

2222 "M" Street
Merced, CA 95340
(209) 385-7654
www.countyofmerced.com



Mark J. Mimms II
Director
Amanda Duran, REHS
Deputy Director

UST Permit Application: Install, Upgrade, Repair, & Closure

UNDERGROUND STORAGE TANK(S) FOR HAZARDOUS SUBSTANCES

FOR AGENCY USE ONLY

Date Received: _____ UST MODIFICATION # (M/MAJ) _____ BY: _____
INVOICE #: _____ FEE: _____ BY: _____
CERS#: _____ AR#: _____ FA#: _____

INSTRUCTIONS:

1. Complete and submit this application to the Merced County, Division of Environmental Health (MCDEH).
2. Submit an electronic copy of the installation or modification plans.
3. Submit all components specification sheets.
4. Submit technicians' certifications and licenses needed for the project (i.e., ICC, Bravo, Veeder Root, etc.).
5. Pay all application fees with application(s).
6. This application is valid for six (6) months from the date of application.

☐ Install ☐ Upgrade-Including Piping ☐ Upgrade-No-Piping* ☐ Repair** ☐ Spill Container Only
☐ Tank Closure

Number of UST Compartments _____

* Upgrade-No Piping: Includes UDC installation or sump installation.

** Repair: Includes replacement of the leak detection console or the repair of a leaking pipe.

ASSESSORS PARCEL NUMBER _____

FACILITY NAME _____ FIRE DISTRICT _____

FACILITY ADDRESS _____ CITY _____ ZIP _____

OWNER NAME _____ PHONE _____

OWNER ADDRESS _____ CITY _____ ZIP _____

OWNER MAILING ADD. _____ CITY _____ ZIP _____

GENERAL INFORMATION (FOR ALL APPLICATIONS)

REASON(S) FOR UPGRADE OR REPAIR:

- ☐ Upgrade or Repair to meet current State/Federal Requirements
☐ Equipment Failure
☐ Other, Briefly Describe:

Estimated Starting Date: _____ Estimated Completion Date: _____

Distance of UST(S) From Nearest Well: _____ Feet (minimum distance shall be 100 ft.)

Depth to Usable Ground Water (if known) _____

Type of UST System: ☐ PRESSURE
☐ SUCTION
☐ SAFE SUCTION
☐ GRAVITY
☐ EMERGENCY GENERATOR

SCOPE OF WORK (describe the components to be modified, installed, or replaced):

CONTRACTOR INFORMATION:

Contractor who will install, calibrate, and program monitoring equipment:

Contractor Name: _____

Address: _____ Phone #: _____

License Number: _____ Classification: _____

ICC Certification Number: _____

Name(s) of personnel employed by this contractor who is/are certified by the manufacturer(s) to install, calibrate, and program the equipment:

SUBCONTRACTOR INFORMATION:**Contractor who will install, calibrate, and program monitoring equipment (if applicable):**

Contractor Name: _____

Address: _____ Phone #: _____

License Number: _____ Classification: _____

ICC Certification Number: _____

Name(s) of personnel employed by this contractor who is/are certified by the manufacturer(s) to install, calibrate, and program the equipment:

ENHANCED LEAK DETECTION (ELD)

ELD Testing Company Name: _____

Address: _____ Phone #: _____

Additional Documentation Required:

- Attach the testing procedure for ELD from the company that will be performing the ELD Test. The procedure must include maximum distances between the probes/conduit and the UST system.

VACUUM, PRESSURE OR HYDROSTATIC SYSYEM (VPH)

Indicate the type of Continuous Vacuum, Pressure, or Hydrostatic Monitoring that will be utilized for the UST system:

THE UST INTERSTICE	___ VACUUM	___ PRESSURE	___ HYDROSTATIC
THE PRODUCT PIPE INTERSTICE	___ VACUUM	___ PRESSURE	___ HYDROSTATIC
THE VAPOR RECOVERY PIPE INTERSTICE	___ VACUUM	___ PRESSURE	___ HYDROSTATIC
THE VENT PIPE INTERSITCE	___ VACUUM	___ PRESSURE	___ HYDROSTATIC
THE TURBINE SUMP INTERSTICE	___ VACUUM	___ PRESSURE	___ HYDROSTATIC
THE FILL SUMP INTERSTICE	___ VACUUM	___ PRESSURE	___ HYDROSTATIC
THE VENT BOX INTERSTICE	___ VACUUM	___ PRESSURE	___ HYDROSTATIC

EQUIPMENT LIST

1. In the table below, check the box for any component that will be **modified, installed, replaced**. List the manufacturer name and specific model number for each piece of **new** equipment. If an item is not applicable to this project, check the “No” box.
2. For a list of items that must be included in the site specific drawings refer to the “Drawings & Parts List” document.
3. Each item marked “Yes” must be depicted in the site-specific drawings.

Agency Use Only	Equipment	Will be modified, installed, or replaced?	If Yes, list the Name of Equipment Manufacturer (for new equipment only)	If Yes, list the Model Number (for new equipment only)
	Backfill Material and Size	☐ Yes ☐ No		
	Brine	☐ Yes ☐ No		
	Dispenser Hoses	☐ Yes ☐ No		
	Dispensers	☐ Yes ☐ No		
	Drop Tube or Drop Tube with Overfill Device	☐ Yes ☐ No		
	External Overfill Alarm	☐ Yes ☐ No		
	Extractor Tees	☐ Yes ☐ No		
	Fill Sump Sensor	☐ Yes ☐ No		
	Flex Connector Boots	☐ Yes ☐ No		
	In-Tank Probe (e.g. ATG)	☐ Yes ☐ No		
	Leak Detection Console	☐ Yes ☐ No		
	Line Leak Detector	☐ Yes ☐ No		
	Low Point or Transition Sump	☐ Yes ☐ No		
	Penetration Fittings (pipe & conduit)	☐ Yes ☐ No		
	Penetrations	☐ Yes ☐ No		
	Pipe Centralizer or Spacer	☐ Yes ☐ No		
	Primary Product Pipe	☐ Yes ☐ No		
	Primary Vapor Return	☐ Yes ☐ No		
	Primary Vent Pipe	☐ Yes ☐ No		

	Product Shear Valves	☐ Yes ☐ No		
	Product Sump Sensor	☐ Yes ☐ No		
	Remote Fill Primary Pipe	☐ Yes ☐ No		
	Remote Fill Secondary Pipe	☐ Yes ☐ No		
	Sealant	☐ Yes ☐ No		
	Secondary Product Pipe	☐ Yes ☐ No		
	Secondary Vapor Return Pipe	☐ Yes ☐ No		
	Secondary Vent Pipe	☐ Yes ☐ No		
	Spill Containment & Lids	☐ Yes ☐ No		
	Tank(s)	☐ Yes ☐ No		
	Tank Closure	☐ Temporary ☐ Permanent		
	Tank Interstitial Space Sensor	☐ Yes ☐ No		
	Test Reducer Boots	☐ Yes ☐ No		
	Turbines	☐ Yes ☐ No		
	UDC Sensor or Float	☐ Yes ☐ No		
	Under Dispenser Containment	☐ Yes ☐ No		
	Vapor Shear Valves	☐ Yes ☐ No		
	Vent Transition Containment Sump	☐ Yes ☐ No		
	VPH System & Sensors (Veeder-Root, Beadreau etc.)	☐ Yes ☐ No		
	Other	☐ Yes ☐ No		

SAMPLING (if replacing/removing a tank or applicable)

Sampling Company Name: _____

Address: _____ Phone #: _____

Name of Analytical Laboratory: _____

CA State Certification #: _____

Address: _____ Phone #: _____

The Owner or his agent shall be responsible for contracting with an independent, qualified third party to collect samples. The Owner or his agent shall have the samples analyzed at a state-approved analytical laboratory for product constituents as required by MCDEH. **Brass, stainless steel, or teflon tubes shall be used to take soil samples.** Glass containers (i.e., VOLATILE ORGANIC ANALYSIS bottles) shall be used to take water samples. Other sampling arrangements shall be approved in advance by MCDEH on a case-by-case basis. **The Owner or his agent shall be responsible for making alternative arrangements in advance with MCDEH via an approved written request.** Sampling personnel shall be on site at the time of the sampling inspection.

NOTE: No UST construction activities can proceed prior to the issuance of UST Approved Installation Letter and Permit from MCDEH. The UST Approved Installation Letter will be addressed to the Owner and identified Contractor. The letter will list the required inspection scheduling and site-specific construction requirements, if applicable.

OWNER ACKNOWLEDGEMENT

I declare, that to the best of my knowledge, the statements and information provided are correct and true. I understand that information, in addition to that provided in the this application, may be needed in order to obtain a permit from the MCDEH and that no work is to begin on any portion of the UST equipment or leak detection system until the “UST Approved Installation Letter” and/or permit are issued by MCDEH.

I understand that any changes in design, materials, or equipment will void my permit with MCDEH, prior to approval being obtained.

I understand that any required inspection must be scheduled with MCDEH at least 48 hours in advance.

TANK OWNER'S SIGNATURE _____ DATE _____

PRINTED NAME _____ PHONE _____

TITLE _____

Additional Documentation Required:

A copy of an Authorized Signature Form must be included with the application, if an individual is signing on behalf of the Tank Owner.