



APPLICATION FOR UNDERGROUND STORAGE TANK RETROFIT OR PIPING REPAIR PERMIT

- [] 1. Submit all information in triplicate. Answer all questions, leaving no blanks. One copy will be returned to the applicant with comments.
- [] 2. Include a detailed site map on a separate sheet of paper showing all work to be done. Include the location of the tanks(s), piping, all tank-related appurtenances, streets, adjacent properties (north toward the top of the page), nearby septic tanks, leachfields, water wells, buildings, underground public utility lines (including water, sanitary sewer and storm sewer), and distance of piping from tank to dispensers. If underground utilities are not included on the site map, you must state in writing that USA Dig will be contacted prior to excavation activities.
- [] 3. Complete pages 3-6, "APPLICATION FOR UNDERGROUND STORAGE TANK RETROFIT OR PIPING REPAIR PERMIT". NOTE: If sampling is required, sampling firm shall be an independent third party from the contractor performing the work.
- [] 4. Complete page 7, "**Authorization to Release**". This form must be signed and dated by the **OWNER/OPERATOR** of the facility.
- [] 5. Submit a completed "Service Request" form and "**Underground Storage Tank Program Fee Worksheet**".
- [] 6. If performing any excavation activities, and the facility is located outside of the city limits, submit a "**Backfill Excavation Certificate**" as required by the San Joaquin County Building Department. If a "**Backfill Excavation Certificate**" is required by any incorporated areas (cities), submit to the appropriate City Building Departments, pursuant to the Uniform Building Code STD 70-11.
- [] 7. The maximum review time for Plan Review is 15 working days from receipt of the adequately completed plan. If gross deficiencies are identified, an addendum will be required with a \$162.00 per hour fee and the review will begin on the date of resubmittal.
- [] 8. **Advance inspection notice of at least 48 hours is required by the Environmental Health Department (EHD).**
- [] 9. Contractor to Provide: Combustible/Flammable gas detector (to verify the Lower Explosive Limit (LEL) atmosphere and oxygen level), adequate number(s) and appropriate type(s) of fire extinguisher(s), and barriers to secure the area as necessary to minimize traffic and pedestrian interference. It shall be the project manager's responsibility for compliance with all health & safety regulations and requirements, including confined space requirements, which shall be strictly adhered to at all times during the course of the underground storage tank (UST) activities.
- [] 10. The EHD permit shall be on site during all UST permit-related activities.
- [] 11. Any changes in this document shall be approved by the EHD prior to initiating work. All changes to any work must be described in detail on pages 3 & 4 and be shown on the detailed site map.

**APPLICATION FOR UNDERGROUND STORAGE TANK
RETROFIT OR PIPING REPAIR PERMIT**

THIS PERMIT EXPIRES 180 DAYS FROM THE APPROVAL DATE. INDICATE PERMIT TYPE BELOW:

TANK RETROFIT **PIPING REPAIR/RETROFIT** **UDC REPAIR/RETROFIT** **COLD START/EVR UPGRADE**

F A C I L I T Y	EPA Site #		Project Contact & Telephone #		
	Facility Name			Phone #	
	Address				
	Cross Street				
	Owner/Operator			Phone #	
	C O N T R A C T O R	Contractor Name			Phone #
Contractor Address			CA Lic #	Class	
Insurer			Work Comp #		
ICC Technician's Name			Expiration Date		
ICC Installer's Name			Expiration Date		
T A N K		Tank system work area <small>(i.e. 87 piping sump, 91 leak detector, UDC 1/2, etc.)</small>		Tank Size	Chemicals Stored Currently
P L A N	<input type="checkbox"/> Approved <input type="checkbox"/> Approved with conditions <input type="checkbox"/> Disapproved (See Attachment With Conditions)				
	Plan Reviewers Name _____ Date _____				
APPLICANT MUST PERFORM ALL WORK IN ACCORDANCE WITH SAN JOAQUIN COUNTY ORDINANCES, STATE LAWS, AND RULES AND REGULATIONS OF 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 _____	

BILLING INFORMATION:

Indicate the responsible party to be billed for additional EHD staff time expended beyond permit payment coverage per tank. If the party designated below is different than the permit applicant, e.g. property owner, the party must acknowledge this responsibility for the billing by signature and date below.

NAME _____ TITLE _____ PHONE # _____

ADDRESS _____

SIGNATURE _____ DATE _____

UST SYSTEM RETROFIT OR REPAIR

(Submit minimum of 3 sets of plans & applications as originals will be retained by EHD)

- 1. Site map enclosed? YES [] NO []

- 2. Submit copies of ICC Service Technician and/or Installer's certificate and all manufacturer training certificates for each person installing or testing any component that is repaired or replaced. Ensure a copy of the "Site Health and Safety Plan" is available on the jobsite as required by Title 8.

- 3. Detailed description of work to be completed. List components to be repaired or replaced and attach a diagram drawn to scale showing location of repairs and/or replacements. If repairing a component, describe how this will be done. (If adding piping, UDC's, or other UST equipment, or performing tank top upgrade, use the UST Installation Application pages 4-8 as necessary for a timely plan review):

- 4. List of equipment to be used (Attach manufacturer's specification sheets showing third-party approval):

5. Decontamination Procedures:

- a. Will piping be decontaminated prior to removal? YES [] NO []
- b. Identify contractor performing decontamination:

Name _____ Phone (____) _____
Address _____ City _____ Zip _____

c. Describe method to be used for decontamination:

d. Describe how rinsate material will be stored onsite prior to manifesting offsite:

e. **Rinsate Hauler** and **permitted** Treatment, Storage & Disposal Facility:

Hauler Name _____ Phone (____) _____ Hauler Reg# _____

Address _____ City _____ Zip _____

Permitted Disposal Site

6. a. Describe the method that will be utilized to purge and/or inert the piping:

b. **Piping Hauler:**

Name _____ Phone (____) _____

Address _____ City _____ Zip _____

Hauler Registration # (if hauled as hazardous) _____

c. **Piping Disposal Site:**

Name _____ Phone (____) _____

Address _____ City _____ Zip _____

EPA ID# (if transported to a permitted TSD facility) _____

7. Is the sampling firm an independent third party from the contractor? YES [] NO []

a. Identify sampling firm:

Name _____ Phone(____) _____

Address _____ City _____ Zip _____

b. Identify laboratory performing analysis:

Name _____ Phone (____) _____

Address _____ City _____ Zip _____

8. Describe, in detail, how the soil and/or water sample(s) beneath the piping or dispenser will be obtained:

9. a. Handling of excavated soil (Contaminated Soil Hazardous Waste Hauler):

Name _____ **Hauler Registration #** _____ Phone (____) _____

Address _____ City _____ Zip _____

b. If soil is not to be hauled, describe what will be done with it:

SAMPLING PROTOCOL FOR ROUTINE PIPING/DISPENSER REMOVAL/REPLACEMENT

The following represents minimum sampling criterion required for closure compliance. Soil samples collected shall be representative of native soils beneath the tank's invert (tank's bottom) at a collection depth not to exceed 2 - 4 feet. **Samples cannot be combined into a composite sample for analysis in the field or the lab. Each sample must have a set of corresponding analytical results.** If contamination is documented during closure, an Unauthorized Release Notification must be completed and submitted within five (5) working days pursuant to California Health & Safety Code, Section 25295.

DISPENSER PIPING AND STOCKPILE SAMPLES

	DISPENSER SAMPLES	1 Sample beneath each dispenser
	PIPING SOIL SAMPLES	1 Sample every 20 lineal feet
	DISPENSER & PIPING STOCKPILE SAMPLES	2 Samples every 50 cubic yards

TABLE #2 RECOMMENDED MINIMUM VERIFICATION ANALYSES FOR UNDERGROUND STORAGE TANK INVESTIGATIONS

TANK #	TANK CONTENTS	Gasoline	Diesel	BTEX	VOCs ⁽¹⁾	Semi-VOCs ⁽²⁾	Oil & Grease	PCB	Total Lead	Title 22 Metals ⁽³⁾
		8015M 8260B	8015M	8021B 8260B	8260B	8270C	1664A	8082	7421	
	Unknown Fuel (C4-C36)	X	X		X				X	
	Gasoline (C4-C20)	X			X				X	
	Diesel (C10—C36)		X	X	X					
	Jet Fuel/Kerosene (C9-C20)		X	X						
	Heating Oil (C10-C32)		X	X						
	Stoddard Solvent (non-chlorinated) (C8-C20)		X		X					
	Chlorinated Solvents				X	X				
	Waste Oil or Unknown Contents	X	X		X	X	X	X		X

Notes:

1. EPA Method 8260B analyses must include all analytes listed in the method plus fuel oxygenates methyl-tertiary-butyl ether (MTBE), diisopropyl ether (DIPE), ethyl-tertiary-butyl ether (EtBE), tertiary-amyl-methyl ether (TAME), tertiary-butanol (TBA), methanol and ethanol and fuel additives 1,2-dichloroethane (1,2-DCA) and ethylene dibromide (EDB or 1,2-dibromoethane).
2. If pentachlorophenol (PCP) is identified, analyze the soil and/or water sample for dioxins and furans by EPA Method 8290 and pesticides by EPA Method 8081A.
3. Title 22 Metals: Method 6010B may be used for all but the following metals, for which individual AA methods are required: Antimony & Arsenic by 7062, Cadmium by 7131A, Lead by 7421, Mercury by 7471A, Nickel by 7521, Selenium by 7742, and Thallium by 7841.
4. Non-proprietary, performance based analytical methods may be used with approval of Regional Board staff.

AUTHORIZATION TO RELEASE

* ANALYTICAL RESULTS

* GEOTECHNICAL DATA

* ENVIRONMENTAL / SITE ASSESSMENT INFORMATION

I, THE UNDERSIGNED OWNER AND/OR OPERATOR OF THE PROPERTY AND/OR FACILITY LOCATED AT

(Street Address)

(City)

HEREBY AUTHORIZE

(Laboratory)

TO RELEASE ANY AND ALL ANALYTICAL INFORMATION TO 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.

BUSINESS NAME:

(If Applicable)

OWNER:

(Please Print)

(Title)

(Owner Signature)

(Date)

ADDRESS:

(Mailing Address)

(City)

(State)

(Zip Code)

PHONE:

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