



COUNTY OF SAN LUIS OBISPO HEALTH AGENCY ENVIRONMENTAL HEALTH SERVICES DIVISION

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UNDERGROUND STORAGE TANK SYSTEM MINOR MODIFICATION APPLICATION

Table with 2 columns: Field Name, Value. Fields include Facility Name, Site Address, Owner's Name, Owner's Address, Contractor, Address, CSLB License No, ICC UST Installer No, and Phone/City for each.

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

General description of modification proposal: [Empty text box]

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 GAUGE**

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	<input type="checkbox"/>
NONPROFIT: TAX ID # _____	<input type="checkbox"/> VETERAN EXEMPT	DD214 ATTACHED	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
PR# _____	SF# _____	FA# _____	INVOICE NUMBER _____		
INSPECTOR APPROVED _____			DATE _____		

Permission to complete the specified repair is:  Granted  Denied Date: \_\_\_\_\_

By: \_\_\_\_\_ R.E.H.S.

Conditions \_\_\_\_\_