Environmental Management Department
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APPLICATION FOR A PERMIT TO INSTALL UPGRADE OR REPAIR UNDERGROUND STORAGE TANK(S) FOR HAZARDOUS SUBSTANCES

FOR AGENCY USE ONLY

DATE REC'D: _____ INSTALLATION AUTHORITY#: _____ BY: _____

RECEIPT #: _____ FEE: _____ BY: _____

SRU#: _____ AR#: _____ FA#: _____

INSTRUCTIONS

1. This is an Application for the **Sacramento County Environmental Management Department (EMD)**.
2. **This application does not constitute approval from all local agencies. You must seek approval from the local building, planning, air quality and fire commissions, departments or other agencies having jurisdiction over this project.**
3. This application is valid for six (6) months from the date of application.
4. Three copies of drawings must be submitted.
5. All fees must be submitted with this application (each tank compartment is considered a separate tank).
6. Each tank, or compartment, even if identical, must have a separate UST tank form submitted to the California Electronic Reporting System (CERS). An up to date, accurate and accepted UST submittal is required prior to a permit being issued. The installed tanks or components must be reflected in the CERS submittal.

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

Number of Compartments _____

* 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 COMPANY NAME _____ PHONE _____

CONTRACTOR ADDRESS _____

CITY _____ ZIP _____ LIC# _____ CLASSIFICATIONS _____

CONTRACTOR SIGNATURE _____ DATE _____

PRINT NAME _____

FACILITY NAME _____ FIRE DISTRICT _____

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 EMD 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 depicted in the site specific drawings.**

Agency 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)	☐ Yes ☐ No ☐ N/A		
	Primary Product Pipe	☐ Yes ☐ No ☐ N/A		
	Secondary Product Pipe	☐ Yes ☐ No ☐ N/A		
	Primary Vapor Return Pipe	☐ Yes ☐ No ☐ N/A		
	Secondary Vapor Return Pipe	☐ Yes ☐ No ☐ N/A		
	Primary Vent Pipe	☐ Yes ☐ No ☐ N/A		
	Secondary Vent Pipe	☐ Yes ☐ No ☐ N/A		
	Product Sumps, tophats, and tophat lids.	☐ Yes ☐ No ☐ N/A		
	Fill Sumps, tophats, and tophat lids.	☐ Yes ☐ No ☐ N/A		
	Manway lids for sumps.	☐ Yes ☐ No ☐ N/A		
	Under Dispenser Containment	☐ Yes ☐ No ☐ N/A		
	Leak Detection Console	☐ Yes ☐ No ☐ N/A		
	Tank Interstitial Space Sensor	☐ Yes ☐ No ☐ N/A		
	Product Sump Sensor	☐ Yes ☐ No ☐ N/A		
	Fill Sump Sensor	☐ Yes ☐ No ☐ N/A		
	Low Point or Vapor Pot Sensor	☐ Yes ☐ No ☐ N/A		
	UDC Sensor or Float	☐ Yes ☐ No ☐ N/A		
	In-Tank Probe (e.g. ATG)	☐ Yes ☐ No ☐ N/A		

Agency 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)**
	External Overfill Alarm	☐ Yes ☐ No ☐ N/A		
	Drop Tube **or** Drop Tube with Overfill Device	☐ Yes ☐ No ☐ N/A		
	Ball Float Valves	☐ Yes ☐ No ☐ N/A		
	Ball Valves	☐ Yes ☐ No ☐ N/A		
	Extractor Tees	☐ Yes ☐ No ☐ N/A		
	Flex Connectors	☐ Yes ☐ No ☐ N/A		
	Flex Connector Boots	☐ Yes ☐ No ☐ N/A		
	Vent Transition Containment Sump	☐ Yes ☐ No ☐ N/A		
	Line Leak Detector	☐ Yes ☐ No ☐ N/A		
	Penetration Fittings (pipe & conduit)	☐ Yes ☐ No ☐ N/A		
	Pipe Centralizer or Spacer	☐ Yes ☐ No ☐ N/A		
	Shear Valves (product & vapor)	☐ Yes ☐ No ☐ N/A		
	Dispensers	☐ Yes ☐ No ☐ N/A		
	Spill Containment & Lids	☐ Yes ☐ No ☐ N/A		
	Test and Reducer Boots	☐ Yes ☐ No ☐ N/A		
	Turbines	☐ Yes ☐ No ☐ N/A		
	Vent Caps	☐ Yes ☐ No ☐ N/A		
	Remote Fill Primary Pipe	☐ Yes ☐ No ☐ N/A		
	Remote Fill Secondary Pipe	☐ Yes ☐ No ☐ N/A		
	Low Point Or Transition Sump	☐ Yes ☐ No ☐ N/A		
	VPH System & Sensors (Veeder-Root, Beadreau etc.)	☐ Yes ☐ No ☐ N/A		
	Monitoring Panel Software / ECPU	☐ Yes ☐ No ☐ N/A		
	EVR Phase II Vapor Recovery Equipment	☐ Yes ☐ No ☐ N/A		
	Other:	☐ Yes ☐ No ☐ N/A		
	Other:	☐ Yes ☐ No ☐ N/A		
	Other:	☐ Yes ☐ No ☐ N/A		

I) GENERAL INFORMATION (FOR ALL APPLICATIONS)

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).

D) <u>VACUUM, PRESSURE OR HYDROSTATIC SYSYEM (VPH):</u>

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 INTERSITCE	___ VACUUM	___ PRESSURE	___ HYDROSTATIC
● THE TURBINE SUMP INTERSTICE	___ VACUUM	___ PRESSURE	___ HYDROSTATIC
● THE FILL SUMP INTERSTICE	___ VACUUM	___ PRESSURE	___ HYDROSTATIC
● THE VENT BOX INTERSTICE	___ VACUUM	___ PRESSURE	___ HYDROSTATIC
● THE UDC INTERSTICE	___ VACUUM	___ PRESSURE	___ HYDROSTATIC
●	___ VACUUM	___ PRESSURE	___ HYDROSTATIC

III) <u>FOR UPGRADES AND APPLICABLE REPAIRS</u>:

A) <u>MONITORING EQUIPMENT:</u>

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) <u>OTHER CERTIFICATIONS</u>

● 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) <u>SAMPLING:</u>

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 SCEPD. **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 SCEPD ON A CASE BY CASE BASIS. **THE OWNER OR HIS AGENT SHALL BE RESPONSIBLE FOR MAKING ALTERNATIVE ARRANGEMENTS IN ADVANCE WITH SCEPD VIA AN APPROVED WRITTEN REQUEST.** SAMPLING PERSONNEL SHALL BE ON SITE AT THE TIME OF THE SAMPLING INSPECTION**.**

IV) <u>OWNER ACKNOWLEDGEMENT</u>

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 SCEPD 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 IS NOT OBTAINED**.

I UNDERSTAND THAT ANY INSPECTION APPOINTMENTS MUST BE ESTABLISHED WITH THE SCEPD AT LEAST THREE WORKING DAYS (72 HOURS) IN ADVANCE.

TANK OWNER'S SIGNATURE _____ DATE _____

PRINTED NAME _____ PHONE _____

TITLE _____

NOTE: A COPY OF AN AUTHORIZED SIGNATORS FORM MUST BE ON FILE WITH THE SCEPD IF AN INDIVIDUAL IS SIGNING FOR THE TANK OWNER.

NO UST CONSTRUCTION ACTIVITIES CAN PROCEED PRIOR TO ISSUANCE OF AN 'AUTHORITY TO CONSTRUCT' LETTER (PERMIT) BY THE SCEPD. THE 'AUTHORITY TO CONSTRUCT' LETTER WILL BE ADDRESSED TO THE OWNER AND IDENTIFY THE CONTRACTOR. IT WILL LIST INSPECTION SCHEDULING AND SITE SPECIFIC CONSTRUCTION REQUIREMENTS.

V) <u>ADDITIONAL ITEMS:</u>

- **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 TO THE CALIFORNIA ENVIRONMENTAL REPORTING SYSTEM (CERS):**
  - A CERTIFICATE OF FINANCIAL RESPONSIBILITY.
  - A HAZARDOUS MATERIALS BUSINESS PLAN.
  - UST CERTIFICATIONS OF INSTALLATION/MODIFICATION.

- **FOR THE INSTALLATION, MODIFICATION OR REPAIR OF A CATHODIC PROTECTION SYSTEM – COMPLETE AND SUBMIT THE:**
  - "CATHODIC PROTECTION SYSTEM INSTALLATION, MODIFICATION AND REPAIR ADDENDUM" FORM.

- ***<u>NEW UST REGULATORY REQUIREMENTS BEGINNING JULY 1, 2026</u>***
  - FACILITIES WITH PRESSURIZED PIPING THAT ARE NOT ROUTINELY STAFFED MUST BE EQUIPPED WITH CONTINUOUS INTERSTITIAL RELEASE DETECTION EQUIPMENT THAT SHUTS OFF THE FLOW OF HAZARDOUS SUBSTANCE THROUGH THE PIPING WHEN A RELEASE IS DETECTED OR WHEN THE RELEASE DETECTION SYSTEM MALFUNCTIONS.

THIS REQUIREMENT DOES NOT APPLY TO EMERGENCY TANK SYSTEMS THAT ARE NOT ROUTINELY STAFFED.

- "ROUTINELY STAFFED" MEANS THAT THERE IS AT LEAST ONE TRAINED FACILITY EMPLOYEE SCHEDULED TO BE PHYSICALLY PRESENT ON SITE DURING ALL OPERATING HOURS. REGARDLESS OF A FACILITY'S BUSINESS HOURS, "OPERATING HOURS" MEANS ANY TIME WHEN A HAZARDOUS SUBSTANCE IS TRANSFERRED OUT OF A UST (I.E., BY DISPENSING OR OTHERWISE CIRCULATING LIQUID HAZARDOUS SUBSTANCE THROUGH THE CONNECTED PIPING).

- ON AND AFTER JULY 1, 2026, MECHANICAL OR ELECTRONIC "STAND-ALONE" SENSORS IN UNDER DISPENSER CONTAINMENT (UDC) CANNOT BE USED AT FACILITIES THAT ARE NOT ROUTINELY STAFFED.

- USTS INSTALLED ON OR AFTER JULY 1, 2026, MUST BEAR A MARKING, CODE STAMP, OR LABEL LOCATED INSIDE THE SUMP COLLAR PERIMETER. THIS LABEL MUST INCLUDE:
  - MANUFACTURER IDENTIFICATION
  - PRODUCTION LOCATION
  - DATE OF MANUFACTURE
  - MAXIMUM BURIAL DEPTH
  - MAXIMUM TEST PRESSURE
  - OPENINGS NOT EQUIPPED WITH A STRIKER PLATE, IF APPLICABLE
- ADDITIONALLY, SECTION 2642(B) REQUIRES TANKS MANUFACTURED ON OR AFTER JULY 1, 2026, TO PROVIDE DOCUMENTATION TO THE OWNER CONFIRMING THAT THE MANUFACTURER VERIFIED CONTINUITY WITHIN THE TANK'S INTERSTITIAL SPACE.

THIS PAGE FOR AGENCY USE ONLY

UPGRADE & REPAIR SAMPLING NOTES

Site Name: _____ Date: _____

Site Address: _____ Inspector: _____

Sampler Name: _____ Company Name:_____

Address & Phone Number: _____

Laboratory Name, Address & Phone: _____

N

Analysis Required: _____