system.

### **A. PLAN REVIEW GUIDELINES FOR NEW INSTALLATION OF UST's**

1. An installation permit and payment of appropriate fees shall be required for the installation or modification of any underground storage tank system, which will be used for hazardous substances.
2. Contractors shall submit, or have on file with the local agency, information verifying that they possess a current State Contractor's License (A, B, C-36, or C-61/D-40), hazardous substance removal certification, and Workmen's Compensation Insurance.
3. The contractor shall be responsible for ensuring that conditions at the site provide for workplace safety, protection of the environment, and maintenance and integrity of nearby structures.
4. Under no circumstances shall any regulated material be placed into any underground tank system without approval of the EHD.
5. All tanks, piping, and equipment shall be installed and tested in accordance with the manufacturer's recommendations/guidelines.
6. All interstitial monitors must perform according to manufacturer's standards, and must be tested annually in accordance with section 2630 (d), California Code of Regulations (CCR), Title 23 Waters, Division 3, Chapter 16.
7. Permits and/or plan check approval may also be required by the San Joaquin Valley Unified Air Pollution Control District, the County/City Building Department and the appropriate Fire District.
8. Applicant/contractor shall adhere to the approval plan and any change or deviation shall be reported to and approved by EHD prior to installation.
9. The application for installation of underground tanks is only valid for the calendar year in which it has been issued. A permit may be extended into the next calendar year if a letter is sent to EHD requesting this extension thirty days prior to the end of the calendar year. A one time, one year extension may be granted by EHD upon receipt of this letter.

### **B. SITE MITIGATION:**

- a. In the event contamination is observed, confirmed or suspected as a result of a leaking UST system, it is the responsibility of the owner or operator to submit a work plan to EHD Site Mitigation Unit prior to initiating any assessment or remediation activities.

- b. To minimize delays, a Corrective Action Plan may be submitted concurrent with tank closure or installation plans. Address one copy of the Corrective Action Plan to the Site Mitigation Unit for review. For further assistance contact the Site Mitigation Unit at (209) 468-3450.

**B. PLAN REVIEW AND OPERATING PERMIT FEES**

1. New facility plan review fee of \$3,580.00 (20-hour minimum per facility). Also due prior to final approval to operate: \$2,184.00 facility fee, \$269.00 per tank fee plus \$20.00 state surcharge fee per tank. Facilities not already on inventory in a CUPA program have an additional \$94.00 per site state surcharge.
2. New installation of an additional tank at an existing facility is \$3,580.00 plan review fee (20-hour minimum per facility) plus \$269.00 per new tank, and \$20.00 per new tank state surcharge fee.
3. It should be noted that a \$3,580.00 plan review check fee required for each submittal allows for up to twenty (20) hours of staff review and/or inspection time. Additional time spent on plan review, meetings, inspections, phone or office consultations will be billed to the applicant at a rate of \$179.00 per hour.
4. A plan review will be conducted by the EHD to identify any plan deficiencies. Upon submittal of complete and accurate UST installation plans, the maximum plan review time is 40 working days.
5. If plan deficiencies are identified, the maximum review time of 40 working days will no longer apply. Deficient plans will be returned with a checklist identifying plan deficiencies.

# San Joaquin County Environmental Health Department

## Application Form

Facility Name					
Site Address			City	State	ZIP
APN	Supervisor District				
Type of Service Requested	<input type="checkbox"/> Application for Operating Permit	<input type="checkbox"/> Consultation	<input type="checkbox"/> Change of Owner	<input type="checkbox"/> Repairs or Remodel	<input type="checkbox"/> Other
Comments					
If mobile food truck or pumper truck	License Plate Number	VIN			

Contact Types required	<input checked="" type="checkbox"/> Billing Party	<input type="checkbox"/> Facility Owner	<input checked="" type="checkbox"/> Facility Contact	<input type="checkbox"/> Property Owner	<input checked="" type="checkbox"/> Contractor	<input checked="" type="checkbox"/> Requestor
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<input type="checkbox"/> Billing Party	<input type="checkbox"/> Facility Owner	<input type="checkbox"/> Facility Contact	<input type="checkbox"/> Property Owner	<input type="checkbox"/> Contractor	<input type="checkbox"/> Architect
First Name		Last name		If contractor, indicate type and license number	
Address			City	State	ZIP
Phone	Phone	Email			

<input type="checkbox"/> Billing Party	<input type="checkbox"/> Facility Owner	<input type="checkbox"/> Facility Contact	<input type="checkbox"/> Property Owner	<input type="checkbox"/> Contractor	<input type="checkbox"/> Architect
First Name		Last name		If contractor, indicate type and license number	
Address			City	State	ZIP
Phone	Phone	Email			

<input type="checkbox"/> Billing Party	<input type="checkbox"/> Facility Owner	<input type="checkbox"/> Facility Contact	<input type="checkbox"/> Property Owner	<input type="checkbox"/> Contractor	<input type="checkbox"/> Architect
First Name		Last name		If contractor, indicate type and license number	
Address			City	State	ZIP
Phone	Phone	Email			

**BILLING ACKNOWLEDGEMENT:** I, the undersigned property or business owner, operator or authorized agent of same, acknowledge that all site and/or project specific ENVIRONMENTAL HEALTH DEPARTMENT hourly charges associated with this project or activity will be billed to me or my business as identified on this form.

I also certify that I have prepared this application and that the work to be performed will be done in accordance with all SAN JOAQUIN COUNTY Ordinance Codes, Standards, STATE and FEDERAL laws.

**APPLICANT'S SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

☐ PROPERTY / BUSINESS OWNER      ☐ OPERATOR / MANAGER      ☐ OTHER AUTHORIZED AGENT \_\_\_\_\_ Title

If APPLICANT is not the BILLING PARTY, proof of authorization to sign is required

**AUTHORIZATION TO RELEASE INFORMATION:** When applicable, I, the owner or operator of the property located at the above site address, hereby authorize the release of any and all results, geotechnical data and/or environmental/site assessment information to the SAN JOAQUIN COUNTY ENVIRONMENTAL HEALTH DEPARTMENT as soon as it is available and at the same time it is provided to me or my representative.

Accepted By		Assigned To		Linked FA ID	
Date	PE	Fee		Record Number	
<input type="checkbox"/> Cash	<input type="checkbox"/> Check #	<input type="checkbox"/> Confirmation #			Payment Received By

# APPLICATION FOR UNDERGROUND STORAGE TANK INSTALLATION PERMIT

THE APPLICATION FOR INSTALLATION OF UNDERGROUND STORAGE TANKS IS ONLY VALID FOR THE CALENDAR YEAR IN WHICH IT HAS BEEN ISSUED. A PERMIT MAY BE EXTENDED INTO THE NEXT CALENDAR YEAR IF A LETTER IS SENT TO EHD REQUESTING THIS EXTENSION THIRTY DAYS PRIOR TO THE END OF THE CALENDAR YEAR. A ONE TIME, ONE YEAR EXTENSION MAY BE GRANTED BY EHD UPON RECEIPT OF THIS LETTER.

PROJECT CONTACT:		CONTACT PHONE #	
FACILITY NAME:		FACILITY PHONE#	
FACILITY ADDRESS:		CROSS STREET:	
OWNER/OPERATOR:		PHONE:	
CONTRACTOR NAME:		PHONE:	
CONTRACTOR ADDRESS:		CA LICENSE #	
HAZARDOUS WASTE CERTIFICATE: _____ YES _____ NO		WORKERS COMP #	
FIRE DISTRICT:		PERMIT #	
TANK ID #	TANK SIZE	CHEMICAL STORED	PROPOSED INSTALL DATE
<div><input type="checkbox"/> APPROVED WITH CONDITIONS (see attachments)</div> <div><input type="checkbox"/> DISAPPROVED</div>			
PLAN REVIEWER'S NAME _____		DATE _____	

APPLICANT MUST PERFORM ALL WORK IN ACCORDANCE WITH SAN JOAQUIN COUNTY ORDINANCES, STATE LAWS, RULES AND SAN JOAQUIN COUNTY ENVIRONMENTAL HEALTH DEPARTMENT. OWNER OR LICENSED AGENT'S SIGNATURE CERTIFIES THE FOLLOWING" I CERTIFY THAT IN THE PERFORMANCE OF THE WORK FOR WHICH THIS PERMIT IS ISSUED., I SHALL NOT EMPLOY ANY PERSON IN SUCH A MANNER AS TO BECOME SUBJECT TO WORKER'S COMPENSATION LAWS OF CALIFORNIA." CONTRACTOR'S HIRING OR SUBCONTRACTING SIGNATURE CERTIFIES THE FOLLOWING "I CERTIFY THAT IN THE PERFORMANCE OF THE WORK FOR WHICH THIS PERMIT IS ISSUED, I SHALL EMPLOY PERSONS SUBJECT TO WORKER'S COMPENSATION LAWS OF CALIFORNIA."

Applicant's Signature \_\_\_\_\_

Title \_\_\_\_\_ Date \_\_\_\_\_

Indicate the responsible party to be billed for additional EHD staff time expended beyond the 8-hour minimum installation payment. The party must acknowledge this responsibility for the additional billing by signature and date below.

Name \_\_\_\_\_ Date \_\_\_\_\_

Mailing Address \_\_\_\_\_

Signature \_\_\_\_\_ Daytime Phone \_\_\_\_\_

## C. REQUIRED SUBMITTALS

The following information shall be submitted to San Joaquin County Environmental Health Department prior to an installation plan review:

### 1. ***TO BE SUBMITTED WITH APPLICATION:***

- San Joaquin County EHD Application Form
- Completed Underground Storage Tank System Installation Permit application
- Completed: UPCF Underground Storage Tanks - Facility form (A); UPCF Underground Storage Tanks (B)-Tank (one form per tank)
- Manufacturers' cut sheets for tanks, piping, and equipment (e.g. monitoring equipment, overspill containment device, overfill protection device, dispenser pan, etc.)
- Buoyancy calculations signed by a Professional Engineer
- Plans of the facility and underground storage tank system along with specifications on all materials to be used in construction
- Payment of appropriate permit fees

### ***DRAWINGS SHALL INCLUDE THE FOLLOWING:***

- Plans must be drawn to scale in non-erasable ink
- Tank cross-sectional drawing
- Detail of tank, associated piping, excavation and cover
- Plot plan to show location of tanks and all associated piping
- Striker plates or drop tube-mounted bottom protectors illustrated below all accessible openings
- Under-dispenser containment connections
- Detail of secondary containment installed for all unused tank opening that are connected to the primary space of the UST
- Detail of sumps and under-dispenser containment to demonstrate vapor tightness
- Detail of system that demonstrates it is impervious to water intrusion.
- Overfill prevention system
- Location of all monitoring equipment
- Location of water wells, septic systems, and storm drains.

**2. TO BE SUBMITTED PRIOR TO THE FINAL INSPECTION:**

- Complete to scale As-Built Plans
- Complete Monitoring and Response Plan
- Underground Storage Tanks - Installation Certificate of Compliance
- Completed Underground Storage Tank Certification of Financial Responsibility form along with any required attachments
- Passing Line Leak Detector Test Results
- Passing Line Tightness Test Results (Required if the UST system does not satisfy the California Code of Regulations 2636(g) for automatic pump shut-off.)
- Passing Enhanced Leak Detection Results

**D. INSPECTIONS:**

*Note: A representative from the San Joaquin County Environmental Health Department must witness all activities described below.*

- Tank holiday test (for fiberglass-coated steel tanks) performed prior to installation in excavation
- Inspection of tank vacuum gauge (if applicable) prior to placement in excavation
- Tank soap test (for fiberglass tanks) performed prior to installation in excavation
- Verification of tank set and anchorage in excavation
- Primary piping including product piping, vapor recovery and vent line piping soap and pressure test
- Secondary piping including product piping, vapor recovery and vent line piping soap and pressure test
- 24-Hour secondary containment leak test on sumps and under-dispenser containment
- Piping Slope & cathodic protection prior to covering  
Overfill performance test
- Prior to receiving fuel, a complete functional test of tank and piping monitoring system(s) including overfill prevention
- Final inspection and demonstration of automatic shutdown (if applicable).

### E. UNDERGROUND STORAGE TANK(S):

TANK #	#	#	#	#	#
CAPACITY					
MANUFACTURER					
MODEL					
COMPOSITION					
PRODUCT					

Check Box	Code Section	
<input type="checkbox"/>	HSC * 25290.1(c)(1) 25290.2(c)(1)	Tank(s) compatible with the substance to be stored.
<input type="checkbox"/>	23 CCR ** 2631(b)	Design and construction of tank(s) and all other components used to construct primary containment system(s) approved by independent testing organization (e.g. UL).
<input type="checkbox"/>	23 CCR 2631(a)	Secondary Containment Provided for Underground Storage Tanks.
<input type="checkbox"/>		Buoyancy Calculations submitted and signed by a Professional Engineer which demonstrates a safety factor greater than 1.25.

### F. SYSTEM PIPING:

#### Primary

PIPING	MANUFACTURER	MODEL	COMPOSITION
PRODUCT PIPING			
VAPOR PIPING			
VENT PIPING			

#### Secondary

PIPING	MANUFACTURER	MODEL	COMPOSITION
PRODUCT PIPING			
VAPOR PIPING			
VENT PIPING			

\*HSC -Health and Safety Code

\*\* 23 CCR- Code of California Regulations

## F. SYSTEM PIPING CONTINUED:

Check Box	Code Section	
<input type="checkbox"/>	HSC 25290.1(c)(1) 25290.2(c)(1)	Piping compatible with material intended to be stored.
<input type="checkbox"/>	23 CCR 2631(b)	Design and construction of piping approved by independent testing organization (e.g. UL).
<input type="checkbox"/>		Piping, including vent lines, sloped toward tank(s) with minimum 1/8 inch slope per 1 foot of run.
<input type="checkbox"/>	HSC 25290.1(k) 25290.2(c)&(j)	Vapor recovery, fill riser, and vent line piping are secondarily contained.

## G. OVERSPILL/ OVERFILL PREVENTION:

Check Box	Code Section	
<input type="checkbox"/>	23 CCR 2635(b)	Overspill containment having minimum capacity of 5 gallons provided at each tank fill location. <b>Manufacturer</b> _____ <b>Model</b> _____
<input type="checkbox"/>	23 CCR 2635(b)(2)	<p><b>Approved overfill prevention device provided at each tank fill location.</b>  <b>Choose One of the following methods:</b></p> <p><input type="checkbox"/> Alert the transfer operator when the tank is 90 percent full by restricting the flow into the tank or triggering an audible visual alarm</p> <p><input type="checkbox"/> Restrict delivery of flow to the tank at least 30 minutes before the tank overfills, provided the restriction occurs when the tank is filled to no more than 95 percent capacity; and activate an audible alarm at least five minutes before the tank overfills</p> <p><input type="checkbox"/> Provide positive shut-off flow to the tank when the tank is filled to no more than 95 percent of capacity.</p> <p><input type="checkbox"/> Provide positive shut-off of flow to the tank so that none of the fittings located on the top of the tank are exposed to product due to overfilling.</p> <p><b>Manufacturer</b> _____ <b>Model</b> _____</p>

## H. CORROSION PROTECTION:

Check Box	Code Section	
<input type="checkbox"/>	23 CCR 2636(b)	<p>Piping corrosion protection:</p> <p><input type="checkbox"/> Fiberglass reinforced plastic (FRP)</p> <p><input type="checkbox"/> Steel with cathodic protection or impressed current</p> <p><input type="checkbox"/> Steel isolated from contact with backfill</p>
<input type="checkbox"/>	23 CCR 2635(a)(2)	<p>Tank corrosion protection:</p> <p><input type="checkbox"/> FRP or equivalent non-metallic exterior coatings or coverings</p> <p><input type="checkbox"/> Sacrificial Anode</p> <p><input type="checkbox"/> Steel tank with field installed cathodic protection or impressed current</p>
<input type="checkbox"/>		Tie-downs, when used, constructed of non-corrosive material or coated steel.



**I. MONITORING:** All monitoring equipment must be listed in the State Water Resources Control Board Division of Clean Water Program Local Guidance Letter 113.

Check Box	Code Section	
<input type="checkbox"/>	23 CCR 2632 2636 (f)	All secondary containment units (e.g. tank annular spaces, secondary piping, sumps, under-dispenser containment, etc.) monitored for leaks using approved electronic leak detection systems.
<input type="checkbox"/>	23 CCR 2632 2630 (d)	<p>Electronic monitoring sensors located at the following points:</p> <ul style="list-style-type: none"> <li>◦ At the bottom of the interstitial space of each secondarily-contained tank, positioned as near as possible to the bottom of the tank.</li> </ul> <p><b>Manufacturer</b> _____ <b>Model</b> _____</p> <ul style="list-style-type: none"> <li>◦ In each collection sump, positioned as near as possible to the bottom of the collection sump. Additionally, in any sump acting as secondary containment for unused tank openings which connect to the primary space.</li> </ul> <p><b>Manufacturer</b> _____ <b>Model</b> _____</p> <ul style="list-style-type: none"> <li>◦ In dispenser pans which do not drain into secondary containment piping. (<i>Note: A mechanical switch which triggers a shear valve may be substituted but this system will not qualify for the annual line tightness test exemption under 23 CCR 2636(g).</i>)</li> </ul> <p><b>Manufacturer</b> _____ <b>Model</b> _____</p> <p><input type="checkbox"/> Along secondarily-contained pipe runs which do not meet the 1/8 inch-per-foot slope requirement, positioned in the depressed or low-lying areas.</p> <p><b>Manufacturer</b> _____ <b>Model</b> _____</p>
<input type="checkbox"/>	23 CCR 2636(f) HSC 25290.1(h) 25290.2(g)	<p>Automatic line leak detectors installed to monitor underground pressurized piping.</p> <p><b>Manufacturer</b> _____ <b>Model</b> _____</p>
<input type="checkbox"/>	23 CCR 2632(c)(2)(B)	<p>Alarm panel provides both audible and visual alarms. It is located in a protected area and within sight and hearing distance of on-site personnel and hard-wired to a dedicated circuit.</p> <p><b>Manufacturer</b> _____ <b>Model</b> _____</p>

**J. OTHER COMPONENT INFORMATION:**

COMPONENT	MANUFACTURER	MODEL	COMPOSITION
SUMP			
UNDER-DISPENSER CONTAINMENT			
PENETRATIONS			