



**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 FOR UPGRADE, REPAIR, OR MODIFICATION OF AN EXISTING TANK FACILITY

Scope of Work

(CHECK ALL THAT APPLY)

UPGRADE

- ☐ Install Under Dispenser Containment (UDC)
☐ Install Double-wall Piping
☐ Install Sump around Turbine/Fill
☐ Install Monitoring System, Component or Software
☐ Other:

REPAIR

- ☐ Piping Repair/Modification
☐ Secondary Containment Repair
☐ Other:

MODIFICATION

- ☐ Install Electronic In-line Leak Detector
☐ Install Overfill Protection
☐ Other:

Provide brief description of work to be performed:

Identify tanks associated with repair/upgrade/modification:

CERS TANK ID.	TANK CAPACITY	PRODUCT TYPE

Materials and Construction (list all items to be installed)

EQUIPMENT/MATERIALS	MANUFACTURER	MODEL NO. / TYPE
Primary Product Piping		
Secondary Product Piping		
Vent / Vapor Piping		
Under Dispenser Containment		
Monitoring System		
Dispensers		
Other		
Other		

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 in order 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 at least two working days (48 hours) before work is to begin in order to schedule the required inspections. I understand that site and worker safety are solely the responsibility of the property owner, or his agent and that this responsibility is not shared or assumed ACEHD.

SIGNATURE	PRINT NAME:	DATE:
PHONE NUMBER (PROJECT CONTACT):	TITLE:	

SAMPLING PROTOCOL

- Tankowner/authorized representative responsible for all sampling analyses and associated costs.
- For piping that is to be removed, the trenching shall be exposed prior to the scheduled inspection. Sampling points will be identified by the ACEHD inspector and samples taken every 20 feet.
- Piping to be closed in place may be considered only if the removal might damage structures. Submit an alternate plan which must include soil sampling.

SITE PLAN SUBMITTAL

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

1. Property lines, site address, scale, and north arrow.
2. Location of all existing structures in the area of the UST removal activities.
3. Location of all existing underground storage tank(s).
4. Location of all repairs or modifications to be performed.
5. Location of underground utility lines and vaults in the area of the UST removal activities.

INSPECTION REQUIREMENTS

The number of inspections required will be dependent on the scope of work for a specific project. Always refer to the Permit for all required inspections. The following inspections may be required.

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

1. PIPE CLOSURE / SOIL SAMPLING (if applicable):

- Piping closed by removal – Trenching shall be exposed prior to the scheduled inspection and sampling points identified by the ACEHD inspector.
- Piping closed in place – Piping shall be capped and drained, per alternate approved plans.

2. PRESSURE TEST ON ALL NEW PRIMARY PRODUCT, VAPOR AND VENT LINES

3. TEST SECONDARY CONTAINMENT COMPONENTS FOR PIPING, UDCs AND SUMPS

4. FINAL MONITORING AND CONSTRUCTION VERIFICATION

- Performance check of the UST monitoring system

Required Documents

1. Certified Piping Integrity Test Results (Tank Tester).
2. Certification of Secondary Containment Testing.
3. UST Monitoring System Certification.
4. Updated UST Written Monitoring Procedures and Emergency Response Plans in CERS.
5. Update Permit Application in CERS.
6. Complete modification/ Installation Certification Form.

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

All required documents must be submitted to ACEHD prior to the issuance of the operating permit.



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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"/>
Other:			
<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:	