

MONTEREY COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH BUREAU
A CERTIFIED UNIFIED PROGRAM AGENCY

1270 Natividad Road
Salinas, CA 93906
(831) 755-4511 Fax (831) 796-8698



UNDERGROUND STORAGE TANK CONSTRUCTION/REPAIR PERMIT APPLICATION

Site Name:
Site Address:
Mailing Address:

Contractor Contact Person:		Phone number:	
Contractors Company Name:		Phone number:	
Contractors Mailing Address:		City:	State:
Zip Code:	Phone No.:	Fax No.:	Haz Mat Cert.#:
Contractor Lic. Class:	Lic. #:	ICC Certifications:	

CONSTRUCTION TYPE (CHECK ALL THAT APPLY)

- New Construction: Installation of Underground Storage Tanks
- Repair/Modification: Minor (ex: spill bucket, sensor, EVR/ISD, etc.)
- Major (ex: UDC and Sump modifications, Piping Repair or replacement Tank lining, etc.)

Description of Work: _____

CONSTRUCTION SPECIFICATIONS

Number of Tanks:	
Tank size (s):	
Tank Manufacturer:	
Tank Construction:	
Pipe Manufacturer:	
Pipe Construction:	
Back Fill material:	
Line Leak detector:	
Leak Detection System:	

Requested Installation or Repair Date: _____

You must contact an Inspector at least a minimum of 48 hours prior to starting installation or repairs.

Applications will not be accepted without copies of Contractor License, Site Safety Plan including map to nearest Hospital, ICC Certifications, Manufactures Certifications, and Proof of Workers Compensation Coverage.

Allow **21 business days** for new construction and **14 business days** for repair permit processing.

INSTALLATION AND REPAIRS SHALL CONFORM TO CALIFORNIA CODE OF REGULATIONS, TITLE 23, DIVISION 3, CHAPTER 16, ARTICLE 3, CHAPTER 10.65 OF THE MONTEREY COUNTY CODE, THE PROVISIONS OF THE UNIFORM BUILDING CODE, AND THE FIRE PREVENTION CODE. SEE NEXT PAGE FOR INSPECTION PROCEDURES

MONTEREY COUNTY

HEALTH DEPARTMENT

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PROCEDURE FOR OBTAINING AN UNDERGROUND STORAGE TANK INSTALLATION OR REPAIR PERMIT

The California Legislature enacted legislation that requires all counties and cities to establish an Underground Storage Tank (UST) Program. The Monterey County Board of Supervisors designated the Monterey County Health Department, Environmental Health Bureau (EHB) to be responsible for the administration of the UST Program for Monterey County and the twelve cities. In administering this program, the Health Department is responsible to oversee the installation, closure, permitting, and monitoring of underground storage tanks. The Health Department is responsible for final approval before any underground tank systems are installed, modified, or closed.

The passage of State Law AB1362 (Sher) on July 1, 1985 authorized the State Water Resources Control Board to mandate local enforcement agencies to collect a yearly UST surcharge. The yearly UST surcharge is \$20.00 per tank. This surcharge is submitted to the State by the local agency (EHB).

The following are the procedures for obtaining an underground storage tank construction or repair permit.

1. Obtain an underground storage tank repair or installation permit application form from the EHB.
2. Fill-out one Operating Permit Application- Facility Information Form (one per facility), Operating Permit Application- Tank Information Form, formerly Tank 1 and 2 (one per tank), and Underground Storage Tanks Certification of Installation/ Modification Form. On all Underground Storage Tanks-Facility forms, the Board of Equalization UST storage fee account number and the financial responsibility information must be filled in or the application will be rejected.
3. Contact the Local Building Department, Fire Department, and the Monterey Bay Air Resource District and obtain their respective permits if required. The telephone number of the Monterey Bay Air Resource District is (831) 647-9411.
4. All contractors are to submit copies of the following information **with each application**: Contractor License, Site Safety Plan including map to nearest Hospital, ICC Certificates, Manufacturers Certifications, and Proof of Workers Compensation Coverage.
5. Once all local permits are obtained, bring a copy of each to EHB. Submit a set of plans, one Operating Permit Application- Facility Information Form (one per facility), Operating Permit Application, Underground Storage Tanks Certification of Installation/ Modification Form, a site safety plan with map to nearest hospital,

the appropriate permit fee, and a State Surcharge Fee of \$20.00 per tank to the EHB.

6. Allow 21 business days for new construction and 14 business days for repair permit application processing. EHB will not start processing the application until all required paperwork and fees have been submitted.
7. Work on the site may only begin after a permit to install or repair has been issued. The Environmental Health Division must be contacted at **a minimum of 48 hour prior to installation or repairs.**
8. Upon successful completion of the installation or repair of the underground storage tank and receipt of the new or updated UST Monitoring Plan, Financial Responsibility Form, Designated Operator Form, Underground Storage Tanks Certification of Installation/ Modification Form, Site Map, Hazardous Material Owner Operator Form, Business Activities Form, Business Response Plan, and Hazardous Material Chemical Inventory Form; then EHB will issue an operating permit.

If you have any questions regarding the procedure for obtaining an underground storage tank construction or repair permit, please feel free to call the EHB, Hazardous Materials Management Service at (831) 755-4511.

Note: If the applicant changes any information (e.g. .contractor, equipment type, etc.) on the permit application after the permit has been issued then a processing fee will be charged to cover the costs of re-issuing the permit.

SITE AND SAFETY PLAN FOR

· UNDERGROUND STORAGE TANK- REPAIRS, REMOVAL, INSTALLATIONS ·

· INVESTIGATION/REMEDICATION OF CONTAMINATED SITES · MONITORING WELL & SOIL BORING ·

As indicated throughout the plan, selected sections should only be filled out by people with technical expertise in health and safety issues. In addition, State organizations using this plan should set up a system to ensure that: (1) The plan is used properly; and (2) staff follows proper safety procedures. Attach copies of employee certification in hazardous waste/hazardous materials/underground storage tanks. Certifications are for employees who will be working at the job site. All selections are to be completed as appropriate.

PART I - (Sections I-IV) should be completed prior to the site visit and turned in with permit application.

SECTION I. GENERAL SITE INFORMATION

SITE NAME AND ADDRESS: _____

CONTACT PERSON AND PHONE _____

NUMBER: _____

SITE IDENTIFICATION NUMBER: _____

PROPOSED DATE(S) OF SITE WORK: _____

SECTION II. DESCRIPTION OF ACTIVITY

PURPOSE OF ACTIVITY:

New Tank Installation

Tank Closure

Tank/Pipe Removal

Tank/Pipe Disposal

Site Investigation/Mitigation

Tank/Pipe Repair

Leak Detection Testing

Installation of Monitor Wells/Sampling

Other _____

PROVIDE A BRIEF NARRATIVE DESCRIPTION OF THE PROPOSED ACTIVITIES:

SECTION III. SPECIFIC SITE INFORMATION

SPECIFIC TANK SYSTEM INFORMATION:

Age/Size/Capacity of Tanks and

Piping: _____

Contents of Tank: _____

Other (Specify): _____

TYPE OF SITE

CHECK ALL APPROPRIATE:

- | | |
|--|--|
| <input type="checkbox"/> Active | <input type="checkbox"/> TSDF |
| <input type="checkbox"/> Inactive | <input type="checkbox"/> R & D Facility |
| <input type="checkbox"/> Industrial facility | <input type="checkbox"/> Military base |
| <input type="checkbox"/> Gas Station | <input type="checkbox"/> Other (Specify) |

RELEASE HISTORY

- No evidence of leaks or soil contamination Suspected or known leaks and soil contamination
- Known groundwater contamination

BACKGROUND AND DESCRIPTION OF ANY PREVIOUS INVESTIVATIONS OR INCIDENCE:

BACKGROUND INFORMATION STATUS: —COMPLETE —INCOMPLETE

SECTION IV. POTENTIAL HEALTH AND SAFETY HAZARDS

ANTICIPATED PHYSICAL HAZARDOUS OF CONCERN: (CHECK ALL THAT APPLY AND DESCRIBE)

- | | |
|---|--|
| <input type="checkbox"/> Heat (high ambient temp.) | <input type="checkbox"/> Heavy equipment |
| <input type="checkbox"/> Cold | <input type="checkbox"/> Physical injury and trauma
resulting from moving machinery |
| <input type="checkbox"/> Noise | |
| <input type="checkbox"/> Oxygen depletion | |
| <input type="checkbox"/> Asphyxiation | <input type="checkbox"/> General construction |
| <input type="checkbox"/> Excavation | <input type="checkbox"/> Physical injury and trauma |
| <input type="checkbox"/> Cave-ins | <input type="checkbox"/> Electrical Hazards |
| <input type="checkbox"/> Falls, trips, slipping | |
| <input type="checkbox"/> Handling and transfer
of petroleum products | <input type="checkbox"/> Confined space entry |
| <input type="checkbox"/> Fire | <input type="checkbox"/> Explosions |
| <input type="checkbox"/> Explosions | <input type="checkbox"/> Other (Specify): |

ANTICIPATED BIOLOGICAL HAZARDS: (LIST BELOW)

- | | |
|----------------------------------|---|
| <input type="checkbox"/> Snakes | <input type="checkbox"/> Poisonous plants |
| <input type="checkbox"/> Insects | <input type="checkbox"/> Other |
| <input type="checkbox"/> Rodents | |

NARRATIVE:(Provide all information which could impact Health and Safety – e.g., power lines, integrity of dikes, terrain, etc.)

ANTICIPATED CHEMICAL HAZARDS: (LIST BELOW ALL CHEMICALS PRESENT ON SITE; ATTACH MATERIAL SAFETY DATA SHEETS-MSDS)

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____

PART II Section V should only be completed by persons with technical expertise in health and safety.

SECTION V. EVALUATION OF POTENTIAL HAZARDS

Chemical	CHEMICALS OF CONCERN		Symptoms/Effects of Acute Exposure
	Highest Observable Concentration(media)	PEL/TLV	
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

PART III Sections VI and VII should be completed by the applicant prior to the site visit.

SECTION VI. METHODS TO CONTROL POTENTIAL HEALTH AND SAFETY HAZARDS

MONITORING INSTRUMENTATION: (NOTE: MONITORING INSTRUMENTS MUST BE USED FOR ALL OPERATIONS UNLESS APPROPRIATE RATIONALE OR RESTRICTIONS ARE PROVIDED)

- Organic Vapor Analyzer
- Photoionization Detector
- Combustible Gas Indicator (CGI)
- Oxygen Meter
- Hydrogen Sulfide Meter
- Detector Tubes (specify)
- Other, specify (toxic gas, air sampling pumps, etc.)

IF MONITORING INSTRUMENTS ARE NOT USED, SPECIFY RATIONALE OR JUSTIFICATION OR ACTIVITY/AREA RESTRICTIONS.

ACTION LEVELS (breathing zone):

Combustible Gas Indicator

- | | | |
|--------|-----|---|
| 0-10% | LEL | No Explosion Hazard |
| 10-25% | LEL | Potential Explosion Hazard, Notify Site Health and Safety Officer |
| >25% | LEL | Explosion Hazard; Interrupt Task/Evacuate |

Oxygen Meter

- <21.0% O₂ Oxygen Normal
- <21.0% O₂ Oxygen Deficient; Notify Site Health and Safety Officer
- <19.5% O₂ Oxygen Deficient; Interrupt Task/Evacuate

ACTION LEVELS (breathing zone)_____

Photoionization Detector Specify: _____

- 11.7 ev
- 10.2 ev
- 9.8 eve

Type:_____

Flame Ionization Detector Specify:_____

Type: _____

Detector Tubes Specify:_____

Type:_____

Type:_____

Type:_____

PERSONAL PROTECTIVE EQUIPMENT: List all applicable items

Minimum personal protective equipment

1. Hardhat
2. Safety glasses/goggles
3. Steel toed/shank shoes or boots
4. Flame retardant coveralls
5. Hearing protection (muffs or ear plugs)

Is additional PPE required? Yes *see below* No

PERSONAL PROTECTIVE EQUIPMENT

Check all additional necessary items:

- Uncoated tyvek coveralls
- Sarnex tyvek overalls
- Full face respirators
type of cartridge: _____

- | | |
|--|--|
| <input type="checkbox"/> Rubber boots | <input type="checkbox"/> SCBA/SAR |
| <input type="checkbox"/> Over boots | <input type="checkbox"/> ELSAs |
| <input type="checkbox"/> Surgical (inner) gloves | <input type="checkbox"/> Decontamination/eyewash/hand wash |
| <input type="checkbox"/> Butyl/neoprene/viton/nitrile/outer gloves | <input type="checkbox"/> Other (specify) |

SECTION VII. EMERGENCY INFORMATION

Emergency Contact: _____
 Fire/Rescue: _____
 Ambulance: _____
 Police: _____

Hazardous Waste/
 Material Response Units: _____

Hazardous Waste/Material Response Units:

Health and Safety Director: _____

Poison Control Center: _____

Onsite medical facility (clinic): Yes No

Facility health and safety officer: Yes No

Name: _____

Phone Number: _____

Hospital Name and Address: _____

Directions to hospital (include a map): _____

PART IV.

SECTION VIII. PLAN APPROVAL

Plan prepared by: _____
 Signature (Date)

Plan approved by: _____
 Signature (Date)

Plan approved by: _____
 Signature (Date)

HEALTH AND SAFETY REMINDERS

Activity	Potential Hazard
Is excavation going to be performed?	If so, hazards associated with construction machinery are possible.
Is excavation in a “known” clean area?	If not, toxic exposure could occur.
Have underground utilities and overhead power lines been identified and marked?	If not, the potential for electrocution, toxic Exposure and flooding exist.
Are excavations shored/supported properly?	If not, slope failure could result in physical injury and asphyxiation
Has air monitoring been conducted in the excavation prior to entrance?	If not exposure to toxic chemicals explosive and oxygen deficient atmospheres could occur.
Is the crane (or other lifting equipment) designed for the specific lift in question at the given boom angle?	If, not catastrophic equipment failure could occur.
Is the wire used for the lift appropriate and has it been inspected for integrity?	If not, wire breakage can occur, resulting in serious injury or fatality.
Is the tank integrity testing being performed correctly? Is pressurization to the maximum of 5 psi? Has the integrity of the pressure gauge been checked? Is someone assuring that the gauge is functioning properly (not sticking)?	If not, over pressurization could lead to tank rupture and subsequent injury.
Is entry/work in a confined area being performed? Is it necessary to enter sewers, manholes, basements, excavations, tanks?	If so, potential hazards associated with injury, exposure, fire/explosion, asphyxiation and biological hazard exists.
Is appropriate monitoring being performed prior to and during confined space entry/work?	If not, potential for fire/explosions, asphyxiation and toxic exposure potential exist.
Is product handling/transfer being performed?	If so, the potential for fire/explosion, toxic exposure and spills exist.
Is appropriate caution being taken to eliminate all sources of sparks including static electricity? Have personnel working in potential explosive atmospheres left all potential spark producing materials (lighters, matches, keys, etc.) behind?	If not, incidental sparks could initiate a fire/explosion. If not, the potential for fires, explosions, and toxic exposure exists.
Is appropriate monitoring being performed during product transfer?	If not, the potential for exposure exists.
Is appropriate protective clothing being used to prevent exposures? Is the UST inert or ventilated?	If not, the potential for explosion, fire and asphyxiation exist.