



**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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TEMPORARY CLOSURE OF UNDERGROUND STORAGE TANK APPLICATION

FACILITY IDENTIFICATION

FACILITY NAME:		CERS ID:	
UST SITE ADDRESS:	CITY:	STATE:	ZIP CODE:
UST FACILITY CONTACT PERSON:		UST FACILITY CONTACT PHONE:	

PROJECT CONTACT INFORMATION

PROJECT CONTACT – CHOOSE ONE:			
<input type="checkbox"/> UST OWNER	<input type="checkbox"/> UST OPERATOR	<input type="checkbox"/> PROPERTY OWNER	<input type="checkbox"/> CONTRACTOR
PROJECT CONTACT MAILING ADDRESS:	CITY:	STATE	ZIP CODE:
PROJECT CONTACT PHONE:	CSLB No.	E-MAIL:	

TANK (S) DESCRIPTION

CERS TANK ID.	CAPACITY	CONTENTS	PROPOSED DATE FOR TEMPORARY CLOSURE	SINGLE/DOUBLE WALLED	KNOWN RELEASE
				<input type="checkbox"/> SW <input type="checkbox"/> DW	<input type="checkbox"/> YES <input type="checkbox"/> NO
				<input type="checkbox"/> SW <input type="checkbox"/> DW	<input type="checkbox"/> YES <input type="checkbox"/> NO
				<input type="checkbox"/> SW <input type="checkbox"/> DW	<input type="checkbox"/> YES <input type="checkbox"/> NO
				<input type="checkbox"/> SW <input type="checkbox"/> DW	<input type="checkbox"/> YES <input type="checkbox"/> NO
				<input type="checkbox"/> SW <input type="checkbox"/> DW	<input type="checkbox"/> YES <input type="checkbox"/> NO
				<input type="checkbox"/> SW <input type="checkbox"/> DW	<input type="checkbox"/> YES <input type="checkbox"/> NO
				<input type="checkbox"/> SW <input type="checkbox"/> DW	<input type="checkbox"/> YES <input type="checkbox"/> NO

Use supplemental form(s) to list additional UST(s) to be put in Temporary Closure

Reason for Temporary Closure:

Alameda County Environmental Health Department (ACEHD) requires verification of compliance with USTs laws and regulations to qualify for temporary closure. ACEHD will not approve Temporary Closure for non-compliant systems.

ACHED will not approve temporary closure for Single Wall USTs.

VERIFICATION OF COMPLIANCE

1. UST System Compliance:

Monitoring system certification within the past 12 months:

Date: _____

- ☐ Pass
☐ Fail – Description/Repair

Secondary Containment tested within the last 36 months:

Date: _____

- ☐ Pass
☐ Fail – Description/Repair: Exempt (Installed After July 1, 2004)

Unauthorized Release:

- ☐ No
☐ Yes
☐ Repair
☐ No Repair (does not qualify for temporary closure and must be permanently closed)

2. UST Documents – Current and available:

- ☐ CERS UST submittal
☐ UST
☐ Monitoring and Maintenance Records

3. Estimated Temporary Closure Time Frame:

- The facility understands that tank(s) under temporary closure shall continue to be subject to all CUPA permit conditions, inspection and monitoring requirements, and operating fees during the temporary closure period.
- The facility plans to operate the temporarily closed tank(s) within 12 consecutive calendar months from the date of application, and will comply with all requirements for monitoring, certifications, testing and inspections.
- The facility understands that the owner or operator must perform and record an inspection of the temporarily closed tank(s) at least once every 3 months to ensure that the temporary closure actions are still in effect.

DECLARATION

I have read the above temporary closure requirements and have met those conditions. 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 ACEHD. At the end of a temporary closure period of 12 months, including any extension granted by the local agency, the owner may reuse the underground storage tank only if the tank meets the requirements of Article 3 for new underground storage tanks or is upgraded to meet the requirements of Article 6.

SIGNATURE

PRINT NAME:

TITLE:

PHONE NUMBER FOR PROJECT CONTACT:

DATE:

FIELD VERIFICATION / INSPECTION FOR TEMPORARY CLOSURE OF UNDERGROUND STORAGE TANK(S)**REQUIRED ITEMS/TASKS CONFIRMED AT INSPECTION:** *(To be completed by ACEHD Inspector)*

1.	Updated 'Type of Action' in CERS "Temporary Closure".	<input type="checkbox"/> YES <input type="checkbox"/> NO
2.	Monitoring Plan Updated in CERS.	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A
3.	Manifest provided for contents, residuals, sludge and/or other substance.	<input type="checkbox"/> YES <input type="checkbox"/> NO
4.	Local fire authority contacted for applicable Fire Code requirements.	<input type="checkbox"/> YES <input type="checkbox"/> NO

INSPECTION CHECKLIST:

5.	USTs inerted / method: Date and Time: _____ LEL Level: _____	<input type="checkbox"/> YES <input type="checkbox"/> NO
6.	Fill and access locations properly secured.	<input type="checkbox"/> YES <input type="checkbox"/> NO
7.	Power disconnected to pumps (unless servicing other equipment).	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A
8.	Unified Program Facility Permit current.	<input type="checkbox"/> YES <input type="checkbox"/> NO
9.	UST Operating Permit current.	<input type="checkbox"/> YES <input type="checkbox"/> NO

TEMPORARY CLOSURE STATUS:

10. Approved:		Temporary Closure Expiration Date: _____
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REMARKS:

INSPECTOR (Signature Required):	PRINT NAME:	DATE:
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