

## **Kern County Environmental Health Certified Unified Program Agency Application for Underground Tank Construction/Modification**

In order to expedite permit processing, before submitting your permit application(s) for construction/modification, check to see that all of the following are completed (copies of required forms are attached):

- New Construction/Modification Application.** Applications must be fully completed or they will be returned; no exceptions. The use of the answer "NA" (not applicable) is unacceptable. *See matrix located at: <http://www.co.kern.ca.us/eh/> to determine if a modification permit is required.*  
Permit fee(s) must be submitted with the application or it will be returned.
- Contractor information:**
  - Current pocket copy of the contractors' license with license expiration date clearly visible. Only General A, C-61/D-40 issued prior to January 18, 2001, General B with restrictions will be accepted. All contractors shall also have a hazardous substance certification on their licenses.
  - Current copies of certificates of workers compensation insurance.
  - Site safety plan.
  - Copy of current International Code Council certification.
- UST Facility page – Form A (New Construction Only)**
- Tank Information Page - Form B (each tank)**
  - New Construction – complete all sections.
  - Modification – complete sections that have been upgraded or repaired.
- Two sets of plot plans for the facility.** Plans must include:
  - location of property lines, all buildings and openings to each building (such as windows, doors, vents, etc.), with at least a 100-foot radius around all equipment.
  - nearest road or intersection;
  - all tanks, piping, any fixed source of ignition (i.e., water heaters, forced air AC units, etc.);
  - all equipment to be installed;
  - any source of water infiltration and wells;
  - north arrow;
  - scale of drawing, minimum acceptable scale is 1-inch = 16 feet.
- Two sets of site specific detailed drawings of proposed construction.** Drawings must show side and top views of tanks, piping, secondary containment, leak detection and monitoring equipment, overflow protection and all other equipment required. All equipment must be clearly labeled. The minimum acceptable scale is 1-inch = 10 feet.
- Equipment Description Checklist**
- Certificate of Installation/Modification – Form C** (submit upon project completion)

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## UST – New Construction/Modification Application

Complete the UST – New Construction/Modification page for any new installations or modifications at a UST facility. This page must be submitted 30 days and a permit issued prior to beginning any work.

A Completed UST- Facility page and a UST – Tank Information Page for each tank is to be included with the application. Two sets of scaled facility plot plans and site specific detailed drawings of the proposed work are also to be submitted with this application.

Please number all pages of your submittal. This helps the Kern County Environmental Health Services Division (KCEHSD) identify whether the submittal is complete and if any pages are separated.

- A. TYPE OF ACTION - Check the reason the page is being completed. CHECK ONE ITEM ONLY.
- 1. FACILITY ID NUMBER - Leave this blank. This number is assigned by KCEHSD. This is the unique number which identifies your facility.
- B. UST FILE NUMBER – Leave this blank. This number is assigned by KCEHSD.
- 3. BUSINESS NAME - Enter the full legal name of the business.
- 103. BUSINESS SITE ADDRESS - Enter the street address where the facility is located. No post office box numbers are allowed. This information must provide a means to geographically locate the facility.
- 104. CITY - Enter the city or unincorporated area in which business site is located.
- 102. BUSINESS PHONE - Enter the phone number, area code first, and any extension.
- 401. NEAREST CROSS STREET - Enter the name of the cross street nearest to the site of the tank.
- C. CONTRACTOR NAME - Enter the name of the contracting firm performing the installation or modification of the UST system. The permit will not be issued until valid contractor information is provided.
- D. CONTRACTOR PHONE - Enter the phone number, area code first, and any extension.
- E. MAILING OR STREET ADDRESS - Enter the contractor's address information.
- F. CITY - Enter the contractor's city.
- G. STATE - Enter the contractor's state.
- H. ZIP - Enter the contractor's zip code
- I. CALIFORNIA CONTRACTORS LICENSE NUMBER - Enter the appropriate contractor's license number.
- J. LICENSE TYPE - Enter the type of contractor's license.
- K. CERTIFIED INSTALLER – Enter the name of the ICC (International Code Council) certified installer that will be on site during construction.
- L. ICC INSTALLER CERTIFICATION NUMBER – Enter the ICC certification number.
- M. SCOPE OF WORK – Briefly describe the proposed scope of work. This is required for any modifications.
- N. TANK LIST - Enter the owner's assigned tank number, contents and capacity of all the tanks on the site including any tanks being installed.
- O. TESTING COMPANY – Enter the name of the company that will complete the post modification or construction testing, if required.
- P. PHONE – Enter the phone number of the testing company.
- Q. TEST METHOD – Enter the testing method that will be used.
- 424. DATE – Enter the date the form was signed.
- 425. PHONE – Enter the phone number of the applicant (i.e., person signing the form). Include the area code and any extension number.
- 426. APPLICANT NAME – Print or type the full name of the person signing the form.
- 427. APPLICANT TITLE – Enter the title of the person signing the form.

**OPERATING PERMIT APPLICATION – FACILITY INFORMATION**

**KERN COUNTY ENVIRONMENTAL HEALTH SERVICES DIVISION**  
2700 M STREET, SUITE 300  
BAKERSFIELD, CA 93301  
(661) 862-8740 Fax (661) 862-8701

**Unified Program Consolidated Form (UPCF)**  
**UNDERGROUND STORAGE TANK**

(one page per site) Page \_\_\_ of \_\_\_

TYPE OF ACTION  1. NEW PERMIT  5. CHANGE OF INFORMATION  7. PERMANENT FACILITY CLOSURE 400.  
(Check one item only)  3. RENEWAL PERMIT  6. TEMPORARY FACILITY CLOSURE  9. TRANSFER PERMIT

**I. FACILITY INFORMATION**

TOTAL NUMBER OF USTs AT FACILITY 404. FACILITY ID # (Agency Use Only) 1.

BUSINESS NAME (Same as FACILITY NAME or DBA – Doing Business As) 3.

BUSINESS SITE ADDRESS 103. CITY 104.

FACILITY TYPE  1. MOTOR VEHICLE FUELING  2. FUEL DISTRIBUTION 403. Is the facility located on Indian Reservation or Trust lands?  Yes  No 405.  
 3. FARM  4. PROCESSOR  6. OTHER

**II. PROPERTY OWNER INFORMATION**

PROPERTY OWNER NAME 407. PHONE 408.  
( )

MAILING ADDRESS 409.

CITY 410. STATE 411. ZIP CODE 412.

**III. TANK OPERATOR INFORMATION**  Check if same as Property Owner

TANK OPERATOR NAME 428-1. PHONE 428-2.  
( )

MAILING ADDRESS 428-3

CITY 428-4. STATE 428-5. ZIP CODE 428-6

**IV. TANK OWNER INFORMATION**  Check if same as Property Owner

TANK OWNER NAME 414. PHONE 415.  
( )

MAILING ADDRESS 416.

CITY 417. STATE 418. ZIP CODE 419.

OWNER TYPE:  4. LOCAL AGENCY/DISTRICT  5. COUNTY AGENCY  6. STATE AGENCY 420.  
 7. FEDERAL AGENCY  8. NON-GOVERNMENT

**V. BOARD OF EQUALIZATION UST STORAGE FEE ACCOUNT NUMBER**

TY (TK) HQ 44- Call the State Board of Equalization, Fuel Tax Division, if there are questions. 421.

**VI. PERMIT HOLDER INFORMATION**

Issue permit and send legal notifications and mailings to:  1. FACILITY OWNER  4. TANK OPERATOR 423  
 3. TANK OWNER  5. FACILITY OPERATOR

SUPERVISOR OF DIVISION, SECTION, OR OFFICE (Required For Public Agencies Only) 406.

**VII. APPLICANT SIGNATURE**

**CERTIFICATION: I certify that the information provided herein is true, accurate, and in full compliance with legal requirements.**

APPLICANT SIGNATURE DATE 424. PHONE 425.  
( )

APPLICANT NAME (print) 426. APPLICANT TITLE 427

## UST Operating Permit Application – Facility Information Instructions (Formerly SWRCB UST Permit Application Form A and UPCF Form hwfwr-c-a)

Complete this form for all new permits, permit changes, or facility information changes. This form must be submitted within 30 days of permit or facility information changes, unless approval is required prior to making the changes. For changes, submit only that form that contains the change.

Submit one UST Operating Permit Application – Facility Information form per facility, regardless of the number of USTs located at the facility. If not already on file with the Kern County Environmental Health Services Division (KCEHSD), the tank owner must submit with this form, a current UST Operating Permit Application – Tank Information form for each UST; a UST Monitoring Plan and a UST Response Plan pursuant to 23 CCR § 2632, 2634 and 2641; and, for USTs containing petroleum, a certification of financial responsibility pursuant to 23 CCR § 2807.

The following documents, at a minimum, are also required, if applicable:

- Written agreement between UST Owner and UST Operator per Health and Safety Code § 25284(a)(3);
- Letter from the Chief Financial Officer (if using State Cleanup Fund, financial test of self-insurance, guarantee, local government financial test, or Local Government Fund as a financial responsibility mechanism).

Please number all pages of your submittal. This helps the Kern County Environmental Health Services Division (KCEHSD) identify whether the submittal is complete and if any pages are separated. (Note: Numbering of these instructions matches the data element numbers on the form.)

400. TYPE OF ACTION – Check the reason this form is being submitted. CHECK ONE ITEM ONLY.  
 404. TOTAL NUMBER OF USTs AT SITE – Indicate the number of tanks that will remain on the site after the requested action.  
 1. FACILITY ID NUMBER – Leave this blank. This number is assigned by KCEHSD. This is the unique number which identifies your facility.  
 3. BUSINESS NAME – Enter the complete Business Name. (Same as FACILITY NAME or DBA (Doing Business As)).  
 103. BUSINESS SITE ADDRESS – Enter the street address of the facility, including building number, if applicable. This address must be the physical location of the facility. Post office box numbers are not acceptable.  
 104. CITY – Enter the city or unincorporated area in which the facility is located.  
 403. FACILITY TYPE – Indicate the type of facility.  
 405. INDIAN RESERVATION OR TRUST LANDS – Check whether the facility is located on an Indian reservation or other trust lands.

407. PROPERTY OWNER NAME – 408. PROPERTY OWNER PHONE – 409. PROPERTY OWNER MAILING ADDRESS – 410. PROPERTY OWNER CITY – 411. PROPERTY OWNER STATE – 412. PROPERTY OWNER ZIP CODE –	Complete items 407 - 412 for the property owner. Include the area code and any extension number.
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428-1. TANK OPERATOR NAME – 428-2. TANK OPERATOR PHONE – 428-3. TANK OPERATOR MAILING ADDRESS – 428-4. TANK OPERATOR CITY – 428-5. TANK OPERATOR STATE – 428-6. TANK OPERATOR ZIP CODE –	Complete items 428-1 to 428-6 for the UST operator. Include the area code and any extension number.
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414. TANK OWNER NAME – 415. TANK OWNER PHONE – 416. TANK OWNER MAILING ADDRESS – 417. TANK OWNER CITY – 418. TANK OWNER STATE – 419. TANK OWNER ZIP CODE –	Complete items 414 - 419 for the UST owner. Include the area code and any extension number.
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420. TANK OWNER TYPE – Check the type of tank ownership.  
 421. BOE NUMBER – Enter your State Board of Equalization (BOE) UST storage fee account number. This fee applies to regulated USTs storing petroleum products and is required before your permit application will be processed. If you do not have an account number with the BOE, or if you have any questions regarding the fee or exemptions, contact the BOE at (916) 322-9669 or by mail at: Board of Equalization, Fuel Taxes Division, P O Box 942879, Sacramento, CA 94279-0030.  
 423. PERMIT HOLDER INFORMATION – Indicate the party to whom the UST operating permit is to be issued and legal notifications and mailings should be sent.  
 406. SUPERVISOR OF DIVISION SECTION OR OFFICE SUPERVISOR – If the facility owner is a public agency, enter the name of the supervisor of the division section or office that operates the UST. This person must have access to the UST records.  
 APPLICANT SIGNATURE – The application form must be signed, in the space provided, by:
  - The UST owner or operator, facility owner or operator, or a duly authorized representative of the owner; or
  - If the UST(s) is/are owned by a corporation, partnership, or public agency:
    - 1.) A principal executive officer at the level of vice-president or by an authorized representative responsible for the overall operation of the facility where the UST(s) is/are located; or
    - 2.) A general partner or proprietor; or
    - 3.) A principal executive officer, ranking elected official, or authorized representative of a public agency.
 424. DATE – Enter the date the form was signed.  
 425. PHONE – Enter the phone number of the applicant (i.e., person signing the form). Include the area code and any extension number.  
 426. APPLICANT NAME – Print or type the full name of the person signing the form.  
 427. APPLICANT TITLE – Enter the title of the person signing the form.

**OPERATING PERMIT APPLICATION – TANK INFORMATION** (One form per UST)

**KERN COUNTY ENVIRONMENTAL HEALTH SERVICES DIVISION**  
 2700 M STREET, SUITE 300  
 BAKERSFIELD, CA 93301  
 (661) 862-8740 Fax (661) 862-8701

**Unified Program Consolidated Form (UPCF)**  
**UNDERGROUND STORAGE TANKS**

(one page per tank) Page      of     

TYPE OF ACTION (Check one item only. For an UST permanent closure or removal, complete only this section and Sections I, II, III, IV, and IX below)			430
<input type="checkbox"/> 1. NEW PERMIT	<input type="checkbox"/> 3. RENEWAL PERMIT	<input type="checkbox"/> 5. CHANGE OF INFORMATION	
<input type="checkbox"/> 6. TEMPORARY UST CLOSURE	<input type="checkbox"/> 7. UST PERMANENT CLOSURE ON SITE	<input type="checkbox"/> 8. UST REMOVAL	

DATE UST PERMANENTLY CLOSED: <span style="float:right">430a</span>	DATE EXISTING UST DISCOVERED: <span style="float:right">430b</span>
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**I. FACILITY INFORMATION**

FACILITY ID # (Agency Use Only)	1
BUSINESS NAME (Same as FACILITY NAME or DBA-Doing Business As)	3
BUSINESS SITE ADDRESS <span style="float:right">103</span>	CITY <span style="float:right">104</span>

**II. TANK DESCRIPTION**

TANK ID # <span style="float:right">432</span>	TANK MANUFACTURER <span style="float:right">433</span>	TANK CONFIGURATION: THIS TANK IS	434
		<input type="checkbox"/> 1. A STAND-ALONE TANK	
		<input type="checkbox"/> 2. A COMPARTMENTED UNIT	
DATE UST SYSTEM INSTALLED <span style="float:right">435</span>	TANK CAPACITY IN GALLONS <span style="float:right">436</span>	NUMBER OF COMPARTMENTS IN THE UNIT	437

**III. TANK USE AND CONTENTS**

TANK USE	<input type="checkbox"/> 1a. MOTOR VEHICLE FUELING	<input type="checkbox"/> 1b. MARINA FUELING	<input type="checkbox"/> 1c. AVIATION FUELING	439
	<input type="checkbox"/> 3. CHEMICAL PRODUCT STORAGE	<input type="checkbox"/> 4. HAZARDOUS WASTE (Includes Used Oil)	<input type="checkbox"/> 5. EMERGENCY GENERATOR FUEL [HSC §25281.5(c)]	
	<input type="checkbox"/> 6. OTHER GENERATOR FUEL	<input type="checkbox"/> 95. UNKNOWN	<input type="checkbox"/> 99. OTHER (Specify):	439a
CONTENTS	PETROLEUM:	<input type="checkbox"/> 1a. REGULAR UNLEADED	<input type="checkbox"/> 1c. MIDGRADE UNLEADED	<input type="checkbox"/> 1b. PREMIUM UNLEADED
		<input type="checkbox"/> 3. DIESEL	<input type="checkbox"/> 5. JET FUEL	<input type="checkbox"/> 6. AVIATION GAS
		<input type="checkbox"/> 8. PETROLEUM BLEND FUEL	<input type="checkbox"/> 9. OTHER PETROLEUM (Specify):	440a
	NON-PETROLEUM:	<input type="checkbox"/> 7. USED OIL	<input type="checkbox"/> 10. ETHANOL	
		<input type="checkbox"/> 11. OTHER NON-PETROLEUM (Specify):		440b

**IV. TANK CONSTRUCTION**

TYPE OF TANK	<input type="checkbox"/> 1. SINGLE WALL	<input type="checkbox"/> 2. DOUBLE WALL	<input type="checkbox"/> 95. UNKNOWN	443
PRIMARY CONTAINMENT	<input type="checkbox"/> 1. STEEL	<input type="checkbox"/> 3. FIBERGLASS	<input type="checkbox"/> 6. INTERNAL BLADDER	444
	<input type="checkbox"/> 7. STEEL + INTERNAL LINING	<input type="checkbox"/> 95. UNKNOWN	<input type="checkbox"/> 99. OTHER (Specify):	444a
SECONDARY CONTAINMENT	<input type="checkbox"/> 1. STEEL	<input type="checkbox"/> 3. FIBERGLASS	<input type="checkbox"/> 6. EXTERIOR MEMBRANE LINER	<input type="checkbox"/> 7. JACKETED
	<input type="checkbox"/> 90. NONE	<input type="checkbox"/> 95. UNKNOWN	<input type="checkbox"/> 99. OTHER (Specify):	445a
OVERFILL PREVENTION	<input type="checkbox"/> 1. AUDIBLE & VISUAL ALARMS	<input type="checkbox"/> 2. BALL FLOAT	<input type="checkbox"/> 3. FILL TUBE SHUT-OFF VALVE	452.
	<input type="checkbox"/> 4. TANK MEETS REQUIREMENTS FOR EXEMPTION FROM OVERFILL PREVENTION EQUIPMENT			

**V. PRODUCT / WASTE PIPING CONSTRUCTION**

PIPING CONSTRUCTION	<input type="checkbox"/> 1. SINGLE-WALLED	<input type="checkbox"/> 2. DOUBLE-WALLED	<input type="checkbox"/> 99. OTHER	460
SYSTEM TYPE	<input type="checkbox"/> 1. PRESSURE	<input type="checkbox"/> 2. GRAVITY	<input type="checkbox"/> 3. CONVENTIONAL SUCTION	<input type="checkbox"/> 4. SAFE SUCTION [23 CCR §2636(a)(3)]
PRIMARY CONTAINMENT	<input type="checkbox"/> 1. STEEL	<input type="checkbox"/> 4. FIBERGLASS	<input type="checkbox"/> 8. FLEXIBLE	<input type="checkbox"/> 10. RIGID PLASTIC
	<input type="checkbox"/> 90. NONE	<input type="checkbox"/> 95. UNKNOWN	<input type="checkbox"/> 99. OTHER(Specify):	464a
SECONDARY CONTAINMENT	<input type="checkbox"/> 1. STEEL	<input type="checkbox"/> 4. FIBERGLASS	<input type="checkbox"/> 8. FLEXIBLE	<input type="checkbox"/> 10. RIGID PLASTIC
	<input type="checkbox"/> 90. NONE	<input type="checkbox"/> 95. UNKNOWN	<input type="checkbox"/> 99. OTHER (Specify):	464c
PIPING/TURBINE CONTAINMENT SUMP TYPE	<input type="checkbox"/> 1. SINGLE WALL	<input type="checkbox"/> 2. DOUBLE WALL	<input type="checkbox"/> 90. NONE	464d

**VI. VENT, VAPOR RECOVERY (VR) AND RISER / FILL PIPE PIPING CONSTRUCTION**

VENT PRIMARY CONTAINMENT	<input type="checkbox"/> 1. STEEL	<input type="checkbox"/> 4. FIBERGLASS	<input type="checkbox"/> 10. RIGID PLASTIC	<input type="checkbox"/> 90. NONE	<input type="checkbox"/> 99. OTHER (Specify)	464e
						464e1
VENT SECONDARY CONTAINMENT	<input type="checkbox"/> 1. STEEL	<input type="checkbox"/> 4. FIBERGLASS	<input type="checkbox"/> 10. RIGID PLASTIC	<input type="checkbox"/> 90. NONE	<input type="checkbox"/> 99. OTHER (Specify)	464f
						464f1
VR PRIMARY CONTAINMENT	<input type="checkbox"/> 1. STEEL	<input type="checkbox"/> 4. FIBERGLASS	<input type="checkbox"/> 10. RIGID PLASTIC	<input type="checkbox"/> 90. NONE	<input type="checkbox"/> 99. OTHER (Specify)	464g
						464g1
VR SECONDARY CONTAINMENT	<input type="checkbox"/> 1. STEEL	<input type="checkbox"/> 4. FIBERGLASS	<input type="checkbox"/> 10. RIGID PLASTIC	<input type="checkbox"/> 90. NONE	<input type="checkbox"/> 99. OTHER (Specify)	464h
						464h1
VENT PIPING TRANSITION SUMP TYPE	<input type="checkbox"/> 1. SINGLE WALL	<input type="checkbox"/> 2. DOUBLE WALL	<input type="checkbox"/> 90. NONE			464i.
RISER PRIMARY CONTAINMENT	<input type="checkbox"/> 1. STEEL	<input type="checkbox"/> 4. FIBERGLASS	<input type="checkbox"/> 10. RIGID PLASTIC	<input type="checkbox"/> 90. NONE	<input type="checkbox"/> 99. OTHER (Specify)	464j
						464j1
RISER SECONDARY CONTAINMENT	<input type="checkbox"/> 1. STEEL	<input type="checkbox"/> 4. FIBERGLASS	<input type="checkbox"/> 10. RIGID PLASTIC	<input type="checkbox"/> 90. NONE	<input type="checkbox"/> 99. OTHER (Specify)	464k
						464k1
FILL COMPONENTS INSTALLED	<input type="checkbox"/> 1. SPILL BUCKET	<input type="checkbox"/> 3. STRIKER PLATE/BOTTOM PROTECTOR	<input type="checkbox"/> 4. CONTAINMENT SUMP			451a-c

**VII. UNDER DISPENSER CONTAINMENT (UDC)**

CONSTRUCTION TYPE	<input type="checkbox"/> 1. SINGLE WALL	<input type="checkbox"/> 2. DOUBLE WALL	<input type="checkbox"/> 3. NO DISPENSERS	<input type="checkbox"/> 90. NONE	469a
CONSTRUCTION MATERIAL	<input type="checkbox"/> 1. STEEL	<input type="checkbox"/> 4. FIBERGLASS	<input type="checkbox"/> 10. RIGID PLASTIC	<input type="checkbox"/> 99. OTHER (Specify)	469b-c

**VIII. CORROSION PROTECTION**

STEEL COMPONENT PROTECTION	<input type="checkbox"/> 2. SACRIFICIAL ANODE(S)	<input type="checkbox"/> 4. IMPRESSED CURRENT	<input type="checkbox"/> 6. ISOLATION	448.
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**IX. APPLICANT SIGNATURE**

**CERTIFICATION: I certify that this UST system is compatible with the hazardous substance stored and that the information provided herein is true, accurate, and in full compliance with legal requirements.**

APPLICANT SIGNATURE	DATE	470.
APPLICANT NAME (print) <span style="float:right">471.</span>	APPLICANT TITLE	472.

# UST Operating Permit Application – Tank Information Instructions

(Formerly SWRCB Permit Application Form B and UPCF Form hfwrc-b)

Complete a separate form for each UST for all new permits, permit changes, and any UST system information changes. This form must be submitted within 30 days of permit or UST system information changes, unless approval is required prior to making changes. For a UST permanent closure or removal, complete only TYPE OF ACTION and Sections I, II, III, IV, and IX. Please number all pages of your submittal. This helps the Kern County Environmental Health Services Division (KCEHSD) identify whether the submittal is complete and if any pages are separated. (Note: Numbering of these instructions matches the data element numbers on the form.)

430. TYPE OF ACTION – Check the appropriate box to indicate why this form is being submitted.
- 430a. DATE UST PERMANENTLY CLOSED – For reporting closure only: enter the date the UST was removed or closed on site.
- 430b. DATE EXISTING UST DISCOVERED – Enter the date this UST was discovered. Leave blank if installation date is known.
1. FACILITY ID NUMBER – Leave this blank. This number is assigned by KCEHSD. This is the unique number which identifies your facility.
3. BUSINESS NAME – Enter the complete facility name.
103. BUSINESS SITE ADDRESS – Enter the street address of the facility, including building number, if applicable. This address must be the physical location of the facility. Post office box numbers are not acceptable.
104. CITY – Enter the city or unincorporated area in which the facility is located.
432. TANK ID # – Applicant may enter the owner's tank identification number or leave this space blank. The (KCEHSD) will assign the State tank identification number as the unique identifier for the tank.
433. TANK MANUFACTURER – Enter the name of the company that manufactured the tank.
434. TANK CONFIGURATION. Check the appropriate box to indicate if the tank is a stand-alone tank or a compartmented tank.
435. DATE UST SYSTEM INSTALLED – Enter the date the KCEHSD signed-off on installation of the UST system. This is the date of initial tank system installation, and does not include upgrades or retrofits which may have been performed later. If this is for a new installation, leave blank.
436. TANK CAPACITY IN GALLONS: Enter the tank capacity. For compartmentalized tanks, enter the capacity of each compartment.
437. NUMBER OF COMPARTMENTS IN THE UNIT: If the tank is a compartment, enter the total number of compartments in the unit.
439. TANK USE – Check the type of tank usage.
- 439a. If you checked "Other", specify the type of tank usage in the space provided.
440. TANK CONTENTS – Check the specific petroleum or non-petroleum substance stored.
- 440a. If you checked "Other Petroleum", specify the common name of the substance in the space provided [i.e., the name used in the facility's Hazardous Materials Business Plan (HMBP) inventory].
- 440b. If you checked "Other", under Non-petroleum, specify the common name of substance in the space provided (i.e., the name used in the HMBP inventory).
443. TYPE OF TANK – Check the box that identifies the type of tank.
444. TANK PRIMARY CONTAINMENT – Check the construction material of the primary containment (i.e., inner tank wall nearest the hazardous substance stored). If the tank material is not listed, check "Other" and specify the material in the space provided.
- 444a. If you checked "Other", specify the type of primary containment in the space provided.
445. TANK SECONDARY CONTAINMENT – Check the construction material of the secondary containment that provides containment external to, and separate from, the primary containment described above. If the tank is a single-wall tank, check "None." If the material is not listed, check "Other" and specify the material in the space provided (e.g., HDPE).
- 445a. If you checked "Other", specify the type of secondary containment in the space provided.
452. OVERFILL PREVENTION – Check the box(es) to describe the type(s) of overfill protection equipment installed.
458. PIPING SYSTEM TYPE – Check the type of product/waste piping installed in this tank system. "Safe suction" refers to piping systems meeting all requirements of 23 CCR §2636(a)(3) (also known as "European Suction" systems) (i.e., sloped suction piping systems with no valves or pumps below grade and only one check valve, located below and as close as practical to the suction pump). Title 23, California Code of Regulations is available online at [www.calregs.com](http://www.calregs.com).
460. PIPING CONSTRUCTION-Indicate if the piping is single-walled or double-walled, or "other".
464. PIPING PRIMARY CONTAINMENT – Check the material(s) used to construct the primary (i.e., inner) underground product/waste piping.
- 464a. If you checked "Other", specify the type of primary containment in the space provided.
- 464b. PIPING SECONDARY CONTAINMENT – Check the material(s) used to construct the secondary containment system(s) (i.e., secondary piping, trench) provided for the product/waste piping. For single-wall piping systems, check "None."
- 464c. If you checked "Other", specify the type of secondary containment in the space provided.
- 464d. PIPING/TURBINE CONTAINMENT SUMP TYPE – Indicate the type of piping/turbine containment sump(s). Check "None" if not present.
- 464e-e1 VENT PRIMARY CONTAINMENT – Check the material(s) used to construct the primary (i.e., inner) vent piping. (Note: Address venting of the tank primary containment only.) Specify Other type of containment in the space provided.
- 464f-f1 VENT SECONDARY CONTAINMENT – Check the material(s) used to construct the secondary containment system(s) (e.g., secondary piping,) provided for the vent piping. For single-wall piping systems, check "None." (Note: Address venting of the tank primary containment only.) Specify Other type of containment in the space provided.
- 464g-g1 VR PRIMARY CONTAINMENT – Check the material(s) used to construct the primary (i.e., inner) vapor recovery piping. For tanks without vapor recovery piping (e.g., Diesel tanks), check "None." Specify Other type of containment in the space provided.
- 464h-h1 VR SECONDARY CONTAINMENT – Check the material(s) used to construct the secondary containment system(s) (e.g., secondary piping) provided for the vapor recovery piping. For single-wall piping systems, check "None." Specify Other type of containment in the space provided.
- 464i. VENT PIPING TRANSITION SUMP TYPE – Indicate type of transition sump(s). Check "None" if not present.
- 464j-j1 RISER PRIMARY CONTAINMENT – Check the material(s) used to construct the primary (i.e., inner) piping for all risers (not drop tubes) other than annular space risers (i.e., risers for filling or gauging of the primary tank). Specify Other type of containment in the space provided.
- 464k-k1 RISER SECONDARY CONTAINMENT – Check the material(s) used to construct secondary containment system(s) (i.e., secondary piping, sumps) provided for the riser piping. For risers without secondary containment, check "None." Specify Other type of containment in the space provided.
- 451a-c. FILL COMPONENTS INSTALLED – Check the appropriate boxes to show that spill containment, tank bottom protection, and fill containment sumps (if applicable) are installed.
- 469a. UDC CONSTRUCTION TYPE – Check the box to describe the type of dispenser containment system(s) (i.e., dispenser sumps or pans). If the system has no dispensers (e.g., standby generator tank system), check "No Dispensers." If the system has a dispenser, but no UDC, check "None".
- 469b. UDC CONSTRUCTION MATERIAL – Check the box to describe the materials used to construct the UDC.
- 469c. If you checked "Other", specify the construction material in the space provided.
448. STEEL COMPONENT PROTECTION – All systems contain some steel components. Check the appropriate box(es) to describe all corrosion protection methods used. "Isolation" means electrical isolation from soil, backfill, and groundwater. Examples include fiberglass cladding, non-metallic secondary containment systems which isolate steel components from the sub-surface environment, and insulating bushings.
- APPLICANT SIGNATURE** – The same person who signs the UST Operating Permit Application – Facility Information Form shall sign in the space provided. This signature certifies that the signer believes that all information submitted is true and accurate, and that the UST system is compatible with the hazardous substance stored.
470. DATE – Enter the date the form was signed.
471. APPLICANT NAME – Print or type the name of the person signing the form.
472. APPLICANT TITLE – Enter the title of the person signing the form.



# UNDERGROUND STORAGE TANK SYSTEM

NEW CONSTRUCTION -OR-  MODIFICATION

## EQUIPMENT DESCRIPTION CHECKLIST

(Complete all applicable sections)

### 1. TANK CONSTRUCTION

- Double Wall Fiberglass
- Double Wall Steel with Fiberglass coating
- Double Wall Steel primary/ Fiberglass secondary
- Other \_\_\_\_\_

Tank Manufacturer: \_\_\_\_\_

### 2. LEAK MONITORING SYSTEM

Console Manufacturer: \_\_\_\_\_ Console Model #: \_\_\_\_\_

### 3. SENSORS

Sensors	Positive Shut Down	Manufacturer	Model #
Tank Annular Space Sensor	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Tank Turbine Sumps Sensor	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Tank Fill Sumps Sensor	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Dispenser Pan Sumps Sensor	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Sump Annular Space Sensor	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Piping Annular Space Sensor	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Positive Shut Down w/ Failsafe for system disconnection	<input type="checkbox"/> Yes <input type="checkbox"/> No		

### 4. PIPELINE SYSTEM

- Pressure
- Suction
- Gravity

### 5. LINE LEAK DETECTOR

- Mechanical      Manufacturer: \_\_\_\_\_ Model #: \_\_\_\_\_
- Electronic      Manufacturer: \_\_\_\_\_ Model #: \_\_\_\_\_

### 6. PIPING CONTRUCTION PRODUCT AND VENT/VAPOR LINES

- Double Wall Fiberglass
- Double Wall Flex Pipe
- Other: \_\_\_\_\_

Manufacturer: \_\_\_\_\_ Model #: \_\_\_\_\_

### 7. AUTOMATIC TANK GAUGE

Manufacturer: \_\_\_\_\_ Model #: \_\_\_\_\_

### 8. OVERSPILL CONTAINER WITH DRAIN VALVE

Manufacturer: \_\_\_\_\_ Model #: \_\_\_\_\_

**9. OVERFILL PREVENTION**

External Alarm with Audible and Visual Alarm

Manufacturer: \_\_\_\_\_ Model #: \_\_\_\_\_ Product Level: \_\_\_\_\_

Flow Restrictor with Ball Float

Manufacturer: \_\_\_\_\_ Model #: \_\_\_\_\_ Product Level: \_\_\_\_\_

Flow Restrictor with Ball Float and External Alarm

Manufacturer: \_\_\_\_\_ Model #: \_\_\_\_\_ Product Level: \_\_\_\_\_

Positive shut off valve with Flapper

Manufacturer: \_\_\_\_\_ Model #: \_\_\_\_\_ Product Level: \_\_\_\_\_

**10. DISPENSER CONTAINMENT**

Manufacturer: \_\_\_\_\_ Model #: \_\_\_\_\_

**11. TANK TOP SUMPS**

Manufacturer: \_\_\_\_\_ Model #: \_\_\_\_\_

**12. AUXILLARY SUMPS (TANK GAUGE RISERS, VENT BOXES, ETC)**

Manufacturer: \_\_\_\_\_ Model #: \_\_\_\_\_

**13. PENETRATION FITTINGS**

Manufacturer: \_\_\_\_\_ Model #: \_\_\_\_\_

**14. PENETRATION SEALANT**

Manufacturer: \_\_\_\_\_ Model #: \_\_\_\_\_

**15. BEDDING AND BACKFILL MATERIAL**

Sand

Pea Gravel



## UST Certification of Installation / Modification Form Instructions

This Certification form must be submitted upon the completion of installation or upgrading of tanks and/or piping associated with a UST system. Installation or upgrading of multiple tank systems may be addressed on one form. The UST owner or an authorized representative of the owner must complete this form. Please number all pages of your submittal. This helps the Kern County Environmental Health Services Division (KCEHSD) identify whether the submittal is complete and if any pages are separated. (Note: Numbering of these instructions matches the data element numbers on the form.)

- 1 FACILITY ID NUMBER – Leave this blank. This number is assigned by KCEHSD. This is the unique number which identifies your facility.
- 3 BUSINESS NAME – Enter the complete Facility Name.
- 103 BUSINESS SITE ADDRESS – Enter the street address of the facility, including building number, if applicable. This address must be the physical location of the facility. Post office box numbers are not acceptable.
- 104 CITY – Enter the city or unincorporated area in which the facility is located.
- 482a NAME OF CONTRACTOR WHO PERFORMED INSTALLATION / MODIFICATION – Enter the name of the contractor who performed the work as registered with the Contractors State License Board (CSLB).
- 482b CONTRACTOR LICENSE # – For the contractor named above, enter the license number assigned by the Contractors State License Board (license information is available online at [www.cslb.ca.gov](http://www.cslb.ca.gov)).
- 482c ICC CERTIFICATION # – Enter the International Code Council (ICC) “UST Installation/Retrofitting” certification number possessed by the contractor.
- 483a TYPE OF PROJECT – Check the appropriate box(es) to indicate the type of work performed. Address each system component individually (i.e., for installation of a complete motor vehicle fueling UST system, check boxes 1 through 4).
- 483b WORK AUTHORIZED UNDER PERMIT (Number or Date) – Enter the number of the permit issued by the KCEHSD, or if no permit number, the date the permit or project approval was issued for the work being certified.
- 483c DESCRIPTION OF WORK BEING CERTIFIED – In the space provided, briefly describe the work performed. Include the number and type of UST systems installed or upgraded and the scope of work (e.g., “Installation of piping sumps and under dispenser containment, and replacement of product and vapor recovery piping associated with one 12,000 gallon regular unleaded and one 8,000 gallon premium unleaded motor vehicle fuel tank.”).

- SIGNATURE OF TANK OWNER OR OWNER’S AGENT** – The tank owner or an authorized agent of the owner shall sign in the space provided. This signature certifies that the signer believes that all the information submitted is true and accurate.
- 484 DATE CERTIFIED – Enter the date the form was signed.
  - 485 CERTIFIER’S NAME – Enter the full printed name of the person signing the form.
  - 486 CERTIFIER’S TITLE – Enter the title of the person signing the form.
  - 487 PHONE – Enter the phone number of the person signing the certification. Include the area code and any extension number.
  - 488 NAME OF CERTIFIER’S EMPLOYER – Enter the name (DBA) of the employer of the person signing the form. If the tank owner is an individual, and the owner signs the Certification, note “N/A” (Not Applicable) in this space.
  - 489 CERTIFIER’S RELATIONSHIP TO TANK OWNER – Check the appropriate box to indicate the nature of the relationship between the person signing the form and the tank owner.