SAN LUIS OBISPO COUNTY HEALTH AGENCY DIVISION OF ENVIRONMENTAL HEALTH
AND
SAN LUIS OBISPO COUNTY AIR POLLUTION CONTROL DISTRICT
COMBINED APPLICATION FOR AUTHORITY TO CONSTRUCT AND PERMIT TO OPERATE
UNDERGROUND STORAGE TANKS

INSTRUCTIONS:

-The required fee must accompany this application; contact Environmental Health for fee amount.
-APCD minimum fee is $100.00.
-Use this form for any stationary facility which dispenses gasoline directly into the fuel tanks of motor vehicles.

1. Name of Business, Company, Individual Owner, or Government Agency: 1.a. Contact:

2. Mailing Address (including city, state, zip): 2.a. Phone #:

3. Facility Name and Address: 3.a. Phone #:

4. Operator Name and Address: 4.a. Phone #:

5. Describe tank and piping system to be installed, including type of monitoring system:

6. Gasoline storage (submit 3 sets of plans for tank and plumbing)
Phase I Type: _____Submerged Fill Only _____OPW Two-Point _____OPW Coaxial _____EW Coaxial
_____Other (please specify)_____

7. Gasoline dispensing following construction:
-Vacuum Assist: Yes __ No __ ARB Exec. Order #
-Number of nozzles_____; Manufacturer_____ Model:_____
-Length of hoses_____; Manufacturer_____ Model:_____
-Liquid Removal System (if appl); Manufacturer_____ Model:_____
-Number of Dispensers_____; Manufacturer_____ Model:_____
-Hose Configuration (see ARB Executive Order G-70-52): Exhibit #_____

8. Installing Contractor: 8.a. Lic. Class: #:
8.b. Mailing Address: 8.c. Phone #:

9. Timing of Proposed Action:	Est. Start Date	Est. End Date	10. Nature of Business:
Existing			☐ retail service station ☐ equipment rental service
New Construction/Installation			☐ retail bulk plant cardlock ☐ non-retail vehicle fleet
Alteration			☐ non-retail commercial business ☐ private home
Transfer of Owner			☐ car rental service ☐ manufacturing facility
Transfer of Location			11. Straight line distance to nearest K-12 school:
Signature of Responsible Member of Organization:			Type or Print Name and Title: Date:

(Office Use Only)

Date Received Stamp	Environmental Health	APCD Application	Auth. to Construct	Permit to Operate
	Fee:	Fee:	Fee:	Fee:
	Rec/Check#:	Rec/Check#:	Rec/Check#:	Rec/Check#:
	Permit #:	Number:	Issued:	Issued:
		Ref. App. No:	Extended:	Number:
	Comments:			Previous #: