



**2018 CONSTRUCT/REPLACE/MODIFY UNDERGROUND STORAGE TANK SYSTEM
PERMIT APPLICATION**

PLEASE SAVE THEM FORM FIRST BEFORE COMPLETING ELECTRONICALLY

The following is a list of construction activities. Please submit the following **required** information: (1) Completed application with **NEW** UST Plan Check (Attached). (2) Site specific plans and itemized specifications. Generic prints and specifications will not be accepted. (3) Payment of appropriate **fees***. (4) **Facility Page and Tank Page(s)**: As-Built drawings submitted at conclusion of the project. **Note: Approved permits are valid for 180 days.** The applicant is responsible for submitting approved plans to **local fire and city building departments.**

UST ACTIVITY*	REQUIRED SUBMITTALS	UST PLAN CHECK PAGES
<input type="checkbox"/> New tank installation	4 FULL SETS OF PLANS AND 1 SPEC	ALL PAGES
<input type="checkbox"/> New piping installation	4 FULL SETS OF PLANS AND 1 SPEC	ALL PAGES
<input type="checkbox"/> Cathodic Protection Installation	WORK PLAN, SAFETY PLAN, SITE MAP	PAGE 1 ONLY
<input type="checkbox"/> UDC installation (sensors required)	WORK PLAN, SITE MAP	PAGE 1 ONLY
<input type="checkbox"/> UDC replacement (soil+ samples required)	WORK and SAMPLE PLAN, SITE MAP	PAGE 1 ONLY
<input type="checkbox"/> Tank lining	WORK PLAN, SAFETY PLAN, SITE MAP	PAGE 1 ONLY
<input type="checkbox"/> Piping repairs (18 feet or less) soil+ samples	WORK and SAMPLE PLAN, SITE MAP, SPECS	ALL APPLICABLE PAGES
<input type="checkbox"/> Monitoring system modifications	WORK PLAN, SITE MAP, SPECS	ALL APPLICABLE PAGES
<input type="checkbox"/> Sump repairs	WORK PLAN, SITE MAP, SPECS	PAGE 1 ONLY
<input type="checkbox"/> Overspill (Spill Bucket) installation	WORK PLAN, SITE MAP, SPECS	PAGE 1 ONLY
<input type="checkbox"/> Tests and certifications	WORK PLAN, SITE MAP	PAGE 1 ONLY
<input type="checkbox"/> Miscellaneous minor repairs:	WORK PLAN, SITE MAP	ALL APPLICABLE PAGES

Describe: _____

For more information, visit smchealth.org/cupa. To view UST fees visit smchealth.org/ehfees | +If soil is encountered, not pea gravel.

FACILITY INFORMATION

Facility Name: _____ Business Type: _____

Site Address: _____ City: _____ Zip: _____

Contact Person: _____ Title: _____ Phone: _____

Email: _____ Cell Phone : _____

Owner or Corporation Name: _____ Phone: _____

Mailing Address: _____ City/State _____ Zip: _____

Operator Name: _____ Phone: _____

Mailing Address: _____ City/:State _____ Zip: _____

CONTRACTOR INFORMATION

Contractor Name: _____ Contact Person: _____ Phone: _____

Business Address: _____ City/State: _____ Zip: _____

I certify that the person(s) performing the underground storage tank work, have current UST ICC certification(s), are certified by the equipment manufacturer, and are protected by the Workmen's Compensation Laws of California.

Print Name: _____ Signature: _____ Date: _____

OFFICE USE ONLY

Inspector: _____ Signature: _____ Date: _____

Notes: