COUNTY OF SAN LUIS OBISPO HEALTH AGENCY
ENVIRONMENTAL HEALTH SERVICES DIVISION
2156 SIERRA WAY STE. B / PO BOX 1489, SAN LUIS OBISPO, CA 93401
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Public Health
Prevent. Promote. Protect.
County of San Luis Obispo
Public Health Department

UNDERGROUND STORAGE TANK SYSTEM MINOR MODIFICATION APPLICATION

Facility Name:	Phone:
Site Address:	City:
Owner's Name:	Phone:
Owner's Address:	City:
Contractor:	Phone:
Address:	City:
CSLB License No:	
ICC UST Installer No:	

NOTE: **Attach manufacturer's training certification for equipment you propose to install.**

General description of modification proposal:

Applicant Name: _____ Signature: _____

Date: _____

PROPOSED EQUIPMENT

LEAK MONITORING SYSTEM

Console Manufacturer _____ Console Model # _____

Sensors installed in:
- ☐ Tank annular space — Sensor mfr, model # _____
- ☐ Tank Turbine Sumps — Sensor mfr, model # _____
- ☐ Tank Fill Sumps — Sensor mfr, model # _____
- ☐ Dispenser Pan Sumps — Sensor mfr, model # _____

Positive shut down ☐ Yes ☐ No

PIPELINE LEAK DETECTOR

- ☐ Mechanical — mfr & model # _____
- ☐ Electronic — mfr & model # _____

DOUBLEWALL PIPING CONSTRUCTION: PRODUCT, VAPOR AND VENT LINES

Manufacturer: _____ Model #: _____

OVERSPILL CONTAINERS WITH DRAIN VALVE

Manufacturer: _____ Model #: _____

OVERFILL PREVENTION ALARM

Manufacturer: _____ Model #: _____

Associated equip. Mfg: _____ Model # _____

PRODUCT SHEAR VALVE

Manufacturer: _____ Model #: _____

VAPOR SHEAR VALVE

Manufacturer: _____ Model #: _____

FLOAT VENT VALVE

Manufacturer: _____ Model #: _____

SUMPS (TURBINE, FILL, VENT LINE TRANSITION, TANK GAUGE RISERS, ETC)

List type: _____ _____

Manufacturer: _____ Model #: _____

AUTOMATIC TANK GUAGE

☐ 0.1 GPH probe or OR ☐ 0.2 GPH probe _____

Manufacturer: _____ Model #: _____

PRODUCT, VENT AND VAPOR PIPELINE SUMP PENETRATION FITTINGS

Manufacturer: _____ Model #: _____

ELECTRICAL CONDUIT SUMP PENETRATION FITTINGS

Manufacturer: _____ Model #: _____

FUEL RESISTANT CONCRETE JOINT SEALANT

Manufacturer: _____ Model #: _____

SECONDARY CONTAINMENT TESTING COMPANY (Tester must complete attached application if not currently approved)

Name: _____ Phone #: _____

Address: _____ City: _____

PRECISION TESTING COMPANY

Name: _____ Phone #: _____

Address: _____ City: _____

FOR OFFICE USE ONLY

DATE RECEIVED_____ RECEIVED BY_____ ASSIGNED TO_____ ENTERED BY_____ ENTERED DATE_____

PE#_____ AMOUNT DUE_____ AMOUNT PAID_____ CHECK OR CC AUTH #_____ CASH ☐

NONPROFIT: TAX ID #_____ ☐ VETERAN EXEMPT DD214 ATTACHED ☐ YES ☐ NO

PR#_____ SR#_____ FA#_____ INVOICE NUMBER_____

INSPECTOR APPROVED _____ DATE_____

Permission to complete the specified repair is: ☐ Granted ☐ Denied Date:

By: _____ R.E.H.S.

Conditions _____