



**Certified Unified Program Agency**

**County of Marin – Waste Management Division**

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[www.marincounty.org/depts/pw/divisions/cupa](http://www.marincounty.org/depts/pw/divisions/cupa)

**APPLICATION FOR A PERMIT TO INSTALL OR MODIFY AN UNDERGROUND STORAGE TANK SYSTEM**

Facility Name: \_\_\_\_\_

Facility Address: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Phone: \_\_\_\_\_

Contractor: \_\_\_\_\_ License: \_\_\_\_\_

Contractor Mailing Address: \_\_\_\_\_

Contractor Contact Person: \_\_\_\_\_ Phone: \_\_\_\_\_

Please Check One: *Permit to Install (new tank system)*      *Permit to Modify\* (install on existing system)*

**\*NOTE: If this is a permit to modify, only fill out the portions of this application that are intended to be modified.**

**A. Number of Tanks to be installed:** \_\_\_\_\_

**B. Tank information** (all new installations are to be double-walled and continuously monitored by vacuum or pressure or hydrostatic)

Tank #	Manufacturer	Composition	Striker Plate	Material stored

**C. Tank leak detection and monitoring system:**

Continuous monitoring (pressure or vacuum or hydrostatic-post July1, 2004 requirements-Chapter 6.7, CHSC Section 25290.1) system within secondary containment connected to an audible/visual alarm or liquid/vapor annular sensor pre July 1, 2004 requirements.

Monitor Console name and model #: \_\_\_\_\_

Continuous   vacuum or   pressure or   hydrostatic or   liquid/vapor sensor name and model #: \_\_\_\_\_

**D. Piping materials and construction**

Primary/Secondary containment manufacturer and type: \_\_\_\_\_

**E. Type of product delivery system: (pressure, suction or gravity):** \_\_\_\_\_

**F. Piping leak detection/monitoring equipment**

Leak Detector on pressurized line (for motor vehicle fuels only) Check one: Indicate leak rate (0.1, 2, 3.0)

Electronic or Mechanical

Manufacturer and model # \_\_\_\_\_

Continuous electronic monitoring: (vacuum/or pressure/ or hydrostatic-post July 04) on the piping interstitial space connected to an audible and visual alarm:

Sensor manufacturer and model # \_\_\_\_\_ (vacuum or pressure or hydrostatic)

Monitor Console manufacturer and model # \_\_\_\_\_

Other (specify) \_\_\_\_\_

**G. Describe the tank overflow protection system that you plan to use**

Product level sensing device equipped with high level alarm and/or automatic shut-off device (flapper) or remote audible alarm.

Manufacturer and model # \_\_\_\_\_

Other (specify) \_\_\_\_\_

**H. Describe the tank overspill protection (spill bucket) and manufacturer and model number**

Spill Bucket manufacturer and model # \_\_\_\_\_

**I. Describe the under dispenser containment and monitoring:** Electronic sensor or Mechanical Float

Under Dispenser containment manufacturer: \_\_\_\_\_

Sensor manufacturer and model (vacuum or pressure or hydrostatic-post July 04 for double wall) and

liquid/vapor sensor or mechanical float for dispenser pan bottom: \_\_\_\_\_

**J. Fill and Piping Sump Mfg and model # and double or single wall:** \_\_\_\_\_

Sump interstitial monitoring sensor #: (vacuum or pressure or hydrostatic-post July 04) \_\_\_\_\_

Sump containment liquid/vapor sensor # \_\_\_\_\_

**K. Describe type of Vent/Vapor piping and how the secondary piping and or double wall transition sump will be continuously monitored-“circle one” (vacuum or pressure or hydrostatic-post July 04) or sensor or liquid/vapor sensor in transition sump bottom.**

Manufacturer/Double Wall? Monitoring (if applicable): “circle one” monitored via vacuum/pressure/hydrostatic and describe: \_\_\_\_\_

Vent piping: \_\_\_\_\_ Vapor piping: \_\_\_\_\_ Double wall Transition Sump: \_\_\_\_\_

Manufacturer: \_\_\_\_\_

**L. Does the Tank monitoring system have automatic pump shut down capability and fail safe? Yes \_\_\_ No \_\_\_ Describe what sensors shut down what components i.e. (under dispenser containment, fill/spill sumps, annular sensors):**

**M. Submit one copy of plans (as applicable) showing the following:**

1. Equipment summary list of components being installed (leak detector, sensors/probes, piping, etc...)
2. Cut sheets of all monitoring equipment, sensors, piping and tanks.
3. Location of all proposed tanks and piping and their secondary containment system
4. Cross section of tank and piping section including secondary containment, overflow protection, overspill protection, monitor ports and tank access ports, extension of all pipes and port to finish grade.
5. Location and detail of monitoring/leak detection systems
6. Location of all existing underground tanks and piping.
7. Site, address, property lines, scale, north arrow
8. Location of underground utilities and vaults
9. Location of all existing and proposed structures

10. Surface elevation and location of 100 year flood plain, if applicable.

**\*\*NOTE:** Monitoring modifications/ upgrades only require cut sheets and equipment description along with this application

**N. Required Inspections (as applicable):**

1. Tank pressure and soap test or holiday test.
2. Line pressure and soap test, both primary and secondary lines.
3. Precision tank and line test ( if applicable)
4. Installation of overfill and overspill.
5. All monitoring probes and sensors, including monitoring panel.
6. Dispenser pans and sensors.
7. All secondary containment testing-Continuous Vacuum/Pressure/Hydrostatic (piping, piping sumps, dispenser containment, tank annular...)
8. Enhanced Leak Detection testing and "passing" test prior to operating new tank system.

**O. CONTRACTOR TRAINING, QUALIFICATIONS AND CONSOLIDATED FORMS REQUIRED**

1. Contractor's State License (Specific to the work being done).
2. Contractor qualifications-training certificates/cards, ICC Certifications (piping manufacturer, monitoring manufacturer, leak detector manufacturer, etc).
3. Also, submit Business Owner/Operator identification page, Tank Facility page (formerly form A), Tank/piping page (formerly form B), and Certification of Installation/Modification (formerly form C). Submit Monitoring Plan if updated!

**NOTE: "Submit all training and qualification documents with this application"**

**I will notify the Marin County CUPA at least 48 hours in advance to schedule each required inspection.** I understand that the site and worker safety are solely the responsibility of the property owner or his agent and that this responsibility is not shared or assumed by the County of Marin.

Print Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Title: \_\_\_\_\_

Phone: \_\_\_\_\_ Date: \_\_\_\_\_

BRIEFLY DESCRIBE THE SCOPE OF WORK THAT IS TO BE DONE AT THE SITE:

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**IMPORTANT NOTICE**

**\*\*It is your responsibility to notify the building department in your locality regarding site drawing submittals for electrical/plumbing requirements and the air quality management district for their requirements. In addition, the fire department may require a review process for Uniform Fire Code requirements in your jurisdiction. Permits may need to be issued by some or all of the above mentioned.**