



COUNTY OF SAN LUIS OBISPO HEALTH AGENCY
ENVIRONMENTAL HEALTH SERVICES DIVISION

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NEW UNDERGROUND STORAGE TANK
SYSTEM INSTALLATION AND MAJOR MODIFICATION
APPLICATION

Facility

Facility Name: Phone:

Site Address: City:

Owner

Owner's Name: Phone:

Owner's Address: City:

Contractor

Table with 2 columns: Contractor Information and Contact Information. Rows include Company, Address, Contractors License No, ICC UST Installer No, Phone #, City, and Zip.

Applicant Name: Signature:

Date:

FOR OFFICE USE ONLY

Administrative tracking fields including 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#, F#, INVOICE NUMBER, INSPECTOR APPROVED, DATE.

NEW UNDERGROUND STORAGE TANK SYSTEM INSTALLATION AND MAJOR MODIFICATION EQUIPMENT DESCRIPTION

TANK DESCRIPTION

of tanks to install: _____ Tank Manufacturer: _____
 Tank UL # _____ Tank Model _____

TANK SIZE	PRODUCTS STORED
_____ Gals.	_____

TANK CONSTRUCTION

- Double-walled fiberglass
- Double-walled steel w/fiberglass coating
- Double-walled: steel primary tank, fiberglass secondary tank

LEAK MONITORING SYSTEM

Console Manufacturer _____ Console Model # _____

Sensors installed in:

<input type="checkbox"/> Tank annular space	Sensor manufacturer & model #	_____
<input type="checkbox"/> Tank Turbine Sumps	Sensor manufacturer & model #	_____
<input type="checkbox"/> Tank Fill Sumps	Sensor manufacturer & model #	_____
<input type="checkbox"/> Dispenser Pan Sumps	sensor manufacturer & model #	_____

Positive shut down Yes No

PIPELINE SYSTEM

Pressure Suction Gravity

PIPELINE LEAK DETECTOR

Mechanical Make & model # _____
 Electronic Make & model # _____

PIPING CONSTRUCTION: PRODUCT LINES

- Double-walled fiberglass
- Double-walled flex pipe

Pipe manufacturer: _____ Model #: _____

PIPING CONSTRUCTION: VAPOR AND VENT LINES

Double-walled fiberglass

Pipe manufacturer: _____ Model #: _____

OVERSPILL CONTAINER WITH DRAIN VALVE

Manufacturer: _____ Model #: _____

OVERFILL PREVENTION ALARM

Manufacturer: _____ Model #: _____

Associated
equipment
with

manufacturer: _____ Model # _____

FLOAT VENT VALVE

Manufacturer: _____ Model #: _____

DISPENSER CONTAINMENT

Manufacturer: _____ Model #: _____

TURBINE SUMP

Manufacturer: _____ Model #: _____

TURBINE SUMP WATER AND VAPOR SEALING LID

Manufacturer: _____ Model #: _____

FILL SUMP

Manufacturer: _____ Model #: _____

FILL SUMP WATER AND VAPOR SEAL/BARRIER/SHIELD

Manufacturer: _____ Model #: _____

VENT LINE TRANSITION SUMP

Manufacturer: _____ Model #: _____

AUXILLARY SUMPS (TANK GAUGE RISERS, ETC)

Manufacturer: _____ Model #: _____

AUTOMATIC TANK GAUGE

0.1 GPH probe OR 0.2 GPH probe

Manufacturer: _____ Model #: _____

PENETRATION SEALANT

Manufacturer: _____ Model #: _____

PRODUCT, VENT AND VAPOR PIPELINE SUMP PENETRATION FITTINGS

Manufacturer: _____ Model #: _____

ELECTRICAL CONDUIT SUMP PENETRATION FITTINGS

Manufacturer: _____ Model #: _____

TRAFFIC GRADE ACCESS MANWAYS-FILL

Manufacturer: _____ Model #: _____

TRAFFIC GRADE ACCESS MANWAYS-TURBINE

Manufacturer: _____ Model #: _____

FUEL RESISTANT CONCRETE JOINT SEALANT

Manufacturer: _____ Model #: _____

ENHANCED LEAK DETECTION TESTING COMPANY

Name: _____ Phone #: _____

Address: _____ City: _____

SECONDARY CONTAINMENT TESTING COMPANY (Tester must complete attached application)

Name: _____ Phone #: _____

Address: _____ City: _____

PRECISION TESTING COMPANY

Name: _____ Phone #: _____

Address: _____ City: _____