

## **Kern County Environmental Health Unified Program Agency**

### **Application for Underground Storage Tank (UST) New Installation**

In order to expedite permit processing, before submitting your application(s) for new installation, verify that all of the elements below are completed (copies of required forms are attached). Application must be fully completed or it will not be accepted; no exceptions. Allow up to thirty (30) working days for permit processing/issuance. Please call Environmental Health Services Division, Hazardous Materials Program at (661) 862-8740 for assistance and clarification.

- New Installation Application:** The scope of work must be listed in application page.
- Permit fee(s):** Must be submitted in full with the application or the application will not be processed.
- Contractor Information:**
  - Current contractor's license number with date of expiration clearly visible. Only General A, C-61D-40 issued prior to January 18, 2001 or General B with restriction will be accepted. All contractors must also have a hazardous substance removal certification on their licenses;
  - Current copies of certificates of workers' compensation insurance;
  - Site safety plan;
  - Copy of current International Code of Council (ICC) certification(s) **AND** all applicable manufacturer's certifications;
  - Any individual(s) installing underground storage tank system components shall meet the following requirements, or work under the direct and personal supervision of an individual physically present at the work site who meets both of the following requirements, as per Title 23 of the California Code of Regulations (CCR), Section 2715 (h)(1)(2)
    - The individual has been adequately trained as evidenced by a current certificate of training issued by the manufacturer(s) of the underground storage tank system components.
    - The individual shall possess a current UST system installation/retrofitting certificate from ICC.
- One set of site specific detailed plans of proposed construction **AND** one 11"x17" electronic copy of the same plans.** Plans must show side and top views of tanks, piping, secondary containment, leak detection and monitoring equipment,

*Grounded in Health*

overflow protection and all other equipment required. All equipment must be clearly labeled. Plans must also include a plot plan for the facility. Plot 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 all drawings, minimum acceptable scale is 1-inch = 10 feet.

- Equipment Description Checklist (attached):** Complete all applicable sections of the equipment description checklist. Separate equipment checklist must be filled out for each tank.
  
- Compatibility:** Primary and secondary containment of both tank(s) and underground piping must not be subject to physical or chemical deterioration due to the substance(s) stored in them. Documentation from tank, piping and seal manufacturers of compatibility with these substance(s) must be submitted to the UPA prior to construction. Refer to Local Guidance letter LG-113 for compatibility.
  
- Zone Sensor Identification Map:** Detailed drawing and a table of vacuum, pressure or hydrostatically monitored zones. As built zone maps will be required if changes occur to the original zone map submitted.
  
- Certification of New Installation – Form C:** Submit upon project completion.
  
- Update the UST Monitoring Tank Information/Monitoring Plan:** It is the responsibility of the tank owner/operator to submit the entire UST element in California Environmental Reporting System (CERS). Permission to operate will not be issued unless all elements have been submitted in CERS.
  
- Verification of Communication:** Communication of the interstice shall be verified by methods such as introduction of a leak at the furthest end of the interstitial space, gauge, visual inspection, etc.

# UNDERGROUND STORAGE TANKS NEW INSTALLATION APPLICATION

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

Page \_\_\_\_ of \_\_\_\_

## I. FACILITY / SITE INFORMATION

Facility ID	F	A									CERS ID							
BUSINESS NAME (same as FACILITY NAME or DBA – Doing Business As)																		
BUSINESS SITE ADDRESS																		
CITY										ZIP				BUSINESS PHONE (      )				
NEAREST CROSS STREET																		

## II. CONTRACTOR'S INFORMATION

CONTRACTOR'S NAME										CONTRACTOR'S PHONE (      )								
CONTRACTOR'S MAILING ADDRESS																		
CITY										STATE				ZIP CODE				
CALIFORNIA CONTRACTORS LICENSE NUMBER										LICENSE TYPE								
NAME OF CERTIFIED INSTALLER										ICC INSTALLER CERTIFICATION NUMBER								
NAME OF CONTRACTOR'S CONTACT PERSON										CONTRACTOR'S EMAIL ADDRESS								
ANTICIPATED PROJECT INSTALL DATE																		

## III. TANK OWNER/OPERATOR INFORMATION

NAME OF TANK OWNER/OPERATOR										OWNER OPERATOR PHONE (      )								
OWNER/OPERATOR MAILING ADDRESS																		
CITY										STATE				ZIP CODE				

## IV. SCOPE OF WORK

BRIEFLY DESCRIBE THE PROPOSED SCOPE OF WORK:

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## V. TANK LIST

TANK NUMBER	PRODUCT(S)	CAPACITY	TANK INSTALL DATE	SYSTEM TYPE		TANK CONFIGURATION		
				<input type="checkbox"/> DW	<input type="checkbox"/> VPH	<input type="checkbox"/> STAND ALONE	<input type="checkbox"/> COMPARTMENT UNIT	# COMPARTMENTS IN UNIT:
				<input type="checkbox"/> DW	<input type="checkbox"/> VPH	<input type="checkbox"/> STAND ALONE	<input type="checkbox"/> COMPARTMENT UNIT	# COMPARTMENTS IN UNIT:
				<input type="checkbox"/> DW	<input type="checkbox"/> VPH	<input type="checkbox"/> STAND ALONE	<input type="checkbox"/> COMPARTMENT UNIT	# COMPARTMENTS IN UNIT:
				<input type="checkbox"/> DW	<input type="checkbox"/> VPH	<input type="checkbox"/> STAND ALONE	<input type="checkbox"/> COMPARTMENT UNIT	# COMPARTMENTS IN UNIT:
				<input type="checkbox"/> DW	<input type="checkbox"/> VPH	<input type="checkbox"/> STAND ALONE	<input type="checkbox"/> COMPARTMENT UNIT	# COMPARTMENTS IN UNIT:
				<input type="checkbox"/> DW	<input type="checkbox"/> VPH	<input type="checkbox"/> STAND ALONE	<input type="checkbox"/> COMPARTMENT UNIT	# COMPARTMENTS IN UNIT:
				<input type="checkbox"/> DW	<input type="checkbox"/> VPH	<input type="checkbox"/> STAND ALONE	<input type="checkbox"/> COMPARTMENT UNIT	# COMPARTMENTS IN UNIT:

## VI. INTEGRITY TESTING/ENHANCED LEAK DETECTION

TESTING COMPANY										PHONE								
TESTING METHOD										(      )								

THIS FORM HAS BEEN COMPLETED UNDER PENALTY OF PERJURY AND TO THE BEST OF MY KNOWLEDGE IS TRUE AND CORRECT. I HAVE RECEIVED, UNDERSTAND, AND WILL COMPLY WITH THE CONDITIONS OF THIS

## APPLICATION AND ANY OTHER STATE, LOCAL AND FEDERAL REGULATIONS PERTAINING TO WORK COMPLETED ON SITE

**APPLICANT SIGNATURE**

Certification – I certify that the information provided herein is true and accurate to the best of my knowledge.

SIGNATURE OF APPLICANT		DATE	PHONE (       )
NAME OF APPLICANT (print)		TITLE OF APPLICANT	
<b>OFFICIAL USE ONLY</b>			
FEE ALLOCATION <input type="checkbox"/> CS03 – NEW CONSTRUCTION	TOTAL FEES	RECEIPT NO	DATE PAID
FEE RECEIVED BY			
INSPECTOR NAME (print)		CONTACT PHONE (       )	

# NEW UST SYSTEM EQUIPMENT DESCRIPTION CHECKLIST

(Complete all sections that apply)

TANK NUMBER  
FACILITY ID

CERS ID

ONE PAGE PER TANK  
FACILITY ADDRESS:

Page \_\_\_\_ of \_\_\_\_

## I. TANK CONSTRUCTION

TANK MANUFACTURER			
TYPE OF TANK	<input type="checkbox"/> DOUBLE – WALLED		
PRIMARY CONTAINMENT	<input type="checkbox"/> STEEL	<input type="checkbox"/> FIBERGLASS	<input type="checkbox"/> OTHER (specify)
SECONDARY CONTAINMENT	<input type="checkbox"/> STEEL	<input type="checkbox"/> FIBERGLASS	<input type="checkbox"/> OTHER (specify)
BACK FILL MATERIAL	<input type="checkbox"/> SAND <input type="checkbox"/> PEA GRAVEL		
TANK ANCHORING	<input type="checkbox"/> SUBJECT TO FLOODING IN FEMA FLOOD ZONE		<a href="http://msc.fema.gov/portal">http://msc.fema.gov/portal</a>
	<input type="checkbox"/> YES <input type="checkbox"/> NO		
	<input type="checkbox"/> DEADMAN ANCHORS <input type="checkbox"/> CONCRETE ANCHOR PADS <input type="checkbox"/> OVERBURDEN (NO MECHANICAL ANCHORING)		

## II. LEAK MONITORING SYSTEM

	MANUFACTURER:	MODEL #:
CONSOLE		

## III. SENSORS

SENSOR	POSITIVE SHUTDOWN	MANUFACTURER	MODEL #
TANK ANNULAR SPACE SENSOR(S)	<input type="checkbox"/> YES <input type="checkbox"/> NO		
TANK TURBINE SUMP SENSOR(S)	<input type="checkbox"/> YES <input type="checkbox"/> NO		
TANK FILL SUMP SENSOR(S)	<input type="checkbox"/> YES <input type="checkbox"/> NO		
DISPENSER PAN SUMP SENSOR(S)	<input type="checkbox"/> YES <input type="checkbox"/> NO		
SUMP ANNULAR SPACE SENSOR(S)	<input type="checkbox"/> YES <input type="checkbox"/> NO		
PIPING ANNULAR SPACE SENSOR(S)	<input type="checkbox"/> YES <input type="checkbox"/> NO		
POSTIIVE SHUT DOWN W/ FAILSAFE SYSTEM DISCONNECTION	<input type="checkbox"/> YES <input type="checkbox"/> NO		
VACUUM SENSORS	<input type="checkbox"/> YES <input type="checkbox"/> NO		
BRINE SENSORS	<input type="checkbox"/> YES <input type="checkbox"/> NO		
LIQUID/FUEL SENSOR(S)	<input type="checkbox"/> YES <input type="checkbox"/> NO		

## IV. PIPELINE SYSTEM

PIPING CONSTRUCTION	<input type="checkbox"/> DOUBLE – WALLED		
SYSTEM TYPE	<input type="checkbox"/> PRESSURE	<input type="checkbox"/> CONVENTIONAL SUCTION	
	<input type="checkbox"/> GRAVITY	<input type="checkbox"/> SAFE SUCTION [23CCR §2636(A)(3)]	
PRIMARY CONTAINMENT	<input type="checkbox"/> STEEL	<input type="checkbox"/> FIBERGLASS	<input type="checkbox"/> FLEXIBLE
	<input type="checkbox"/> RIGID PLASTIC	<input type="checkbox"/> NONE	<input type="checkbox"/> OTHER (specify)
SECONDARY CONTAINMENT	<input type="checkbox"/> FIBERGLASS	<input type="checkbox"/> FLEXIBLE	<input type="checkbox"/> RIGID PLASTIC
	<input type="checkbox"/> NONE	<input type="checkbox"/> OTHER (specify)	

## V. VENT, VAPOR RECOVERY (VR)

VENT PRIMARY CONTAINMENT	<input type="checkbox"/> STEEL	<input type="checkbox"/> FIBERGLASS	<input type="checkbox"/> RIGID PLASTIC	<input type="checkbox"/> NONE	<input type="checkbox"/> OTHER (specify):
VENT SECONDARY CONTAINMENT	<input type="checkbox"/> STEEL	<input type="checkbox"/> FIBERGLASS	<input type="checkbox"/> RIGID PLASTIC	<input type="checkbox"/> NONE	<input type="checkbox"/> OTHER (specify):
VR PRIMARY CONTAINMENT	<input type="checkbox"/> STEEL	<input type="checkbox"/> FIBERGLASS	<input type="checkbox"/> RIGID PLASTIC	<input type="checkbox"/> NONE	<input type="checkbox"/> OTHER (specify):
VR SECONDARY CONTAINMENT	<input type="checkbox"/> STEEL	<input type="checkbox"/> FIBERGLASS	<input type="checkbox"/> RIGID PLASTIC	<input type="checkbox"/> NONE	<input type="checkbox"/> OTHER (specify):
VENT PIPING TRANSITION SUMP	<input type="checkbox"/> STEEL	<input type="checkbox"/> FIBERGLASS	<input type="checkbox"/> RIGID PLASTIC	<input type="checkbox"/> NONE	<input type="checkbox"/> OTHER (specify):

## VI. TANK TOP SUMPS

PIPING/TURBINE CONTAINMENT SUMP TYPE	<input type="checkbox"/> DOUBLE – WALLED				
RISER PRIMARY CONTAINMENT	<input type="checkbox"/> STEEL	<input type="checkbox"/> FIBERGLASS	<input type="checkbox"/> RIGID PLASTIC	<input type="checkbox"/> NONE	<input type="checkbox"/> OTHER (specify):
RISER SECONDARY CONTAINMENT	<input type="checkbox"/> STEEL	<input type="checkbox"/> FIBERGLASS	<input type="checkbox"/> RIGID PLASTIC	<input type="checkbox"/> NONE	<input type="checkbox"/> OTHER (specify):
FILL COMPONENTS INSTALLED	<input type="checkbox"/> SPILL BUCKET	<input type="checkbox"/> STRIKER PLATE/BOTTOM PROTECTOR	<input type="checkbox"/> CONTAINMENT SUMP		

## VII. OVERSPILL CONTAINER WITH DRAIN VALVE

	MANUFACTURER	MODEL #
SPILL BUCKET		

## VIII. OVERFILL PREVENTION

	MANUFACTURER	MODEL #	PRODUCT LEVEL
FLOW RESTRICTOR OR AUDIBLE/VISUAL ALARM [§2635(b)(2)(A)]			
FLOW RESTRICTOR AND AUDIBLE ALARM [§2635(b)(2)(B)]			
POSITIVE SHUT-OFF AT 95% CAPACITY [§2635(b)(2)(C)]			
POSITIVE SHUT-OFF WITH FLAPPER VALVE [§2635(b)(2)(D)]			
AUTOMATIC TANK GAUGE			

# NEW UST SYSTEM EQUIPMENT DESCRIPTION CHECKLIST

(Complete all sections that apply)

TANK NUMBER  
FACILITY ID

CERS ID

ONE PAGE PER TANK  
FACILITY ADDRESS:

Page \_\_\_\_ of \_\_\_\_

## IX. UNDER DISPENSER CONTAINMENT (UDC)

	MANUFACTURER	MODEL #
UDC		
DIVERTER PAN		
CONSTRUCTION TYPE	<input type="checkbox"/> DOUBLE – WALLED <input type="checkbox"/> NO DISPENSERS	<input type="checkbox"/> OTHER (specify)
CONSTRUCTION MATERIAL	<input type="checkbox"/> STEEL <input type="checkbox"/> FIBERGLASS <input type="checkbox"/> RIGID PLASTIC	<input type="checkbox"/> OTHER (specify)

## X. LINE LEAK DETECTORS

	MANUFACTURER	MODEL #
MECHANICAL		
ELECTRONIC		

## XI. AUXILIARY SUMPS (VENT BOXES, TRANSITION SUMPS)

	MANUFACTURER	MODEL #
VENT BOX (double wall)		
VENT BOX CONSTRUCTION MATERIAL	<input type="checkbox"/> FIBERGLASS <input type="checkbox"/> RIGID PLASTIC	<input type="checkbox"/> NONE <input type="checkbox"/> OTHER (specify):
	MANUFACTURER	MODEL #
TRANSITION SUMP (double wall)		
TRANSITION SUMP CONSTRUCTION MATERIAL	<input type="checkbox"/> FIBERGLASS <input type="checkbox"/> RIGID PLASTIC	<input type="checkbox"/> NONE <input type="checkbox"/> OTHER (specify):

## XII. PENETRATION FITTINGS, SEALANT

	MANUFACTURER	MODEL #
PENETRATION FITTINGS		
PENETRATION SEALANT		

## XIII. CORROSION PROTECTION

STEEL COMPONENT PROTECTION	<input type="checkbox"/> SACRIFICIAL ANODE <input type="checkbox"/> IMPRESSED CURRENT	<input type="checkbox"/> ISOLATION (i.e. fiberglass)
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## XIV. VERIFICATION OF COMMUNICATION

METHOD TO VERIFY INTERSTITIAL COMMUNICATION	<input type="checkbox"/> LEAK INTRODUCED AT FURTHEST POINT <input type="checkbox"/> VISUAL INSPECTION	<input type="checkbox"/> GAUGE <input type="checkbox"/> OTHER (specify):
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