



Community and Economic Development Environmental Health Division

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UNDERGROUND STORAGE TANK INSTALLATION/MODIFICATION PERMIT APPLICATION

SECTION I: FACILITY INFORMATION

FACILITY INFORMATION:

Facility Name: _____ Phone: _____
Facility Address: _____ APN: _____
Owner/Operator's Name: _____ Owner/Operator's Phone: _____
Owner/Operator's Address: _____

CONTRACTOR INFORMATION:

Contractor's Name: _____ Phone: _____
Contractor's Address: _____
Contractor's License Number: _____ Email: _____

INVOICE: Facility Owner/Operator Contractor Other: _____

SECTION II - SCOPE OF WORK (Check all that apply)

- TANK INSTALLATION**
 - New Tank Installation Only
 - Tank(s) Replacement (remove and install)
- TANK SYSTEM UPGRADE**
 - Installation of Dispenser Containment
 - Installation of Double-wall Piping
 - Installation of Turbine/Fill Sump
- TANK SYSTEM MODIFICATION/REPAIR**
 - Install Electronic in-line Leak Detector
 - Install New Monitoring System or component
 - Piping Repair/Modification Replace Turbine Pump
 - Spill Bucket(s): How many? _____
 - Secondary Containment Repair
 - Repair sump(s): How many? _____
 - Repair Under Dispenser Containment: How many? _____
- OTHER** _____

Scope of work summary:

SECTION III - TYPE OF WORK

PE Code	NEW UST CONSTRUCTION	Fees
2302	UST Installation – Facility (13 hour maximum)	\$1,880.00
2303	UST Installation - Each Tank (3 hour maximum) No. of tank(s) _____	X\$430.00
UST UPGRADE/REPAIR		
2306	Major Modification – Facility (3 hour maximum)	\$430.00
2307	Each Tank (1 hour maximum) No. of tank(s) _____	X\$140.00
2308	Minor Modification – Facility (2 hour maximum)	\$285.00
2309	Each Tank (1/2 hour maximum) No. of tank(s) _____	X\$69.00
7001	AUTOMATION/SOFTWARE MAINTENANCE FEE	\$22.00
Total FEE		

Make checks payable to the Madera County Environmental Health Division (MCEHD). A permit will be issued by MCEHD upon review and approval of the application and plans. No work is to begin on the proposed project until a permit has been issued. If additional time is required or inspection of Plans goes beyond what is described in the Environmental Health Fee Schedule an hourly rate of \$140.00 will apply.

SECTION IV - APPLICANT

I declare under penalty of perjury under the laws of the State of California that the foregoing and attached information forms are true and correct.

APPLICANT'S SIGNATURE

PRINT NAME

DATE

OFFICE USE ONLY:

Service Request Number: _____

Permit Number: _____ **PLAN RECEIVED BY:** _____ **DATE RECEIVED:** _____

SECTION V – EQUIPMENT INFORMATION

1. In the table below, check the box for any component that will be **Installed/Replace**. List the **quantity**, **manufacturer name**, specific **model number** and submit the equipment **specification sheet**.
2. If all tanks at a facility will not use the same equipment (make/model), please complete this sheet for each tank.
3. Each item the **installed/replace box is check** must be depicted in the site-specific drawings.
4. Equipment not listed below, attached a separate page.

Equipment	Installed/ Replace	Quantity	Name of Equipment Manufacturer	Model Number
Tank(s)	<input type="checkbox"/>			
Primary Product Pipe	<input type="checkbox"/>			
Secondary Product Pipe	<input type="checkbox"/>			
Primary Vapor Return Pipe	<input type="checkbox"/>			
Secondary Vapor Return Pipe	<input type="checkbox"/>			
Primary Vent Pipe	<input type="checkbox"/>			
Secondary Vent Pipe	<input type="checkbox"/>			
Chase Pipe	<input type="checkbox"/>			
STP Sump	<input type="checkbox"/>			
Fill Sump	<input type="checkbox"/>			
Vent Sump	<input type="checkbox"/>			
Low Point or Transition Sump	<input type="checkbox"/>			
Manway lids for sump	<input type="checkbox"/>			
Dispenser	<input type="checkbox"/>			
Dispenser conversion frame/adaptor	<input type="checkbox"/>			
Under Dispenser Containment (UDC)	<input type="checkbox"/>			
Leak Detection Console/Monitor Panel	<input type="checkbox"/>			
Tank Interstitial Space Sensor	<input type="checkbox"/>			
STP Sump Sensor	<input type="checkbox"/>			
Fill Sump Sensor	<input type="checkbox"/>			
Vent Sump Sensor	<input type="checkbox"/>			
Low Point or Transition Sump Sensor	<input type="checkbox"/>			
<input type="checkbox"/> UDC Sensor or <input type="checkbox"/> Float & Chain	<input type="checkbox"/>			
Overfill Prevention Equipment:(check one) <input type="checkbox"/> External Overfill Alarm <input type="checkbox"/> Drop Tube Fill Shut-Off Valve	<input type="checkbox"/>			
In-Tank Probe (e.g. ATG)	<input type="checkbox"/>			
Spill Containment (spill bucket)	<input type="checkbox"/>			
Line Leak Detector	<input type="checkbox"/>			
Turbine	<input type="checkbox"/>			
Flex Connector	<input type="checkbox"/>			
Flex Connector Boot	<input type="checkbox"/>			
Penetration Fitting	<input type="checkbox"/>			
Shear Valve	<input type="checkbox"/>			
Test and Reducer Boot	<input type="checkbox"/>			
Vent Cap	<input type="checkbox"/>			
Remote Fill Primary Pipe (if apply)	<input type="checkbox"/>			
Remote Fill Secondary Pipe (if apply)	<input type="checkbox"/>			

VPH Secondary Containment Monitoring: provide type of sensor

Tank: <input type="checkbox"/> vacuum or <input type="checkbox"/> hydrostatic	<input type="checkbox"/>			
Piping: <input type="checkbox"/> vacuum or <input type="checkbox"/> hydrostatic	<input type="checkbox"/>			
STP sump: <input type="checkbox"/> vacuum or <input type="checkbox"/> hydrostatic	<input type="checkbox"/>			
Fill sump: <input type="checkbox"/> vacuum or <input type="checkbox"/> hydrostatic	<input type="checkbox"/>			
Vent sump: <input type="checkbox"/> vacuum or <input type="checkbox"/> hydrostatic	<input type="checkbox"/>			
Transition sump: <input type="checkbox"/> vacuum or <input type="checkbox"/> hydrostatic	<input type="checkbox"/>			
UDC: <input type="checkbox"/> vacuum or <input type="checkbox"/> hydrostatic	<input type="checkbox"/>			
Others:				
Others:				

SECTION VI - GENERAL INFORMATION

Estimated Start Date: _____

Estimated Completion Date: _____

Distance of UST(s) from nearest well: _____

Depth to groundwater (if known): _____

Type of system:

Check one: Pressure Suction Safe Suction Gravity Flow Emergency Generator

SECTION VII - NEW TANK ONLY

Enhanced Leak Detection (ELD) Testing Company: _____

**This list is not intended to be all-inclusive, it is meant to act as a guide for what should be included in drawings submitted to MCEHD. A parts list is to be included on the drawings and should include make & model number and correspond to side view or end view drawings by number or letter.

Overhead View of Site (Drawn to scale and to include all of following that apply):

- North arrow
- Scale of drawing
- Closest landmarks (e.g. buildings, streets, etc.)
- Bollards or guard posts
- Dispenser islands
- Tanks
- All piping that will contain product (supply & return)
- Vapor recovery piping
- Vent piping & termination
- Buildings
- Location of all leak detection equipment and monitoring panel
- Location of Emergency Shutoff
- Location of any proposed or existing wells (observation, monitor, etc.)
- Location of overfill alarm
- Location of all secondary containment monitoring equipment (VPH)
- Indicate slope on piping toward tank (must be minimum of 1/8 inch per foot)

Side View

- Tank(s)
- Sumps
- Under Dispenser Containment (UDC)
- Spill Buckets
- All monitoring equipment inside tank, sump, udc, and spill buckets

- A detailed as-built drawing of the completed tank system layout including location of tanks, product piping, vapor return piping, vent piping, all sumps including transition and vent, location of all monitoring sensors and equipment.
- Vacuum/Pressure/Hydrostatic (VPH) secondary monitoring - A detailed diagram that identifies all vacuum, pressure or hydrostatically monitored zones. Include vacuum volume for each vacuum monitored zone if apply.