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APN #/File # _____

**APPLICATION FOR A PERMIT TO REPAIR OR MODIFY AN
UNDERGROUND STORAGE TANK SYSTEM FOR THE CONTAINMENT OF HAZARDOUS SUBSTANCE**

Applicant Name, Address, Phone: _____

Site Name, Address, Phone: _____

Tank Owner/Operator Contact, Address, Phone: _____

THIS APPLICATION IS TO:

- Repair an existing UST system (e.g. replace spill bucket, pan or sump, repair tank, piping or riser)
- Modify an existing UST system (add dispenser pan, sump or riser, extend or modify piping)

Detail the repairs, modifications, or upgrades proposed for the existing UST system and reference relevant attachments.

Project Start Date: _____ Projected Completion Date: _____

CONTRACTOR/LICENSES (Bold Items Mandatory)

Contractor's Name, Address, Phone, Contact: _____

State Contractor's License # _____ Type: _____ Expiration Date: _____ Hazardous

Substance Certificate # _____ Expiration Date: _____ ICC Certification # _____

WORKERS' COMPENSATION DECLARATION

I hereby affirm that I have a certificate of consent to self-insure or a certificate of Workers' Compensation Insurance, or a certified copy thereof (Sec. 3800, Labor Code). Certified copy is hereby furnished____ Certified copy is filed with Solano Co.____

Applicant _____ Date _____

Policy # _____ Company _____

CERTIFICATE OF EXEMPTION FROM WORKERS' COMPENSATION INSURANCE

I certify that in the performance of the work for which this permit is issued, I shall not employ any person in any manner so as to become subject to the Workers' Compensation Laws of California.

Applicant _____ Date _____

NOTICE TO APPLICANT: If, after making this Certificate of Exemption, you should become subject to the Workers' Compensation provisions of the Labor Code, you must forthwith comply with such provisions or this permit shall be deemed revoked.

Applicant/Contractor shall initial each item below

_____ Tanks, connected piping, ancillary equipment and containment system (i.e. "Underground tank system") will be installed as per manufacturers specifications and will be compatible each other and with the product to be stored.

_____ We understand that the Underground tank system may require inspection by the County of Solano CUPA at any of the following stages with a 48 hour notice:

1. Primary piping and tank systems including vent, vapor lines, risers, slope/bedding, soap and pressure/vacuum/tracer testing.
2. Inspection of all secondary containment to include secondary piping pressure/vacuum/tracer testing, soap testing, slope and bedding, corrosion protection, water testing on sumps / dispensers / buckets.
3. Final system inspection, including electrical and mechanical leak detection, overflow and overspill protection, precision testing, ELD testing, automatic shutdown/failsafe.

_____ We understand that the following shall be completed and submitted prior to issuance of a UST permit: Precision and ELD test results, As-Built plans, UST Monitoring Response Plan, Hazardous Materials Management Plan (including EPA ID #), Registration and certification forms including UST Facility (A form including UST BOE #), UST Tank (B form), UST Installation (C form), and Certificate of Financial Responsibility.

_____ We will notify all relevant agencies of this work including Air District, local Fire and Building Departments.

I certify that I have read this application and state that both the above and attached information is correct. I agree to comply with all county ordinances and state laws relating to building construction, and hereby authorize representatives of this county to enter upon the above-mentioned property for inspections purposes.

Applicant's Signature _____ Date _____

For Office Use Only

_____ **Mandatory forms are attached to this application (see above).**

_____ **Proper fees are paid.**

_____ **Two sets of plans are attached.**

_____ **Contractor's license and ICC Cert. are adequate (General A with Haz Mat Rider and ICC Installers Cert.).**

_____ **Tests to be completed prior to final:** _____.

Signature below constitutes a "permit" to proceed with the work described in this application.

This permit is valid for one year from the date below.

_____ **(Specialist)**

_____ **(Date)**