



**Environmental
Health Department**
Alameda County Health

Hazardous Materials Division
Certified Unified Program Agency (CUPA)
1131 Harbor Bay Parkway Alameda, CA 94502
(510) 567-6702 deh.acgov.org

OFFICE USE ONLY

SR No.

UNDERGROUND STORAGE TANK PLAN CHECK PERMIT APPLICATION

GENERAL INFORMATION

CERSID: _____

FACILITY NAME: _____

FACILITY ADDRESS: _____
Street Number Street Name City Zip Code

TANK OWNER			TANK OPERATOR <input type="checkbox"/> Check if same as Tank Owner		
Name:			Name:		
Address:			Address:		
City:	State:	Zip:	City:	State:	Zip:
Phone:	E-Mail:		Phone:	E-Mail:	

CONTRACTOR INFORMATION

Company Name:		Contact Name:	
Address:	City:	State:	Zip:
Phone:	CSLB License No.	E-mail:	
Hazardous Substances Removal Certificate: <input type="checkbox"/> YES <input type="checkbox"/> NO Worker Comp. Insurance Co:			

SCOPE OF WORK (Check all that apply)

- ☐ TANK INSTALLATION ☐ TANK SYSTEM UPGRADE ☐ TANK SYSTEM MODIFICATION/REPAIR ☐ TANK CLOSURE ONLY
- | | | |
|------------------------------------------------------------|-------------------------------------------------------------|-----------------------------------------------------------------------------|
| <input type="checkbox"/> New Tank Installation | <input type="checkbox"/> Dispenser Containment Installation | <input type="checkbox"/> Repair Sump(s): How many? ____ |
| <input type="checkbox"/> Installation Double-wall Piping | <input type="checkbox"/> Piping Repair/Modification | <input type="checkbox"/> Replace Turbine Pump |
| <input type="checkbox"/> Installation of Turbine/Fill Sump | <input type="checkbox"/> Spill Bucket (in-ground) | <input type="checkbox"/> Repair Under Dispenser Containment: How many? ____ |
| <input type="checkbox"/> Secondary Containment Repair | <input type="checkbox"/> Spill Bucket (in Sump) | <input type="checkbox"/> Install/ Remove New Monitoring System or Component |
| <input type="checkbox"/> Line Leak Detector | <input type="checkbox"/> Tank(s) Replacement | <input type="checkbox"/> Change Stored Product |

Comments:

PE Code	NEW UST CONSTRUCTION (COMPLETE APPLICATION PART II)	Fees
4288	Installation Fee for First Tank / Base Tank	\$8768.00 \$
4289	Each additional Tank Installed No. of Tank(s) _____	\$840.00 \$
UST CLOSURE (COMPLETE APPLICATION PART III)		
4124	Tank System Closure Fee	\$3161.00 \$
UPGRADE / REPAIR (COMPLETE APPLICATION PART IV)		
4223	Minor UST Modifications (1 Inspection)	\$1324.00 \$
4222	Major UST Modifications (2 or more Inspections)	\$2741.00 \$
	TOTAL FEE	\$

Submit three sets of this application package, including plan drawings with the required fee. Additionally, submit electronic plans (PDF) if drawings are larger than 11"x17". See deh.acgov.org/Billings-Fees-Permits for payment options.

Applicable fees must be submitted with the application package. Additional information may be required to obtain final approval. Project approval is contingent on submittal and review of a complete package. No work shall begin until the permit is issued.



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APPLICATION TO INSTALL UNDERGROUND STORAGE TANK SYSTEM

To Obtain a B-O-E Number call 1-916-324-2300

NUMBER OF TANKS
TO BE INSTALLED

TY (TK) HQ

4 4 -

☐ Check box if Not Applicable

TANKS DESCRIPTION (A scaled plot plan with the location of the UST system including buildings and landmarks must be included)

TANK NO.	CAPACITY IN GALLONS	CONTENTS	COMPOSITION	MANUFACTURER	DELIVERY SYSTEM (Pressure, Suction, Other)	MULTI - COMPARTMENT	
					<input type="checkbox"/> P <input type="checkbox"/> S <input type="checkbox"/> Other:	YES <input type="checkbox"/>	NO <input type="checkbox"/>
					<input type="checkbox"/> P <input type="checkbox"/> S <input type="checkbox"/> Other:	YES <input type="checkbox"/>	NO <input type="checkbox"/>
					<input type="checkbox"/> P <input type="checkbox"/> S <input type="checkbox"/> Other:	YES <input type="checkbox"/>	NO <input type="checkbox"/>

Use reverse side to list additional USTs to be installed

Materials and Construction

Product Piping	Primary Piping: <input type="checkbox"/> Fiberglass <input type="checkbox"/> Flexible <input type="checkbox"/> Other: _____	Manufacturer/Model: _____
	Secondary Piping: <input type="checkbox"/> Fiberglass <input type="checkbox"/> Flexible <input type="checkbox"/> Other: _____	Manufacturer/Model: _____
Vent and Vapor Piping	Primary Piping: <input type="checkbox"/> Fiberglass <input type="checkbox"/> Flexible <input type="checkbox"/> Other: _____	Manufacturer/Model: _____
	Secondary Piping: <input type="checkbox"/> Fiberglass <input type="checkbox"/> Flexible <input type="checkbox"/> Other: _____	Manufacturer/Model: _____
Under Dispenser Containment (UDC) Make Type: <input type="checkbox"/> Fiberglass <input type="checkbox"/> Other: _____ Manufacturer/Model: _____		

Leak Detection

UST Monitoring System _____ **Manufacturer/Model (Monitoring Panel)** _____

Type of Monitoring (**Check all that apply**):

	Tanks	Piping			Under Disp. Containment	Sump		
		Product	Vent	Vapor	UDC	Fill	Turbine	Transition Sump
Vacuum	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hydrostatic	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Pressurized Piping Line Leak Detection: ☐ Electronic _____ **Manufacturer/Model** _____

Overfill Prevention Equipment

Spill Bucket Manufacturer/Model: _____

Overfill Prevention: ☐ Audible & Visual Alarm at 90% OR ☐ Positive Shut Off Valve at 95 % **Manufacturer/Model** _____

Ballast Tank(s)

(TANKS MUST BE BALLASTED IF HIGHEST ANTICIPATED GROUNDWATER IS AT LEAST 25' BELOW GROUND SURFACE)

☐ Anchor Straps per manufacturer's specification with deadman and/or slab.

☐ Buoyancy Calculation (must be submitted)

☐ Depth of Groundwater: _____ ft. (Provide documentation)

DECLARATION

I declare that to the best of my knowledge and belief, the statements and information provided are correct and true. I understand that information in addition to that provided above may be needed to obtain final approval by Alameda County Environmental Health Department (ACEHD).

I understand that tests and procedures that may be required by other departments and agencies to demonstrate adequate site safety or suitability for further development (e.g. soil compaction testing) are in addition to the requirements of the ACEHD.

I will notify the ACEHD by emailing dehust@acgov.org at least (48 hours) before work is to begin to schedule the required inspections. I understand that site and worker safety are solely the responsibility of the property owner, or their agent and that this responsibility is not shared or assumed by the ACEHD.

SIGNATURE

PRINT NAME:

DATE:

PHONE NUMBER FOR PROJECT CONTACT:

TITLE:

TANKS DESCRIPTION (continued from page 1)

TANK NO.	CAPACITY IN GALLONS	CONTENTS	COMPOSITION	MANUFACTURER	DELIVERY SYSTEM (PRESSURE, SUCTION, OR OTHER)	MULTI - COMPARTMENT	
					<input type="checkbox"/> P <input type="checkbox"/> S Other:	YES <input type="checkbox"/>	NO <input type="checkbox"/>
					<input type="checkbox"/> P <input type="checkbox"/> S Other:	YES <input type="checkbox"/>	NO <input type="checkbox"/>
					<input type="checkbox"/> P <input type="checkbox"/> S Other:	YES <input type="checkbox"/>	NO <input type="checkbox"/>

Attach document copies of all applicable Manufacturer Certificate and UST ICC Contractor Training Certification.

SITE PLAN SUBMITTAL

Attach three (3) copies of plans showing the following:

1. Property lines, site address, scale, north arrow.
2. Location of all existing structures.
3. Location of all existing underground storage tanks.
4. Location of underground storage tanks and piping to be closed.
5. Location of underground utility lines and vaults.

INSPECTION REQUIREMENTS

Each new tank installation must be inspected. The following inspections are required:

1. **FIRST INSPECTION: TANK INSTALLATION IN EXCAVATION**
 - Testing according to manufacturer's specifications.
2. **SECOND INSPECTION: TEST THE PRIMARY SYSTEM**
 - Tank, Product, UDC, Vapor and Vent lines.
3. **THIRD INSPECTION: TEST THE SECONDARY CONTAINMENT SYSTEM**
 - Product, UDC, Vapor and Vent lines.
4. **FOURTH INSPECTION: Enhanced Leak Detection (ELD) Method: (_____)**
 - Onsite inspection required.
5. **FINAL INSPECTION: FINAL MONITORING CERTIFICATION AND CONSTRUCTION VERIFICATION**
 - Performance check of the UST monitoring system.

Required Documents at Final Inspection

1. Certified ELD Results.
2. Tank Manufacturer's Installation Checklist / Piping Manufacturer's Checklist.
3. UST Monitoring System Certification / OFE Certification.
4. New UST Written Monitoring Procedures & Emergency Response Plans.
5. CERS Forms UST Facility Information. UST Tank Page and UST Installation Certification of Compliance.

All documents must be submitted before the operating permit will be issued.

Note: Failure to meet any of the conditions of the permit and associated fees may result in a re-inspection.



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UST COMPATIBILITY WITH HAZARDOUS SUBSTANCE FOR NEW INSTALLATION

Title 23, California Code of Regulations, Sections 2631(l), 2712(b)(5)

The UST owner or operator must demonstrate compatibility at the time of installation for all components associated with the UST system that may come into contact with the substance(s) stored. The additional components for which compatibility must be demonstrated include, but are not limited to, spill containers, overfill prevention equipment, and ancillary equipment.

Documents demonstrating compatibility must be provided as part of the application for a UST operating permit and must be retained by the UST owner or operator for as long as the UST stores that specific substance.

GENERAL INFORMATION

CERS ID: _____

FACILITY NAME: _____

FACILITY ADDRESS: _____

Street Number

Street Name

City

Zip Code

TANK OWNER

Name: _____

Address: _____

City: _____

State: _____

Zip: _____

Phone: _____

E-Mail: _____

TANK OPERATOR

☐ Check if same as Tank Owner

Name: _____

Address: _____

City: _____

State: _____

Zip: _____

Phone: _____

E-Mail: _____

TANK

Capacity

Hazardous Substances to be Stored

1

2

3

4

Tank Manufacturer Information

☐ Check if UST manufacturer information applies to all new tank(s) to be installed

Tank Manufacturer

Model no.

Compatibility Documents attached

☐

UST Components Manufacturer Information

Component

Manufacturer

Model No

Compatibility Documents
Attached

Piping

☐

Flex Piping Braided Metal

☐

Sumps

☐

Piping Transition Sump

☐

Spill Buckets

☐

Overfill Equipment/ Device

☐

UDCs

☐

Shear Valves			<input type="checkbox"/>
Submersible Pump			<input type="checkbox"/>
Line Leak Detectors			<input type="checkbox"/>
Dispensers			<input type="checkbox"/>
Other:			<input type="checkbox"/>
<p>Compatibility may be demonstrated through a written approval from:</p> <ul style="list-style-type: none">• Independent testing organization• California registered professional engineer• Manufacturer of the component <p>The approval must indicate that the components are compatible with the specific substance to be stored.</p> <p>Provide copies of contractor's manufacturer certifications for all tank components.</p>			
Print Name:		Title:	
Signature		Date:	