



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

- [ ] 1. Answer all questions, leaving no blanks.
- [ ] 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. **NOTE: 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 2-5 of this "APPLICATION FOR UNDERGROUND STORAGE TANK RETROFIT OR PIPING REPAIR PERMIT."
- [ ] 4. If any piping or under dispenser containment sumps (UDCs) will be removed, complete page 6, "Authorization to Release Analytical Information". This form must be signed and dated by the Owner/Operator of the facility. **NOTE: If sampling is required, sampling firm shall be an independent third party from the contractor performing the work.**
- [ ] 5. Submit the completed application along with proof of payment by email to [ust@sjgov.org](mailto:ust@sjgov.org) or by mail or in person. Payment can be made by credit card (online or in person) or by check (mail or in person).
- [ ] 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.
- [ ] 7. The maximum review time for Plan Review is 15 working days from receipt of the adequately completed plan. If deficiencies are identified, an addendum will be required. Any time spent that goes over the original payment amount will be billed at the current hourly rate of \$179.00. The review time will begin on the date of resubmittal.
- [ ] 8. **Advance inspection notice of at least 48 hours to [ust@sjgov.org](mailto:ust@sjgov.org) 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 4 & 5 and be shown on the detailed site map.

# 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 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**

<b>F A C I L I T Y</b>	EPA Site # _____		Project Contact & Telephone # _____		
	Facility Name _____			Phone # _____	
	Address _____				
	Cross Street _____				
	Owner/Operator _____			Phone # _____	
<b>C O N T R A C T O R</b>	Contractor Name _____			Phone # _____	
	Contractor Address _____		CA Lic # _____	Class _____	
	Insurer _____			Work Comp # _____	
	ICC Technician's Name _____			Expiration Date _____	
	ICC Installer's Name _____			Expiration Date _____	
<b>T A N K</b>	<b>Tank system work area</b> <small>(i.e. 87 piping sump, 91 leak detector, UDC 1/2, etc.)</small>		Tank Size _____	Chemicals Stored Currently _____	Date UST Installed _____
<b>P L A N</b>	<div style="text-align: center;"> <input type="checkbox"/> Approved with conditions      <input type="checkbox"/> Disapproved              (See Attachment With Conditions)           </div>				
	Plan Reviewers Name _____ Date _____				
<p>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."</p>					
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

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):

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

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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:

\_\_\_\_\_

## AUTHORIZATION TO RELEASE ANALYTICAL INFORMATION TO SAN JOAQUIN COUNTY ENVIRONMENTAL HEALTH

All analytical results for tank, piping, dispenser, and stockpile sampling shall be sent directly to the San Joaquin County Environmental Health Department (EHD) underground storage tank program email address ([ust@sjgov.org](mailto:ust@sjgov.org)). Only results that are sent directly to EHD from a third-party California accredited environmental laboratory, with an affixed chain of custody, will be accepted. Analytical results must be submitted within 30 days after the tank closure date.

### OWNER/OPERATOR INFORMATION

OWNER/OPERATOR NAME: \_\_\_\_\_ TITLE: \_\_\_\_\_  
*First* *Last*

BUSINESS NAME: \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_ PHONE: \_\_\_\_\_

I, the undersigned owner and/or operator of the property and/or facility located at

\_\_\_\_\_ *Facility Street Address & City*

hereby authorize the following laboratory

\_\_\_\_\_ *ELAP Certified Laboratory Name*

\_\_\_\_\_ *ELAP Certified Laboratory Address*

to release any and all analytical information directly 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. This authorization includes analytical results and information, geotechnical data, and environmental/site assessment information.

OWNER/OPERATOR SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_