

Alameda County Department of Environmental Health

Application for Underground Storage Tank Modification

The Application For The Modification Of Underground Storage Tanks Is Only Valid For 6 Months From The Date Of Approval.

Project Contact and Telephone Number			
Facility Name		Telephone Number	
Address			
Cross Street			
Underground storage tank -- Owner/Operator		Telephone Number	
Contractor's Name		Telephone Number	
Contractor Address		CA License#	Class
Hazardous Substance Certificate: Yes __ No __ (Qualifying license category _____)		Workers Comp.#	
Fire Department		Permit Number	
Does this site have a leaking UST (or did it have a leaking tank system?) Yes __ No __			
State Tank ID Number	Tank Size	Material To Be Stored	Installation Date
01-000-			
01-000-			
01-000-			
01-000			
01-000-			

The Applicant shall complete this checklist as applicable for the scope of work proposed. It will serve as a reminder for the applicant of the items under review for the modification of an Underground Storage Tank.

UST SYSTEM INFORMATION (Drawing and submissions must include Number 1 through Number 9)

1. ___ Three complete sets of plans (include manufacturer's specification sheets for proposed equipment to be installed.
2. ___ Plans drawn to scale in non-erasable print. Scale is to be at least 1/4 inch to the foot.
3. ___ Plot plan to show location of tanks and all associated piping.
4. ___ Detail of tank, associated piping, leak detection equipment, excavation and cover.
5. ___ Tank(s) and piping approved by a nationally recognized independent Testing organization. [Title 23, Chapter 10, Article 3, Section 2631 (b), and Section 2635]
6. ___ Verification of product compatibility with the tank(s). piping, monitoring device(s), epoxy or silicone glues, etc.
7. ___ Manufacturer's written installation instructions for tank(s), piping, monitoring devices, etc.
8. ___ Total number of tanks **on site after installation:** _____
9. ___ **Submit a Site Safety plan.** (contractor)
10. ___ Contractor must submit a copy of **Workers Compensation Certificate.**
11. ___ County/City **Building Department** notified.
12. ___ County/City **Fire District** notified.
13. ___ **In the event contamination is** observed, confirmed or suspected as a result of the tank system, it is **your responsibility** as an owner or operator **to comply with Title 23, California Code of Regulations, Chapter 16, Article 5 (Release Reporting and Initial Abatement Requirements and Article 11 (Corrective Action Requirements).**

The owner or operator must acknowledge this responsibility for work plan submittal by signature and date below:

Name _____

Title _____ Date _____

Upon review of the modification application, application checklist, and accompanying documentation, conditions of approval will be attached to the project.

CONDITIONS OF APPROVAL:
