



Certified Unified Program Agency
County of Marin – Waste Management Division
P.O. Box 4186, San Rafael, CA 94913-4186
899 Northgate Drive, Suite 100, San Rafael, CA 94903
PHONE: (415) 473-6647 FAX: (415) 473-2391
www.marincounty.org/depts/pw/main/wastemanagement.cfm

APPLICATION TO REMOVE OR CLOSE-IN-PLACE UNDERGROUND STORAGE TANK(S)

FACILITY INFORMATION

Facility Name _____ Telephone _____

Address _____ City _____ Zip Code _____

Owner's Name _____ Telephone _____

Address _____ City _____ Zip Code _____

CONTRACTOR/CONSULTANT INFORMATION

Contractor's Name _____ Telephone _____

Address _____ City _____ Zip Code _____

Contractor License _____

Consultant (over seeing job site, if applicable) _____ Telephone _____

ANALYTICAL LABORATORY

Name _____ Telephone _____

Address _____ City _____ Zip Code _____

SAMPLER'S BUSINESS NAME _____ **ADDRESS** _____ **Tele** _____

Sampler's Name _____

HAZARDOUS WASTE HAULER INFORMATION

Hauler's Name _____ Telephone _____

Address _____ City _____ Zip Code _____

HAZARDOUS WASTE DISPOSAL/RECYCLING FACILITY INFORMATION (Receiving soils, rinse water, tanks/pipe)

TANK/PIPING DESTINATION: _____

RINSATE DESTINATION: _____

PROPOSED SOIL DESTINATION: _____

APPLICATION TO REMOVE OR CLOSE-IN-PLACE UNDERGROUND STORAGE TANK(S)

TANK/PIPING INFORMATION (Complete all information as applicable)

Tank 1 size _____ Tank age (approx) _____ Tank Const. (fiberglass, steel, tar wrap, etc.) _____

Single wall? _____ Double wall? _____ Previous Product _____ **Piping System:** Suction? _____

Gravity? _____ Pressure? _____ Construction: Fiberglass _____ Steelclad _____ Steel _____ Other _____ **Piping:** SW _____ DW _____

TANK/PIPING INFORMATION (Complete all information as applicable)

Tank 2 size _____ Tank age (approx) _____ Tank Const. (fiberglass, steel, tar wrap, etc.) _____

Single wall? _____ Double wall? _____ Previous Product _____ **Piping System:** Suction?: _____

Gravity? _____ Pressure? _____ Construction: Fiberglass _____ Steelclad _____ Steel _____ Other _____ **Piping:** SW _____ DW _____

TANK/PIPING INFORMATION (Complete all information as applicable)

Tank 3 size _____ Tank age (approx) _____ Tank Const. (fiberglass, steel, tar wrap, etc.) _____

Single wall? _____ Double wall? _____ Previous Product _____ **Piping System:** Suction? _____

Gravity? _____ Pressure? _____ Construction: Fiberglass _____ Steelclad _____ Steel _____ Other _____ **Piping:** SW _____ DW _____

TANK/PIPING INFORMATION (Complete all information as applicable)

Tank 4 size _____ Tank age (approx) _____ Tank Const. (fiberglass, steel, tar wrap, etc.) _____

Single wall? _____ Double wall? _____ Previous Product _____ **Piping System:** Suction? _____

Gravity? _____ Pressure? _____ Construction: Fiberglass _____ Steelclad _____ Steel _____ Other _____ **Piping:** SW _____ DW _____

CLOSURE-IN-PLACE

1. Reason for Closure-In-Place _____

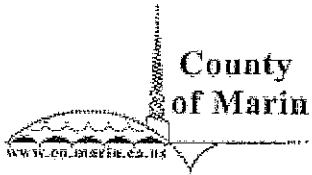
2. What Material Will Be Used to Fill Tank: _____

3. Will Piping Be Removed or Rinsed and Capped? Explain: _____

DOCUMENT SUBMITTALS WITH APPLICATION: Contractor License (Haz A designation), Tank Facility (form A), Tank and Piping Form (form B), \$500.00 per tank fee.

NOTE: Submit site safety plan with application, also local fire departments may want to inspect for fire code requirements

APPLICANT _____ **SIGNATURE:** _____ **DATE:** _____



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UNDERGROUND STORAGE TANK SYSTEM CLOSURE

STANDARD OPERATING PROCEDURES

PURPOSE

The Certified Unified Program Agency (CUPA) of the County of Marin has the authority to implement the state underground storage tank laws and regulations. Our staff is present during the removal or closure of any part of an underground storage tank (UST) system because state law requires that tank owners demonstrate to the satisfaction of the CUPA whether or not an unauthorized release has occurred. File an Underground Storage Tank Unauthorized Release Leak/Contamination Site Report (URL) form to Marin County CUPA within 5 days of discovery of a leak or contamination.

REGULATORY AUTHORITY

Title 23 of the California Code of Regulations (CCR), Division 3, Chapter 16
California Health and Safety Code (HSC), Division 20, Chapter 6.7

OTHER AGENCIES

The Bay Area Air Quality Management District and local Fire and Building Departments must be contacted for tank removal permits. Underground Service Alert should be contacted at (800) 227-2600 at least two working days prior to the start of excavation.

HEALTH AND SAFETY ISSUES

The permanent closure of the underground storage tanks poses significant health and safety hazards when done improperly. The potential hazards include explosion and fire from flammable vapors, health hazards from breathing toxic vapors, and physical safety hazards from snapping cables, falling tanks, caving excavations or overturning cranes. Additionally, hazards may be created from the improper storage or disposal of abandoned tanks or tank rinse water. Health and safety considerations shall be paramount at all times. The contractor shall be responsible for ensuring that conditions at the site provide for workplace safety, protection of the environment, and maintenance of integrity of nearby structures. Cal/OSHA requires that a Site-Specific Health and Safety Plan must be on site during closure activities.

TANK REMOVAL CONTRACTORS AND EQUIPMENT

The State Contractor's License Law requires contractors removing underground storage tanks to have contractor's licenses of certain types (see the most current LG-48 guidance document issued by the State Water Resources Control Board). This law is enforced by the Contractors' State License Board (CSLB). Prospective contractors not possessing the appropriate category of license for a specific tank removal job should be referred to the CSLB for further information.

Only licensed contractors are placed on our contractors' list. However, our Department is not responsible for enforcing the contractors' license law. Requirements of other agencies may also include worker's compensation insurance (California Department of Industrial Relations), excavation permits (Cal OSHA), and requirements for the operation of cranes, including clearance from voltage lines (Cal OSHA).

Equipment used to lift underground tanks must be of adequate capacity for the job. For example, the contractor should not use a back hoe when a crane should be used instead. The truck and trailer(s) employed to transport tanks must also be appropriate.

WHAT MUST OCCUR PRIOR TO THE UNDERGROUND TANK REMOVAL

The following paperwork must be completed and/or submitted by the contractor or owner prior to removing the tank(s):

1. An Application To Remove an underground storage tank must be completed with the accompanying tank removal fee enclosed.
2. Unified Program Consolidated Forms (UPCF) Facility Information - Business Activities; UPCF Facility Information - Business Owner/Operator Identification; UPCF Underground Storage Tank - Facility (for site); and UPCF Underground Storage Tank - Tank (separate form for each tank).
3. The Contractors' State License. Haz A designation must be on license.
4. Site-Specific Health and Safety Plan (keep on site).

Once the application, license, and file are reviewed for accuracy, a Permit To Remove by this office will be issued. The permit will be valid for 3 months. If the permit should expire prior to the tank removal, then a new application and fees may be required. The operating permit is still in force prior to the tank removal and all applicable permit operating fees must be paid. **Contact the local Fire Department for their requirements; they may want to be present on site for part or all of the removal process.**

If the tank does contain liquid, it must be removed by a vacuum truck or intrinsically safe hand pump into an appropriate container. Unless usable as product, the contents shall be transported as hazardous waste to a recycling or TSD facility with the appropriate manifest.

It is recommended that the contractor rinse the tank prior to the addition of dry ice (this reduces the explosion hazard). The dry ice must be used at a ratio of 20 pounds per 1,000 gallons of tank capacity. A properly calibrated combustible gas detector is required during tank removals if tank(s) have contained flammable/combustible liquids. Prior to the tank removal the gas detector reading should show lower explosive limit (LEL) and oxygen levels to be <15% and <5% or vice versa, or as recommended by the fire personnel should they be onsite. The readings should be logged on the inspection report.

UNDERGROUND STORAGE TANK REMOVAL

1. All electrical service to the tank and pumps shall be terminated prior to the start of excavation.
2. Hazardous materials shall be removed from tanks and piping prior to tank removal and must be properly managed. Air Quality Districts require that VOC residuals in tanks amount to less than 1/1,000 of the tank volume (i.e., less than 5 gallons VOC remaining in a 5,000 gallon tank). All associated piping must be flushed back in the tanks. All dispensers and accessible piping must be removed. Inaccessible piping must be permanently plugged using grout. Materials generated as a result of the rinsing and decontamination of tanks and residual liquid, solids, or sludge removed from the tanks and associated piping and handled as hazardous materials and/or wastes in accordance with Chapter 6.5 of the HSC. Tank rinsate and contaminated soil and water must be manifested for proper disposal.
3. For tanks previously containing flammable/combustible materials, the licensed tank closure contractor shall have on site and readily available at least one 40BC rated portable fire extinguisher and a calibrated Combustible Gas Meter onsite capable of reading both % oxygen and lower explosive limit (LEL). Tanks shall be inerted to levels that preclude explosion or LEL or oxygen levels less than 15% and less than 5%, or vice versa.
4. After properly rinsed, fill each tank with dry ice (20 pounds per 1,000 gallons of tank capacity).
5. All tanks and piping shall be manifested and hauled by a licensed hazardous waste transporter to a permitted hazardous waste facility, whether or not they have been rinsed on site, unless cleaned and certified in accordance with Title 22 CCR, Division 4.5, Chapter 32. Have documentation onsite showing proper disposal of the tanks and their associated piping (manifest if hauling as hazardous material or closure certificate if hauling as non-hazardous).
6. Backfilling of excavations shall be done in compliance with all Federal, State, and local requirements.
7. Demonstrate that no unauthorized release has occurred based on soil and/or water analysis performed during removal activities.
8. Contractor performing this scope of work must carry a current contractor's license including hazardous substance removal, appropriate ICC and manufacturers' certifications, and proof of appropriate insurance coverage.
9. The Bay Area Quality Management District and local Fire and Building Departments must be contacted for tank removal permits. Underground Service Alert should be contacted at (800) 227-2600 at least two working days prior to the start of excavation.
10. Have a copy of the work plan and site health & safety plan onsite.
11. Submit a closure report summarizing removal activities including soil and/or water analysis results to Marin County CUPA within 60 days of the tank removal.

UNDERGROUND STORAGE TANK CLOSURE IN PLACE

Closure-In-Place of an underground storage tank is only allowed if removal would create damage to a structure (i.e. building, house, or other existing circumstances preventing the tank removal). Health and Safety issues may allow for In-Place-Closure. All Closures-In-Place will be

evaluated on a case-by-case basis. Guidelines for Closure-In-Place can be found in Title 23 CCR, Division 3, Chapter 16, Article 7, Section 2672.

TRANSPORTATION AND DISPOSAL

Before transporting the tank(s) the flammable vapors and the oxygen should be re-checked (LEL and oxygen levels must be below 15% and 5% respectively or visa versa). Before the tank is removed from the excavation, the contractor shall plug or cap all accessible holes. One plug should have a 1/8 inch vent hole to prevent the tank from being subjected to excessive differential pressure caused by temperature changes. The contractor should use screwed (boiler) plugs to plug any corrosion holes in the tank shell.

Tanks should be removed from the site immediately after vapor-freeing and inerting procedures have been completed. The tank should be secured on a truck for transportation to the storage or disposal site with the 1/8 inch vent hole located at the uppermost point on the tank. Tanks must be transported in compliance with all applicable DOT and CHP regulations.

This office shall receive 48 hours prior notification before any work can be done and/or inspections scheduled on an underground storage tank system. **The underground storage tank inspector must be present during tank removal and sampling.**

SAMPLING PROCEDURES

Upon closure of the UST and associated piping, soil samples must be collected and analyzed to demonstrate to the CUPA whether an unauthorized release has occurred. In addition, a groundwater sample must be collected and analyzed if water is present in the excavation. The number and location of the samples as well as the sampling protocol must be approved by the CUPA. Samples shall be analyzed by a state-certified laboratory. Check with the state-certified laboratory performing the analysis for appropriate sampling protocol. Sample results without a chain-of-custody form shall be considered invalid and re-sampling will be required. Refer to Appendix A of the Tri-Regional Board Staff Recommendations for Preliminary Investigation and Evaluation of Underground Tank Sites.

Submission of Soil/Water Sampling Results:

1. Send lab results, tank removal reports, manifests, etc. to CUPA within 60 days.
2. Should sample results show soil and/or groundwater contamination, the Responsible Party (RP) must contact the CUPA within 24 hours of the release. An Underground Storage Tank Unauthorized Release Leak/Contamination Site Report (URL) form must be completed and submitted within 5 days to Marin County CUPA. The site will be referred to the Regional Water Quality Control Board.

Number and Location of Samples to be taken:

SOIL:

Tank capacity <1,000 gallons, one sample per tank, taken at the fill or turbine end.
Tank capacity 1,000-10,000 gallons, two per tank, one on each end.

Tank capacity >10,000 gallons, three samples per tank, each end and middle of tank.

WATER:

Tank capacity 10,000 gallons or less, two soil (at water interface) and one water samples.

Tank capacity >10,000 gallons, four soil samples (at water interface) and one water sample.

PIPING:

One sample per 20 linear feet and two feet below grade into native soil.

Recommended Analyses:

Follow applicable Regional Water Quality Control Board guidelines. Samples shall be analyzed as described in the Recommended Minimum Verification Analyses for Underground Storage Tank Leaks (available at www.unidocs.org).

**UNIFIED PROGRAM CONSOLIDATED FORM
UNDERGROUND STORAGE TANK
OPERATING PERMIT APPLICATION – FACILITY INFORMATION**
(One form per facility)

TYPE OF ACTION 1. NEW PERMIT 5. CHANGE OF INFORMATION 7. PERMANENT FACILITY CLOSURE
(Check one item only) 3. RENEWAL PERMIT 6. TEMPORARY FACILITY CLOSURE 9. TRANSFER PERMIT 400.

I. FACILITY INFORMATION

TOTAL NUMBER OF USTs AT FACILITY ^{404.} FACILITY ID # 1
(Agency Use Only)

BUSINESS NAME (Same as Facility Name or DBA – Doing Business As) 3.

BUSINESS SITE ADDRESS ^{103.} CITY 104.

FACILITY TYPE 1. MOTOR VEHICLE FUELING 2. FUEL DISTRIBUTION ^{403.} Is the facility located on Indian Reservation or 405.
 3. FARM 4. PROCESSOR 6. OTHER Trust lands? 1. Yes 2. No

II. PROPERTY OWNER INFORMATION

PROPERTY OWNER NAME ^{407.} PHONE 408.
()

MAILING ADDRESS 409.

CITY ^{410.} STATE ^{411.} ZIP CODE 412.

III. TANK OPERATOR INFORMATION

TANK OPERATOR NAME ^{428-1.} PHONE 428-2.
()

MAILING ADDRESS 428-3.

CITY ^{428-4.} STATE ^{428-5.} ZIP CODE 428-6.

IV. TANK OWNER INFORMATION

TANK OWNER NAME ^{414.} PHONE 415.
()

MAILING ADDRESS 416.

CITY ^{417.} STATE ^{418.} ZIP CODE 419.

OWNER TYPE: 4. LOCAL AGENCY/DISTRICT 5. COUNTY AGENCY 6. STATE AGENCY 420.
 7. FEDERAL AGENCY 8. NON-GOVERNMENT

V. BOARD OF EQUALIZATION UST STORAGE FEE ACCOUNT NUMBER

TY (TK) HQ 44- 421.
Call the State Board of Equalization, Fuel Tax Division, if there are questions.

VI. PERMIT HOLDER INFORMATION

Issue permit and send legal notifications and mailings to: 1. FACILITY OWNER 4. TANK OPERATOR 423.
 3. TANK OWNER 5. FACILITY OPERATOR

SUPERVISOR OF DIVISION, SECTION, OR OFFICE (Required for Public Agencies Only) 406.

VII. APPLICANT SIGNATURE

CERTIFICATION: I certify that the information provided herein is true, accurate, and in full compliance with legal requirements.

APPLICANT SIGNATURE DATE ^{424.} PHONE 425.
()

APPLICANT NAME (print) ^{426.} APPLICANT TITLE 427.

UPCF UST Operating Permit Application – Facility Information Page Instructions (Formerly SWRCB UST Permit Application Form A and UPCF Form hfwrc-a)

Complete this form for all new permits, permit changes, or facility information changes. This form must be submitted within 30 days of permit or facility information changes, unless your local agency requires approval prior to making the changes. For changes, submit only that form that contains the change.

Submit one UST Operating Permit Application – Facility Information form per facility, regardless of the number of USTs located at the facility. If not already on file with the local agency, the tank owner must submit with this form, a current UST Operating Permit Application – Tank Information form for each UST; a UST Monitoring Plan and a UST Response Plan pursuant to 23 CCR §2632, 2634 and 2641; and, for USTs containing petroleum, a Certification of Financial Responsibility pursuant to 23 CCR §2807.

The following documents, at a minimum, are also required, if applicable (check with your local agency to see if they require submittal or if there are other forms/information needed):

- Written agreement between UST Owner and UST Operator per Health and Safety Code §25284(a)(3);
- Letter from the Chief Financial Officer (if using State Cleanup Fund, financial test of self-insurance, guarantee, local government financial test, or Local Government Fund as a financial responsibility mechanism).

Please number all pages of your submittal. (Note: Numbering of these instructions matches the data element numbers on the form.)

400. TYPE OF ACTION – Check the reason this form is being submitted. CHECK ONE ITEM ONLY.
404. TOTAL NUMBER OF USTs AT SITE – Indicate the number of tanks that will remain on the site after the requested action.
1. FACILITY ID NUMBER – This space is for agency use only.
3. BUSINESS NAME – Enter the complete Business Name. (Same as FACILITY NAME or DBA (Doing Business As)).
103. BUSINESS SITE ADDRESS – Enter the street address of the facility, including building number, if applicable. This address must be the physical location of the facility. Post office box numbers are not acceptable.
104. CITY – Enter the city or unincorporated area in which the facility is located.
403. FACILITY TYPE – Indicate the type of facility.
405. INDIAN RESERVATION OR TRUST LANDS – Check whether the facility is located on an Indian reservation or other trust lands.
407. PROPERTY OWNER NAME – Complete items 407 - 412 for the property owner. Include the area code and any extension number.
408. PROPERTY OWNER PHONE –
409. PROPERTY OWNER MAILING ADDRESS –
410. PROPERTY OWNER CITY –
411. PROPERTY OWNER STATE –
412. PROPERTY OWNER ZIP CODE –
- 428-1. TANK OPERATOR NAME – Complete items 428-1 to 428-6 for the UST operator.
- 428-2. TANK OPERATOR PHONE – Include the area code and any extension number.
- 428-3. TANK OPERATOR MAILING ADDRESS –
- 428-4. TANK OPERATOR CITY –
- 428-5. TANK OPERATOR STATE –
- 428-6. TANK OPERATOR ZIP CODE –
414. TANK OWNER NAME – Complete items 414 - 419 for the UST owner.
415. TANK OWNER PHONE – Include the area code and any extension number.
416. TANK OWNER MAILING ADDRESS –
417. TANK OWNER CITY –
418. TANK OWNER STATE –
419. TANK OWNER ZIP CODE –
420. TANK OWNER TYPE – Check the type of tank ownership.
421. BOE NUMBER – Enter your State Board of Equalization (BOE) UST storage fee account number. This fee applies to regulated USTs storing petroleum products and is required before your permit application will be processed. If you do not have an account number with the BOE, or if you have any questions regarding the fee or exemptions, contact the BOE at (916) 322-9669 or by mail at: Board of Equalization, Fuel Taxes Division, PO Box 942879, Sacramento, CA 94279-0030.
423. PERMIT HOLDER INFORMATION – Indicate the party to whom the UST operating permit is to be issued and legal notifications and mailings should be sent.
406. SUPERVISOR OF DIVISION SECTION OR OFFICE SUPERVISOR – If the facility owner is a public agency, enter the name of the supervisor of the division section or office that operates the UST. This person must have access to the UST records.
- APPLICANT SIGNATURE – The application form must be signed, in the space provided, by:
- The UST owner or operator, facility owner or operator, or a duly authorized representative of the owner; or
 - If the UST(s) is/are owned by a corporation, partnership, or public agency:
 - 1.) A principal executive officer at the level of vice-president or by an authorized representative responsible for the overall operation of the facility where the UST(s) is/are located; or
 - 2.) A general partner or proprietor; or
 - 3.) A principal executive officer, ranking elected official, or authorized representative of a public agency.
424. DATE – Enter the date the form was signed.
425. PHONE – Enter the phone number of the applicant (i.e., person signing the form). Include the area code and any extension number.
426. APPLICANT NAME – Print or type the full name of the person signing the form.
427. APPLICANT TITLE – Enter the title of the person signing the form.

**UNIFIED PROGRAM CONSOLIDATED FORM
UNDERGROUND STORAGE TANK
OPERATING PERMIT APPLICATION – TANK INFORMATION** (One form per UST) 430.

TYPE OF ACTION <i>(Check one item only. For a UST closure or removal, complete only this section and Sections I, II, III, IV, and IX below)</i> 430.		
<input type="checkbox"/> 1. NEW PERMIT	<input type="checkbox"/> 3. RENEWAL PERMIT	<input type="checkbox"/> 5. CHANGE OF INFORMATION
<input type="checkbox"/> 6. TEMPORARY UST CLOSURE	<input type="checkbox"/> 7. UST PERMANENT CLOSURE ON SITE	<input type="checkbox"/> 8. UST REMOVAL

DATE UST PERMANENTLY CLOSED: 430a.	DATE EXISTING UST DISCOVERED: 430b.
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I. FACILITY INFORMATION

FACILITY ID # <i>(Agency Use Only)</i>	
BUSINESS NAME <i>(Same as Facility Name or DBA – Doing Business As)</i>	3.
BUSINESS SITE ADDRESS 103.	CITY 104.

II. TANK DESCRIPTION

TANK ID # 432.	TANK MANUFACTURER 433.	TANK CONFIGURATION: THIS TANK IS 434. <input type="checkbox"/> 1. A STAND-ALONE TANK <input type="checkbox"/> 2. ONE IN A COMPARTMENTED UNIT <small>Complete one page for each compartment in the unit.</small>
DATE UST SYSTEM INSTALLED 435.	TANK CAPACITY IN GALLONS 436.	NUMBER OF COMPARTMENTS IN THE UNIT 437.

III. TANK USE AND CONTENTS

TANK USE	<input type="checkbox"/> 1a. MOTOR VEHICLE FUEL	<input type="checkbox"/> 1b. MARINA FUELING	<input type="checkbox"/> 1c. AVIATION FUELING	439.	
	<input type="checkbox"/> 3. CHEMICAL PRODUCT STORAGE	<input type="checkbox"/> 4. HAZARDOUS WASTE <i>(Includes Used Oil)</i>	<input type="checkbox"/> 5. EMERGENCY GENERATOR FUEL [HSC §25281.5(c)]		
	<input type="checkbox"/> 6. OTHER GENERATOR FUEL	<input type="checkbox"/> 95. UNKNOWN	<input type="checkbox"/> 99. OTHER <i>(Specify):</i>	439a.	
CONTENTS	PETROLEUM:	<input type="checkbox"/> 1a. REGULAR UNLEADED	<input type="checkbox"/> 1c. MIDGRADE UNLEADED	<input type="checkbox"/> 1b. PREMIUM UNLEADED	440.
		<input type="checkbox"/> 3. DIESEL	<input type="checkbox"/> 5. JET FUEL	<input type="checkbox"/> 6. AVIATION GAS	
		<input type="checkbox"/> 8. PETROLEUM BLEND FUEL	<input type="checkbox"/> 9. OTHER PETROLEUM <i>(Specify):</i>		440a.
	NON-PETROLEUM:	<input type="checkbox"/> 7. USED OIL		<input type="checkbox"/> 10. ETHANOL	
		<input type="checkbox"/> 11. OTHER NON-PETROLEUM <i>(Specify):</i>		440b.	

IV. TANK CONSTRUCTION

TYPE OF TANK	<input type="checkbox"/> 1. SINGLE WALL	<input type="checkbox"/> 2. DOUBLE WALL	<input type="checkbox"/> 95. UNKNOWN	443.	
PRIMARY CONTAINMENT	<input type="checkbox"/> 1. STEEL	<input type="checkbox"/> 3. FIBERGLASS	<input type="checkbox"/> 6. INTERNAL BLADDER	444.	
	<input type="checkbox"/> 7. STEEL + INTERNAL LINING	<input type="checkbox"/> 95. UNKNOWN	<input type="checkbox"/> 99. OTHER <i>(Specify):</i>	444a.	
SECONDARY CONTAINMENT	<input type="checkbox"/> 1. STEEL	<input type="checkbox"/> 3. FIBERGLASS	<input type="checkbox"/> 6. EXTERIOR MEMBRANE LINER	<input type="checkbox"/> 7. JACKETED	445.
	<input type="checkbox"/> 90. NONE	<input type="checkbox"/> 95. UNKNOWN	<input type="checkbox"/> 99. OTHER <i>(Specify):</i>		445a.
OVERFILL PREVENTION	<input type="checkbox"/> 1. AUDIBLE & VISUAL ALARMS	<input type="checkbox"/> 2. BALL FLOAT	<input type="checkbox"/> 3. FILL TUBE SHUT-OFF VALVE	452.	
	<input type="checkbox"/> 4. TANK MEETS REQUIREMENTS FOR EXEMPTION FROM OVERFILL PREVENTION EQUIPMENT				

V. PRODUCT / WASTE PIPING CONSTRUCTION

PIPING CONSTRUCTION	<input type="checkbox"/> 1. SINGLE WALL	<input type="checkbox"/> 2. DOUBLE WALL	<input type="checkbox"/> 99. OTHER	460.	
SYSTEM TYPE	<input type="checkbox"/> 1. PRESSURE	<input type="checkbox"/> 2. GRAVITY	<input type="checkbox"/> 3. CONVENTIONAL SUCTION	<input type="checkbox"/> 4. SAFE SUCTION [23 CCR §2636(a)(3)]	458.
PRIMARY CONTAINMENT	<input type="checkbox"/> 1. STEEL	<input type="checkbox"/> 4. FIBERGLASS	<input type="checkbox"/> 8. FLEXIBLE	<input type="checkbox"/> 10. RIGID PLASTIC	464.
	<input type="checkbox"/> 90. NONE	<input type="checkbox"/> 95. UNKNOWN	<input type="checkbox"/> 99. OTHER <i>(Specify):</i>		464a.
SECONDARY CONTAINMENT	<input type="checkbox"/> 1. STEEL	<input type="checkbox"/> 4. FIBERGLASS	<input type="checkbox"/> 8. FLEXIBLE	<input type="checkbox"/> 10. RIGID PLASTIC	464b.
	<input type="checkbox"/> 90. NONE	<input type="checkbox"/> 95. UNKNOWN	<input type="checkbox"/> 99. OTHER <i>(Specify):</i>		464c.
PIPING/TURBINE CONTAINMENT SUMP TYPE	<input type="checkbox"/> 1. SINGLE WALL	<input type="checkbox"/> 2. DOUBLE WALL	<input type="checkbox"/> 90. NONE	464d.	

VI. VENT, VAPOR RECOVERY (VR) AND RISER / FILL PIPE PIPING CONSTRUCTION

VENT PRIMARY CONTAINMENT	<input type="checkbox"/> 1. STEEL	<input type="checkbox"/> 4. FIBERGLASS	<input type="checkbox"/> 10. RIGID PLASTIC	<input type="checkbox"/> 90. NONE	<input type="checkbox"/> 99. OTHER <i>(Specify):</i>	464e. 464e1.
VENT SECONDARY CONTAINMENT	<input type="checkbox"/> 1. STEEL	<input type="checkbox"/> 4. FIBERGLASS	<input type="checkbox"/> 10. RIGID PLASTIC	<input type="checkbox"/> 90. NONE	<input type="checkbox"/> 99. OTHER <i>(Specify):</i>	464f. 464f1.
VR PRIMARY CONTAINMENT	<input type="checkbox"/> 1. STEEL	<input type="checkbox"/> 4. FIBERGLASS	<input type="checkbox"/> 10. RIGID PLASTIC	<input type="checkbox"/> 90. NONE	<input type="checkbox"/> 99. OTHER <i>(Specify):</i>	464g. 464g1.
VR SECONDARY CONTAINMENT	<input type="checkbox"/> 1. STEEL	<input type="checkbox"/> 4. FIBERGLASS	<input type="checkbox"/> 10. RIGID PLASTIC	<input type="checkbox"/> 90. NONE	<input type="checkbox"/> 99. OTHER <i>(Specify):</i>	464h. 464h1.
VENT PIPING TRANSITION SUMP TYPE	<input type="checkbox"/> 1. SINGLE WALL		<input type="checkbox"/> 2. DOUBLE WALL	<input type="checkbox"/> 90. NONE	464i.	
RISER PRIMARY CONTAINMENT	<input type="checkbox"/> 1. STEEL	<input type="checkbox"/> 4. FIBERGLASS	<input type="checkbox"/> 10. RIGID PLASTIC	<input type="checkbox"/> 90. NONE	<input type="checkbox"/> 99. OTHER <i>(Specify):</i>	464j. 464j1.
RISER SECONDARY CONTAINMENT	<input type="checkbox"/> 1. STEEL	<input type="checkbox"/> 4. FIBERGLASS	<input type="checkbox"/> 10. RIGID PLASTIC	<input type="checkbox"/> 90. NONE	<input type="checkbox"/> 99. OTHER <i>(Specify):</i>	464k. 464k1.
FILL COMPONENTS INSTALLED	<input type="checkbox"/> 1. SPILL BUCKET	<input type="checkbox"/> 3. STRIKER PLATE/BOTTOM PROTECTOR	<input type="checkbox"/> 4. CONTAINMENT SUMP		451a-c.	

VII. UNDER DISPENSER CONTAINMENT (UDC)

CONSTRUCTION TYPE	<input type="checkbox"/> 1. SINGLE WALL	<input type="checkbox"/> 2. DOUBLE WALL	<input type="checkbox"/> 3. NO DISPENSERS	<input type="checkbox"/> 90. NONE	469a.
CONSTRUCTION MATERIAL	<input type="checkbox"/> 1. STEEL	<input type="checkbox"/> 4. FIBERGLASS	<input type="checkbox"/> 10. RIGID PLASTIC	<input type="checkbox"/> 99. OTHER <i>(Specify)</i>	469b. 469c.

VIII. CORROSION PROTECTION

STEEL COMPONENT PROTECTION	<input type="checkbox"/> 2. SACRIFICIAL ANODE(S)	<input type="checkbox"/> 4. IMPRESSED CURRENT	<input type="checkbox"/> 6. ISOLATION	448.
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IX. APPLICANT SIGNATURE

CERTIFICATION: I certify that this UST system is compatible with the hazardous substance stored and that the information provided herein is true, accurate, and in full compliance with legal requirements.

APPLICANT SIGNATURE	DATE	470.
APPLICANT NAME (print) 471.	APPLICANT TITLE	472.

**UNIFIED PROGRAM CONSOLIDATED FORM
UNDERGROUND STORAGE TANK
OPERATING PERMIT APPLICATION – TANK INFORMATION** (One form per UST)

TYPE OF ACTION (Check one item only. For a UST closure or removal, complete only this section and Sections I, II, III, IV, and IX below) 430.
 1. NEW PERMIT 3. RENEWAL PERMIT 5. CHANGE OF INFORMATION
 6. TEMPORARY UST CLOSURE 7. UST PERMANENT CLOSURE ON SITE 8. UST REMOVAL

DATE UST PERMANENTLY CLOSED: 430a. DATE EXISTING UST DISCOVERED: 430b.

I. FACILITY INFORMATION

FACILITY ID # (Agency Use Only) 1.

BUSINESS NAME (Same as Facility Name or DBA – Doing Business As) 3.

BUSINESS SITE ADDRESS 103. CITY 104.

II. TANK DESCRIPTION

TANK ID # 432. TANK MANUFACTURER 433. TANK CONFIGURATION: THIS TANK IS 434.
 1. A STAND-ALONE TANK Complete one page for each compartment in the unit.
 2. ONE IN A COMPARTMENTED UNIT

DATE UST SYSTEM INSTALLED 435. TANK CAPACITY IN GALLONS 436. NUMBER OF COMPARTMENTS IN THE UNIT 437.

III. TANK USE AND CONTENTS

TANK USE 1a. MOTOR VEHICLE FUELING 1b. MARINA FUELING 1c. AVIATION FUELING 439.
 3. CHEMICAL PRODUCT STORAGE 4. HAZARDOUS WASTE (Includes Used Oil) 5. EMERGENCY GENERATOR FUEL [HSC §25281.5(c)] 439a.
 6. OTHER GENERATOR FUEL 95. UNKNOWN 99. OTHER (Specify):

CONTENTS PETROLEUM: 1a. REGULAR UNLEADED 1c. MIDGRADE UNLEADED 1b. PREMIUM UNLEADED 440.
 3. DIESEL 5. JET FUEL 6. AVIATION GAS
 8. PETROLEUM BLEND FUEL 9. OTHER PETROLEUM (Specify): 440a.

NON-PETROLEUM: 7. USED OIL 10. ETHANOL 440b.
 11. OTHER NON-PETROLEUM (Specify):

IV. TANK CONSTRUCTION

TYPE OF TANK 1. SINGLE WALL 2. DOUBLE WALL 95. UNKNOWN 443.

PRIMARY CONTAINMENT 1. STEEL 3. FIBERGLASS 6. INTERNAL BLADDER 444.
 7. STEEL + INTERNAL LINING 95. UNKNOWN 99. OTHER (Specify): 444a.

SECONDARY CONTAINMENT 1. STEEL 3. FIBERGLASS 6. EXTERIOR MEMBRANE LINER 7. JACKETED 445.
 90. NONE 95. UNKNOWN 99. OTHER (Specify): 445a.

OVERFILL PREVENTION 1. AUDIBLE & VISUAL ALARMS 2. BALL FLOAT 3. FILL TUBE SHUT-OFF VALVE 452.
 4. TANK MEETS REQUIREMENTS FOR EXEMPTION FROM OVERFILL PREVENTION EQUIPMENT

V. PRODUCT / WASTE PIPING CONSTRUCTION

PIPING CONSTRUCTION 1. SINGLE WALL 2. DOUBLE WALL 99. OTHER 460.

SYSTEM TYPE 1. PRESSURE 2. GRAVITY 3. CONVENTIONAL SUCTION 4. SAFE SUCTION [23 CCR §2636(a)(3)] 458.

PRIMARY CONTAINMENT 1. STEEL 4. FIBERGLASS 8. FLEXIBLE 10. RIGID PLASTIC 464.
 90. NONE 95. UNKNOWN 99. OTHER (Specify): 464a.

SECONDARY CONTAINMENT 1. STEEL 4. FIBERGLASS 8. FLEXIBLE 10. RIGID PLASTIC 464b.
 90. NONE 95. UNKNOWN 99. OTHER (Specify): 464c.

PIPING/TURBINE CONTAINMENT SUMP TYPE 1. SINGLE WALL 2. DOUBLE WALL 90. NONE 464d.

VI. VENT, VAPOR RECOVERY (VR) AND RISER / FILL PIPE PIPING CONSTRUCTION

VENT PRIMARY CONTAINMENT 1. STEEL 4. FIBERGLASS 10. RIGID PLASTIC 90. NONE 99. OTHER (Specify): 464e.
 464e1.

VENT SECONDARY CONTAINMENT 1. STEEL 4. FIBERGLASS 10. RIGID PLASTIC 90. NONE 99. OTHER (Specify): 464f.
 464f1.

VR PRIMARY CONTAINMENT 1. STEEL 4. FIBERGLASS 10. RIGID PLASTIC 90. NONE 99. OTHER (Specify): 464g.
 464g1.

VR SECONDARY CONTAINMENT 1. STEEL 4. FIBERGLASS 10. RIGID PLASTIC 90. NONE 99. OTHER (Specify): 464h.
 464h1.

VENT PIPING TRANSITION SUMP TYPE 1. SINGLE WALL 2. DOUBLE WALL 90. NONE 464i.

RISER PRIMARY CONTAINMENT 1. STEEL 4. FIBERGLASS 10. RIGID PLASTIC 90. NONE 99. OTHER (Specify): 464j.
 464j1.

RISER SECONDARY CONTAINMENT 1. STEEL 4. FIBERGLASS 10. RIGID PLASTIC 90. NONE 99. OTHER (Specify): 464k.
 464k1.

FILL COMPONENTS INSTALLED 1. SPILL BUCKET 3. STRIKER PLATE/BOTTOM PROTECTOR 4. CONTAINMENT SUMP 451a-c.

VII. UNDER DISPENSER CONTAINMENT (UDC)

CONSTRUCTION TYPE 1. SINGLE WALL 2. DOUBLE WALL 3. NO DISPENSERS 90. NONE 469a.

CONSTRUCTION MATERIAL 1. STEEL 4. FIBERGLASS 10. RIGID PLASTIC 99. OTHER (Specify) 469b.
469c.

VIII. CORROSION PROTECTION

STEEL COMPONENT PROTECTION 2. SACRIFICIAL ANODE(S) 4. IMPRESSED CURRENT 6. ISOLATION 448.

IX. APPLICANT SIGNATURE

CERTIFICATION: I certify that this UST system is compatible with the hazardous substance stored and that the information provided herein is true, accurate, and in full compliance with legal requirements.

APPLICANT SIGNATURE 470. DATE

APPLICANT NAME (print) 471. APPLICANT TITLE 472.

UNIFIED PROGRAM CONSOLIDATED FORM UNDERGROUND STORAGE TANK OPERATING PERMIT APPLICATION – TANK INFORMATION (One form per UST)

TYPE OF ACTION (Check one item only. For a UST closure or removal, complete only this section and Sections I, II, III, IV, and IX below) 430.

1. NEW PERMIT 3. RENEWAL PERMIT 5. CHANGE OF INFORMATION
 6. TEMPORARY UST CLOSURE 7. UST PERMANENT CLOSURE ON SITE 8. UST REMOVAL

DATE UST PERMANENTLY CLOSED: 430a. DATE EXISTING UST DISCOVERED: 430b.

I. FACILITY INFORMATION

FACILITY ID # (Agency Use Only) 1.

BUSINESS NAME (Same as Facility Name or DBA – Doing Business As) 3.

BUSINESS SITE ADDRESS 103. CITY 104.

II. TANK DESCRIPTION

TANK ID # 432. TANK MANUFACTURER 433. TANK CONFIGURATION: THIS TANK IS 434.

1. A STAND-ALONE TANK Complete one page for each
 2. ONE IN A COMPARTMENTED UNIT compartment in the unit.

DATE UST SYSTEM INSTALLED 435. TANK CAPACITY IN GALLONS 436. NUMBER OF COMPARTMENTS IN THE UNIT 437.

III. TANK USE AND CONTENTS

TANK USE

1a. MOTOR VEHICLE FUELING 1b. MARINA FUELING 1c. AVIATION FUELING 439.
 3. CHEMICAL PRODUCT STORAGE 4. HAZARDOUS WASTE (Includes Used Oil) 5. EMERGENCY GENERATOR FUEL [HSC §25281.5(c)] 439a.
 6. OTHER GENERATOR FUEL 99. OTHER (Specify):

CONTENTS

PETROLEUM: 1a. REGULAR UNLEADED 1c. MIDGRADE UNLEADED 1b. PREMIUM UNLEADED 440.
 3. DIESEL 5. JET FUEL 6. AVIATION GAS
 8. PETROLEUM BLEND FUEL 9. OTHER PETROLEUM (Specify): 440a.

NON-PETROLEUM: 7. USED OIL 10. ETHANOL
 11. OTHER NON-PETROLEUM (Specify): 440b.

IV. TANK CONSTRUCTION

TYPE OF TANK

1. SINGLE WALL 2. DOUBLE WALL 99. UNKNOWN 443.

PRIMARY CONTAINMENT

1. STEEL 3. FIBERGLASS 6. INTERNAL BLADDER 444.
 7. STEEL + INTERNAL LINING 99. UNKNOWN 99. OTHER (Specify): 444a.

SECONDARY CONTAINMENT

1. STEEL 3. FIBERGLASS 6. EXTERIOR MEMBRANE LINER 7. JACKETED 445.
 99. NONE 99. UNKNOWN 99. OTHER (Specify): 445a.

OVERFILL PREVENTION

1. AUDIBLE & VISUAL ALARMS 2. BALL FLOAT 3. FILL TUBE SHUT-OFF VALVE 452.
 4. TANK MEETS REQUIREMENTS FOR EXEMPTION FROM OVERFILL PREVENTION EQUIPMENT

V. PRODUCT / WASTE PIPING CONSTRUCTION

PIPING CONSTRUCTION

1. SINGLE WALL 2. DOUBLE WALL 99. OTHER 460.

SYSTEM TYPE

1. PRESSURE 2. GRAVITY 3. CONVENTIONAL SUCTION 4. SAFE SUCTION [23 CCR §2636(a)(3)] 458.

PRIMARY CONTAINMENT

1. STEEL 4. FIBERGLASS 8. FLEXIBLE 10. RIGID PLASTIC 464.
 99. NONE 99. UNKNOWN 99. OTHER (Specify): 464a.

SECONDARY CONTAINMENT

1. STEEL 4. FIBERGLASS 8. FLEXIBLE 10. RIGID PLASTIC 464b.
 99. NONE 99. UNKNOWN 99. OTHER (Specify): 464c.

PIPING/TURBINE CONTAINMENT SUMP TYPE

1. SINGLE WALL 2. DOUBLE WALL 99. NONE 464d.

VI. VENT, VAPOR RECOVERY (VR) AND RISER / FILL PIPE PIPING CONSTRUCTION

VENT PRIMARY CONTAINMENT

1. STEEL 4. FIBERGLASS 10. RIGID PLASTIC 99. NONE 99. OTHER (Specify): 464e.
464e.l.

VENT SECONDARY CONTAINMENT

1. STEEL 4. FIBERGLASS 10. RIGID PLASTIC 99. NONE 99. OTHER (Specify): 464f.
464f.i.

VR PRIMARY CONTAINMENT

1. STEEL 4. FIBERGLASS 10. RIGID PLASTIC 99. NONE 99. OTHER (Specify): 464g.
464g.l.

VR SECONDARY CONTAINMENT

1. STEEL 4. FIBERGLASS 10. RIGID PLASTIC 99. NONE 99. OTHER (Specify): 464h.
464h.l.

VENT PIPING TRANSITION SUMP TYPE

1. SINGLE WALL 2. DOUBLE WALL 99. NONE 464i.

RISER PRIMARY CONTAINMENT

1. STEEL 4. FIBERGLASS 10. RIGID PLASTIC 99. NONE 99. OTHER (Specify): 464j.
464j.l.

RISER SECONDARY CONTAINMENT

1. STEEL 4. FIBERGLASS 10. RIGID PLASTIC 99. NONE 99. OTHER (Specify): 464k.
464k.l.

FILL COMPONENTS INSTALLED

1. SPILL BUCKET 3. STRIKER PLATE/BOTTOM PROTECTOR 4. CONTAINMENT SUMP 451a-c.

VII. UNDER DISPENSER CONTAINMENT (UDC)

CONSTRUCTION TYPE

1. SINGLE WALL 2. DOUBLE WALL 3. NO DISPENSERS 99. NONE 469a.

CONSTRUCTION MATERIAL

1. STEEL 4. FIBERGLASS 10. RIGID PLASTIC 99. OTHER (Specify) 469b.
469c.

VIII. CORROSION PROTECTION

STEEL COMPONENT PROTECTION

2. SACRIFICIAL ANODE(S) 4. IMPRESSED CURRENT 6. ISOLATION 448.

IX. APPLICANT SIGNATURE

CERTIFICATION: I certify that this UST system is compatible with the hazardous substance stored and that the information provided herein is true, accurate, and in full compliance with legal requirements.

APPLICANT SIGNATURE 470.

DATE

APPLICANT NAME (print) 471.

APPLICANT TITLE 472.

**UNIFIED PROGRAM CONSOLIDATED FORM
UNDERGROUND STORAGE TANK
OPERATING PERMIT APPLICATION – TANK INFORMATION** (One form per UST)

TYPE OF ACTION <i>(Check one item only. For a UST closure or removal, complete only this section and Sections I, II, III, IV, and IX below)</i> 430.	
<input type="checkbox"/> 1. NEW PERMIT	<input type="checkbox"/> 3. RENEWAL PERMIT
<input type="checkbox"/> 6. TEMPORARY UST CLOSURE	<input type="checkbox"/> 8. UST REMOVAL
<input type="checkbox"/> 7. UST PERMANENT CLOSURE ON SITE	<input type="checkbox"/> 5. CHANGE OF INFORMATION
DATE UST PERMANENTLY CLOSED: 430a.	DATE EXISTING UST DISCOVERED: 430b.

I. FACILITY INFORMATION

FACILITY ID # <i>(Agency Use Only)</i>	
BUSINESS NAME <i>(Same as Facility Name or DBA – Doing Business As)</i>	
BUSINESS SITE ADDRESS 103.	CITY 104.

II. TANK DESCRIPTION

TANK ID # 432.	TANK MANUFACTURER 433.	TANK CONFIGURATION: THIS TANK IS 434.
DATE UST SYSTEM INSTALLED 435.	TANK CAPACITY IN GALLONS 436.	<input type="checkbox"/> 1. A STAND-ALONE TANK Complete one page for each compartment in the unit.
		<input type="checkbox"/> 2. ONE IN A COMPARTMENTED UNIT
		NUMBER OF COMPARTMENTS IN THE UNIT 437.

III. TANK USE AND CONTENTS

TANK USE	<input type="checkbox"/> 1a. MOTOR VEHICLE FUELING	<input type="checkbox"/> 1b. MARINA FUELING	<input type="checkbox"/> 1c. AVIATION FUELING 439.
	<input type="checkbox"/> 3. CHEMICAL PRODUCT STORAGE	<input type="checkbox"/> 4. HAZARDOUS WASTE <i>(Includes Used Oil)</i>	<input type="checkbox"/> 5. EMERGENCY GENERATOR FUEL <i>[HSC §25281.5(e)]</i>
	<input type="checkbox"/> 6. OTHER GENERATOR FUEL	<input type="checkbox"/> 95. UNKNOWN	<input type="checkbox"/> 99. OTHER <i>(Specify):</i> 439a.
CONTENTS	PETROLEUM:		
	<input type="checkbox"/> 1a. REGULAR UNLEADED	<input type="checkbox"/> 1c. MIDGRADE UNLEADED	<input type="checkbox"/> 1b. PREMIUM UNLEADED 440.
	<input type="checkbox"/> 3. DIESEL	<input type="checkbox"/> 5. JET FUEL	<input type="checkbox"/> 6. AVIATION GAS
	<input type="checkbox"/> 8. PETROLEUM BLEND FUEL	<input type="checkbox"/> 9. OTHER PETROLEUM <i>(Specify):</i>	440a.
	NON-PETROLEUM:	<input type="checkbox"/> 7. USED OIL	<input type="checkbox"/> 10. ETHANOL 440b.
	<input type="checkbox"/> 11. OTHER NON-PETROLEUM <i>(Specify):</i>		

IV. TANK CONSTRUCTION

TYPE OF TANK	<input type="checkbox"/> 1. SINGLE WALL	<input type="checkbox"/> 2. DOUBLE WALL	<input type="checkbox"/> 95. UNKNOWN 443.
PRIMARY CONTAINMENT	<input type="checkbox"/> 1. STEEL	<input type="checkbox"/> 3. FIBERGLASS	<input type="checkbox"/> 6. INTERNAL BLADDER 444.
	<input type="checkbox"/> 7. STEEL + INTERNAL LINING	<input type="checkbox"/> 95. UNKNOWN	<input type="checkbox"/> 99. OTHER <i>(Specify):</i> 444a.
SECONDARY CONTAINMENT	<input type="checkbox"/> 1. STEEL	<input type="checkbox"/> 3. FIBERGLASS	<input type="checkbox"/> 6. EXTERIOR MEMBRANE LINER 445.
	<input type="checkbox"/> 90. NONE	<input type="checkbox"/> 95. UNKNOWN	<input type="checkbox"/> 99. OTHER <i>(Specify):</i> 445a.
OVERFILL PREVENTION	<input type="checkbox"/> 1. AUDIBLE & VISUAL ALARMS	<input type="checkbox"/> 2. BALL FLOAT	<input type="checkbox"/> 3. FILL TUBE SHUT-OFF VALVE 452.
	<input type="checkbox"/> 4. TANK MEETS REQUIREMENTS FOR EXEMPTION FROM OVERFILL PREVENTION EQUIPMENT		

V. PRODUCT / WASTE PIPING CONSTRUCTION

PIPING CONSTRUCTION	<input type="checkbox"/> 1. SINGLE WALL	<input type="checkbox"/> 2. DOUBLE WALL	<input type="checkbox"/> 99. OTHER 460.
SYSTEM TYPE	<input type="checkbox"/> 1. PRESSURE	<input type="checkbox"/> 2. GRAVITY	<input type="checkbox"/> 3. CONVENTIONAL SUCTION <input type="checkbox"/> 4. SAFE SUCTION <i>[23 CCR §2636(a)(3)]</i> 458.
PRIMARY CONTAINMENT	<input type="checkbox"/> 1. STEEL	<input type="checkbox"/> 4. FIBERGLASS	<input type="checkbox"/> 8. FLEXIBLE 464.
	<input type="checkbox"/> 90. NONE	<input type="checkbox"/> 95. UNKNOWN	<input type="checkbox"/> 99. OTHER <i>(Specify):</i> 464a.
SECONDARY CONTAINMENT	<input type="checkbox"/> 1. STEEL	<input type="checkbox"/> 4. FIBERGLASS	<input type="checkbox"/> 8. FLEXIBLE 464b.
	<input type="checkbox"/> 90. NONE	<input type="checkbox"/> 95. UNKNOWN	<input type="checkbox"/> 99. OTHER <i>(Specify):</i> 464c.
PIPING/TURBINE CONTAINMENT SUMP TYPE	<input type="checkbox"/> 1. SINGLE WALL	<input type="checkbox"/> 2. DOUBLE WALL	<input type="checkbox"/> 90. NONE 464d.

VI. VENT, VAPOR RECOVERY (VR) AND RISER / FILL PIPE PIPING CONSTRUCTION

VENT PRIMARY CONTAINMENT	<input type="checkbox"/> 1. STEEL	<input type="checkbox"/> 4. FIBERGLASS	<input type="checkbox"/> 10. RIGID PLASTIC	<input type="checkbox"/> 90. NONE	<input type="checkbox"/> 99. OTHER <i>(Specify):</i> 464e.
VENT SECONDARY CONTAINMENT	<input type="checkbox"/> 1. STEEL	<input type="checkbox"/> 4. FIBERGLASS	<input type="checkbox"/> 10. RIGID PLASTIC	<input type="checkbox"/> 90. NONE	<input type="checkbox"/> 99. OTHER <i>(Specify):</i> 464f.
VR PRIMARY CONTAINMENT	<input type="checkbox"/> 1. STEEL	<input type="checkbox"/> 4. FIBERGLASS	<input type="checkbox"/> 10. RIGID PLASTIC	<input type="checkbox"/> 90. NONE	<input type="checkbox"/> 99. OTHER <i>(Specify):</i> 464g.
VR SECONDARY CONTAINMENT	<input type="checkbox"/> 1. STEEL	<input type="checkbox"/> 4. FIBERGLASS	<input type="checkbox"/> 10. RIGID PLASTIC	<input type="checkbox"/> 90. NONE	<input type="checkbox"/> 99. OTHER <i>(Specify):</i> 464h.
VENT PIPING TRANSITION SUMP TYPE	<input type="checkbox"/> 1. SINGLE WALL	<input type="checkbox"/> 2. DOUBLE WALL	<input type="checkbox"/> 90. NONE 464i.		
RISER PRIMARY CONTAINMENT	<input type="checkbox"/> 1. STEEL	<input type="checkbox"/> 4. FIBERGLASS	<input type="checkbox"/> 10. RIGID PLASTIC	<input type="checkbox"/> 90. NONE	<input type="checkbox"/> 99. OTHER <i>(Specify):</i> 464j.
RISER SECONDARY CONTAINMENT	<input type="checkbox"/> 1. STEEL	<input type="checkbox"/> 4. FIBERGLASS	<input type="checkbox"/> 10. RIGID PLASTIC	<input type="checkbox"/> 90. NONE	<input type="checkbox"/> 99. OTHER <i>(Specify):</i> 464k.
FILL COMPONENTS INSTALLED	<input type="checkbox"/> 1. SPILL BUCKET	<input type="checkbox"/> 3. STRIKER PLATE/BOTTOM PROTECTOR	<input type="checkbox"/> 4. CONTAINMENT SUMP 451a-c.		

VII. UNDER DISPENSER CONTAINMENT (UDC)

CONSTRUCTION TYPE	<input type="checkbox"/> 1. SINGLE WALL	<input type="checkbox"/> 2. DOUBLE WALL	<input type="checkbox"/> 3. NO DISPENSERS	<input type="checkbox"/> 90. NONE 469a.
CONSTRUCTION MATERIAL	<input type="checkbox"/> 1. STEEL	<input type="checkbox"/> 4. FIBERGLASS	<input type="checkbox"/> 10. RIGID PLASTIC	<input type="checkbox"/> 99. OTHER <i>(Specify)</i> 469b.
				469c.

VIII. CORROSION PROTECTION

STEEL COMPONENT PROTECTION	<input type="checkbox"/> 2. SACRIFICIAL ANODE(S)	<input type="checkbox"/> 4. IMPRESSED CURRENT	<input type="checkbox"/> 6. ISOLATION 448.
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IX. APPLICANT SIGNATURE

CERTIFICATION: I certify that this UST system is compatible with the hazardous substance stored and that the information provided herein is true, accurate, and in full compliance with legal requirements.	
APPLICANT SIGNATURE	DATE 470.
APPLICANT NAME <i>(print)</i> 471.	APPLICANT TITLE 472.

UPCF UST Operating Permit Application – Tank Information Instructions (Formerly SWRCB Permit Application Form B and UPCF Form hfwfrc-b)

Complete a separate Tank Information form for each UST for all new permits, permit changes, and any UST system information changes. This form must be submitted within 30 days of permit or UST system information changes, unless your local agency requires approval prior to making changes. For tanks that are part of a compartmentalized unit, each compartment is considered a separate tank and requires completion of a separate Tank Information form. For a UST closure or removal, complete only TYPE OF ACTION and Sections I, II, III, IV, and IX. (Note: Numbering of these instructions matches the UPCF data element numbers on the form.)

430. TYPE OF ACTION – Check the appropriate box to indicate why this form is being submitted.
- 430a. DATE UST PERMANENTLY CLOSED – For reporting closure only: enter the date the UST was removed or closed on site.
- 430b. DATE EXISTING UST DISCOVERED – Enter the date this UST was discovered. Leave blank if installation date is known.
1. FACILITY ID NUMBER – This space is for agency use only.
3. BUSINESS NAME – Enter the complete facility name.
103. BUSINESS SITE ADDRESS – Enter the street address of the facility, including building number, if applicable. This address must be the physical location of the facility. Post office box numbers are not acceptable.
104. BUSINESS SITE CITY – Enter the city or unincorporated area in which the facility is located.
432. TANK ID # – Enter a unique number used to identify the tank. This number may be assigned by the UST owner/operator or the Unified Program Agency.
433. TANK MANUFACTURER – Enter the name of the company that manufactured the tank.
434. NUMBER OF TANK UNITS. Check the appropriate box to indicate if the tank is a stand-alone tank or one of two or more compartments in a tank system. A separate UST Operating Permit Application – Tank Information form must be submitted for each compartment.
435. DATE UST SYSTEM INSTALLED – Enter the date the local agency signed-off on installation of the UST system. This is the date of initial tank system installation, and does not include upgrades or retrofits which may have been performed later. If this is for a new installation, leave blank.
436. TANK CAPACITY IN GALLONS: Enter the tank capacity. For compartmentalized tanks, enter data for the compartment covered by this tank form only.
437. NUMBER OF TANK COMPARTMENTS: If the tank is a compartment, enter the total number of compartments in the UST.
439. TANK USE – Check the type of tank usage.
- 439a. If you checked “OTHER” specify the type of tank usage in the space provided.
440. TANK CONTENTS – Check the specific petroleum or non-petroleum substance stored.
- 440a. If you checked “OTHER PETROLEUM” specify the common name of the substance in the space provided [i.e., the name used in the facility’s Hazardous Materials Business Plan (HMBP) inventory].
- 440b. If you checked “OTHER” under Non-petroleum, specify the common name of substance in the space provided (i.e., the name used in the HMBP inventory).
443. TYPE OF TANK – Check the box that identifies the type of tank.
444. TANK PRIMARY CONTAINMENT – Check the construction material of the primary containment (i.e., inner tank wall nearest the hazardous substance stored). If the tank material is not listed, check “Other” and specify the material in the space provided.
- 444a. If you checked “OTHER” specify the type of primary containment in the space provided.
445. TANK SECONDARY CONTAINMENT – Check the construction material of the secondary containment that provides containment external to, and separate from, the primary containment described above. If the tank is a single-wall tank, check “None.” If the material is not listed, check “OTHER” and specify the material in the space provided (e.g., HDPE).
- 445a. If you checked “OTHER” specify the type of secondary containment in the space provided.
452. OVERFILL PREVENTION – Check the box(es) to describe the type(s) of overfill protection equipment installed.
458. PIPING SYSTEM TYPE – Check the type of product/waste piping installed in this tank system. “SAFE SUCTION” refers to piping systems meeting all requirements of 23 CCR §2636(a)(3) (also known as “European Suction” systems) (i.e., sloped suction piping systems with no valves or pumps below grade and only one check valve, located below and as close as practical to the suction pump). Title 23, California Code of Regulations is available online at www.calregs.com.
464. PIPING PRIMARY CONTAINMENT – Check the material(s) used to construct the primary (i.e., inner) underground product/waste piping.
- 464a. If you checked “OTHER” specify the type of primary containment in the space provided.
- 464b. PIPING SECONDARY CONTAINMENT – Check the material(s) used to construct the secondary containment system(s) (i.e., secondary piping, trench) provided for the product/waste piping. For single-wall piping systems, check “NONE.”
- 464c. If you checked “OTHER” specify the type of secondary containment in the space provided.
- 464d. PIPING/TURBINE CONTAINMENT SUMP TYPE – Indicate the type of piping/turbine containment sump(s). Check “NONE” if not present.
- 464e-e1. VENT PRIMARY CONTAINMENT – Check the material(s) used to construct the primary (i.e., inner) vent piping. (Note: Address venting of the tank primary containment only.) Specify OTHER type of containment in the space provided.
- 464f-fl. VENT SECONDARY CONTAINMENT – Check the material(s) used to construct the secondary containment system(s) (e.g., secondary piping,) provided for the vent piping. For single-wall piping systems, check “None.” (Note: Address venting of the tank primary containment only.) Specify OTHER type of containment in the space provided.
- 464g-g1. VR PRIMARY CONTAINMENT – Check the material(s) used to construct the primary (i.e., inner) vapor recovery piping. For tanks without vapor recovery piping (e.g., Diesel tanks), check “None.” Specify OTHER type of containment in the space provided.
- 464h-h1. VR SECONDARY CONTAINMENT – Check the material(s) used to construct the secondary containment system(s) (e.g., secondary piping) provided for the vapor recovery piping. For single-wall piping systems, check “None.” Specify OTHER type of containment in the space provided.
- 464i. VENT PIPING TRANSITION SUMP TYPE – Indicate type of transition sump(s). Check “NONE” if not present.
- 464j-j1. RISER PRIMARY CONTAINMENT – Check the material(s) used to construct the primary (i.e., inner) piping for all risers (not drop tubes) other than annular space risers (i.e., risers for filling or gauging of the primary tank). Specify OTHER type of containment in the space provided.
- 464k-k1. RISER SECONDARY CONTAINMENT – Check the material(s) used to construct secondary containment system(s) (i.e., secondary piping, sumps) provided for the riser piping. For risers without secondary containment, check “None.” Specify OTHER type of containment in the space provided.
- 451a-c. FILL COMPONENTS INSTALLED – Check the appropriate boxes to show that spill containment, tank bottom protection, and fill containment sumps (if applicable) are installed.
- 469a. UDC CONSTRUCTION TYPE – Check the box to describe the type of dispenser containment system(s) (i.e., dispenser sumps or pans). If the system has no dispensers (e.g., standby generator tank system), check “No Dispensers.” If the system has a dispenser, but no UDC, check “NONE.”
- 469b. UDC CONSTRUCTION MATERIAL – Check the box to describe the materials used to construct the UDC.
- 469c. If you checked “OTHER” specify the type of UDC construction material in the space provided.
448. STEEL COMPONENT PROTECTION – All systems contain some steel components. Check the appropriate box(es) to describe all corrosion protection methods used. “Isolation” means electrical isolation from soil, backfill, and groundwater. Examples include fiberglass cladding, non-metallic secondary containment systems which isolate steel components from the sub-surface environment, and insulating bushings.
- APPLICANT SIGNATURE – The same person who signs the UST Operating Permit Application – Facility Form shall sign in the space provided. This signature certifies that the signer believes that all information submitted is true and accurate, and that the UST system is compatible with the substance stored.
470. DATE – Enter the date the form was signed.
471. APPLICANT NAME – Print or type the name of the person signing the form.
472. APPLICANT TITLE – Enter the title of the person signing the form.

**UNIFIED PROGRAM CONSOLIDATED FORM
HAZARDOUS WASTE
HAZARDOUS WASTE TANK CLOSURE CERTIFICATION**

Page _____ of _____

I. FACILITY IDENTIFICATION

BUSINESS NAME (Same as FACILITY NAME or DBA - Doing Business As) ^{3.}	FACILITY ID# 1.
TANK OWNER NAME 740.	
TANK OWNER ADDRESS 741.	
TANK OWNER CITY 742.	STATE 743. ZIP CODE 744.

II. TANK CLOSURE INFORMATION

TANK INTERIOR ATMOSPHERE READINGS	Tank ID # <small>(Attach additional copies of this page for more than three tanks)</small>	Concentration of Flammable Vapor			Concentration of Oxygen		
		Top	Center	Bottom	Top	Center	Bottom
1	745.	746a.	746b.	746c.	747a.	747b.	747c.
2	748.	749a.	749b.	749c.	750a.	750b.	750c.
3	751.	752a.	752b.	752c.	753a.	753b.	753c.

III. CERTIFICATION

On examination of the tank, I certify the tank is visually free from product, sludge, scale (thin, flaky residual of tank contents), rinsate and debris. I further certify that the information provided herein is true and accurate to the best of my knowledge.

SIGNATURE OF CERTIFIER	STATUS OR AFFILIATION OF CERTIFYING PERSON Certifier is a representative of the CUPA, authorized agency, or LIA: 760. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
NAME OF CERTIFIER (Print) 754.	Name of CUPA, authorized agency, or LIA: 761.
TITLE OF CERTIFIER 755.	N/A
ADDRESS 756.	If certifier is other than CUPA / LIA check appropriate box below: 762.
CITY 757.	<input type="checkbox"/> a. Certified Industrial Hygienist (CIH) <input type="checkbox"/> b. Certified Safety Professional (CSP) <input type="checkbox"/> c. Certified Marine Chemist (CMC) <input type="checkbox"/> d. Registered Environmental Health Specialist (REHS)
PHONE 758.	<input type="checkbox"/> e. Professional Engineer (PE) <input type="checkbox"/> f. Class II Registered Environmental Assessor
DATE 759.	<input type="checkbox"/> g. Contractors' State License Board licensed contractor (with hazardous substance removal certification)
CERTIFICATION TIME	

TANK PREVIOUSLY HELD FLAMMABLE OR COMBUSTIBLE MATERIALS 763.
 (If yes, the tank interior atmosphere shall be re-checked with a combustible gas indicator prior to work being conducted on the tank.) Yes No

CERTIFIER'S TANK MANAGEMENT INSTRUCTIONS FOR SCRAP DEALER, DISPOSAL FACILITY, ETC: 764.

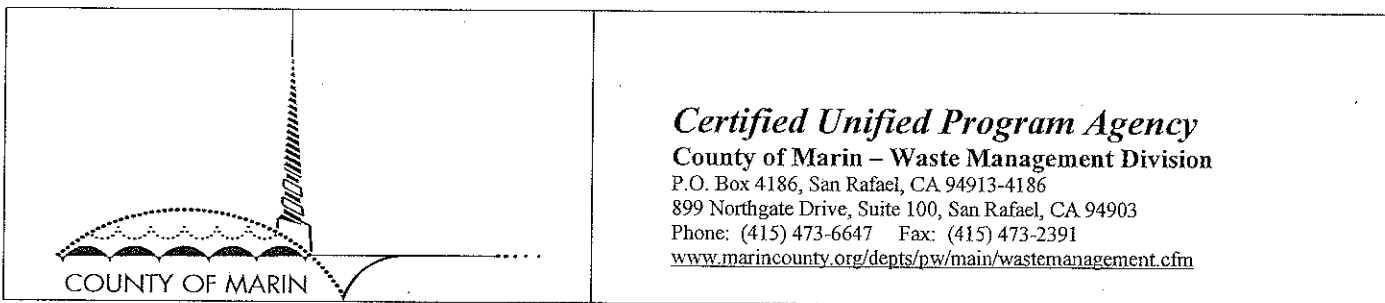
A copy of this certificate shall accompany the tank to the recycling/disposal facility and be provided to the agency overseeing tank closure (i.e. CUPA or other authorized local agency); the owner and/or operator of the tank system; and the tank removal contractor.

Hazardous Waste Tank Closure Certification Instructions

Complete and submit this page after cleaning any underground or aboveground tank system subject to Title 22, Division 4.5, Chapter 32, California Code of Regulations. Refer to 22 CCR §67383.3 and 23 CCR §2672 for disposal requirements for tank systems.

Completed Unified Program Consolidated Form (UPCF) Business Activities and Business Owner/Operator Identification (OES Form 2730) pages must be submitted with this form. Please number all pages of your submittal. (Note: Numbering of the following instructions follows the UPCF data element numbers on this form.)

1. FACILITY ID NUMBER - This number is for agency use only. Leave this space blank.
 3. BUSINESS NAME - Enter the complete Facility Name.
 740. TANK OWNER NAME - Complete items 740-744 unless all items are the same as the Business Owner information (items 111-116) on the Business Owner/Operator Identification page (OES Form 2730). If the same, write "SAME AS SITE" across this section.
 741. TANK OWNER ADDRESS -
 742. TANK OWNER CITY -
 743. TANK OWNER STATE -
 744. TANK OWNER ZIP CODE -
 745. TANK ID NUMBER 1-3 - Enter up to three owner tank ID numbers. These are unique numbers used by the owner to identify each tank. If more than three tanks are being closed, complete additional copies of this page. (Enter additional tank numbers in 748 and 751.)
 746. CONCENTRATION OF FLAMMABLE VAPOR 1-3 - Enter interior flammable vapor concentration readings taken at the top, center, and bottom of the tank. (If more than one tank, enter additional tank readings in 749 and 752.)
 747. CONCENTRATION OF OXYGEN 1-3 - Enter interior oxygen readings taken at the top, center, and bottom of the tank. (If more than one tank, enter additional tank readings in 750 and 753).
- SIGNATURE - A qualified professional meeting the requirements of 22 CCR §67383.3(f) shall sign in the space provided to certify that the cleaned tank(s) meet all standards specified in 22 CCR §67383.3(e)(1) and (2).
754. CERTIFIER NAME - Print or type the full name of the person signing the Certification.
 755. CERTIFIER TITLE - Enter the title of the person signing the Certification.
 756. CERTIFIER ADDRESS - Enter the address of the person signing the Certification.
 757. CERTIFIER CITY - Enter the city for the signer's address.
 758. CERTIFIER PHONE - Enter the phone number for the person signing the Certification.
 759. DATE CERTIFIED - Enter the date that the Certification was signed. Enter the time that the readings were taken.
 760. CERTIFIER REPRESENTS LOCAL AGENCY - Check "Yes" if the person certifying the tank is a representative of a CUPA or authorized local agency, otherwise, check "No."
 761. NAME OF LOCAL AGENCY - If certified by a CUPA or other local agency, enter the name of the agency.
 762. AFFILIATION OF CERTIFYING PERSON - Check the certification, license, or organization which the certifier holds or to which the certifying person belongs, if not a CUPA or other local agency.
 763. TANK HELD FLAMMABLE OR COMBUSTIBLE MATERIALS - Check "Yes" if the tank(s) previously held flammable or combustible materials, otherwise check "No."
 764. MANAGEMENT INSTRUCTIONS - Provide tank management instructions to the scrap dealer, disposal facility, etc. in this space.



Certified Unified Program Agency
 County of Marin – Waste Management Division
 P.O. Box 4186, San Rafael, CA 94913-4186
 899 Northgate Drive, Suite 100, San Rafael, CA 94903
 Phone: (415) 473-6647 Fax: (415) 473-2391
www.marincounty.org/depts/pw/main/wastemanagement.cfm

ORDINANCE NO. 3490 (Summary Related to Fees)

THE BOARD OF SUPERVISORS OF THE COUNTY OF MARIN DOES HEREBY ORDAIN AS FOLLOWS:

7.80.015 Fee Schedule.

Pursuant to Health and Safety Code, Division 20, Chapter 6.11, Section 25404.5(a), each CUPA shall institute a single fee system for all CUPA programs. Any existing fees for programs now under CUPA are to be replaced by the single fee system. These fees are to be set to a level sufficient to pay necessary and reasonable cost incurred by the CUPA in administering the CUPA programs. The changes in the fee schedule shall become in effect upon the effective date of the ordinance codified in this section. Future amendments may be added to cover the costs of implementing the various CUPA programs. No refund or rebate of a permit application shall be allowed by reason of the fact that the permit is denied or the permittee discontinues the activity or use of a facility prior to the expiration of the term of that permit.

7.80.020 Underground Storage Tank Fees.

The following fees and charges are enacted:

Annual permit to operate (store): Per tank	\$1,000.00
Plan check/installation inspection: Per tank (up to 5 hours staff time*)	\$500.00
Modification of tank system:	
No plan check: Per tank (up to 3 hours staff time*)	\$300.00
Plan check: Per tank (up to 5 hours of staff time*)	\$500.00
Removal of tank(s): Per tank (up to 5 hours staff time*)	\$500.00
Transfer of permit: All tanks	\$200.00
In-place closure: Per tank (up to 5 hours of staff time*)	\$500.00
Temporary closure.....	\$100.00
Consultation/facility oversight	\$100.00/hour

7.80.032 Aboveground Storage of Petroleum Products:

The following fees and charges are enacted:

Total volume of petroleum product stored aboveground in gallons	
A1 Aggregates of 1320 to less than 10,000.....	\$750.00
A2 Aggregates of 10,000 to less than 100,000.....	\$1,500.00
A3 Aggregates of 100,000 plus	\$2,500.00

7.80.025 Hazardous Materials Business Plan and California Accidental Release Prevention Fees.

The following fees and charges are enacted:

Hazardous Materials in Tanks (both Aboveground and Underground)

<u>Fee Group</u>	<u>Volume</u>	<u>Fee</u>
<i>Total Volume of Hazardous Material in Tanks (both Aboveground and Underground)</i>		
T1	Aggregates of up to and including 500 gallons	\$247.50
T2	Aggregates of 501 -- 1,500 gallons	\$275.00
T3	Aggregates of 1,501 -- 12,000 gallons	\$302.50
T4	Aggregates of 12,001 -- 40,000 gallons	\$330.00
T5	Aggregates of >40,000 gallons	\$357.50

<u>Fee Group</u>	<u>Volume</u>	<u>Fee</u>
<i>Volume of Hazardous Materials NOT Contained in Tanks</i>		
R1	Aggregates of 0 -- 55 gallons (Applicable only if you use hazardous materials in a tank)	\$50.00
R2	Aggregates of 56 -- 165 gallons, 200 -- 500 cubic feet, and 500 -- 1,000 pounds	\$412.50
R3	Aggregates of 166 -- 550 gallons, 501 -- 1,000 cubic feet, and 1,001 -- 5,000 pounds	\$440.00
R4	Aggregates of 551 -- 1,100 gallons, >1,001 cubic feet, and 5,001 -- 10,000 pounds	\$467.50
R5	Aggregates of >1,101 gallons and >10,001 pounds	\$495.00
F	Farms	\$165.00
	California Accidental Release Prevention Program (CalARP)	\$2,500.00
	Consultation/facility oversight	\$100.00/hour

7.80.030 Hazardous Waste Generator and Hazardous Waste Treatment Fees.

The following fees and charges are enacted:

Hazardous waste generator not in combination with other programs	\$200.00
Hazardous waste generator in combination with other programs	\$425.00
Hazardous waste generator classified as a large quantity generator	\$600.00
Hazardous waste onsite treatment/tiered permitting	\$550.00
Hazardous waste generator classified as a farm	\$150.00
Consultation/facility oversight	\$100.00/hour

7.80.035 State CUPA Surcharge Fee.

The term "State CUPA Surcharge" shall be deemed to refer to those provisions and fees prescribed pursuant to contained in Section 25404.5 Paragraph (c), and Section 25287 Paragraphs "(a)" and "(b)" of the Health and Safety Code.

A state of California surcharge as required by the Health and Safety Code and California Code of Regulations shall be added to each fee. (Ord. 3357 §§ 1 and 2, 2003; Ord. 3330 §§ 1 and 2, 2001; Ord. 3313 §§ 1 and 2, 2000; Ord. 3263 § 1, 1997; Ord. 3262 § 1 (part), 1997)

7.80.040 Delinquent Fees.

All fees delinquent for thirty (30) days shall be subject to a penalty of twenty-five (25) percent of the permit fee. For each additional month, or fraction thereof, in which the delinquency continues, an additional penalty of twenty-five (25) percent of the fee shall be collected. Delinquent penalty fees will continue to be assessed for each additional month up to one hundred percent of the permit fee. (Ord. 3262 § 1 (part), 1997)

SECTION III: EFFECTIVE DATE AND PUBLICATION is hereby declared to be in full force and effect as of June 6, 2008 and a summary shall be published once before the expiration of fifteen (15) days after its passage, with the names of the Supervisors voting for and against the same, in the Marin Independent Journal; a newspaper of general circulation published in the County of Marin.

SECTION VI: PASSED AND ADOPTED at a regular meeting of the Board of Supervisors of the County of Marin held on this 6th day of May, 2008.