



COUNTY OF SAN DIEGO CUPA
DEPARTMENT OF ENVIRONMENTAL HEALTH & QUALITY
HAZARDOUS MATERIALS DIVISION
P.O. Box 129261, San Diego, CA 92112-9261
(858) 505-6880 FAX (858) 505-6786
<http://www.sdcdeh.org>

OFFICE USE ONLY

Unified Program Facility Permit # _____

Plan Check Permit # _____

PART I - UNDERGROUND STORAGE TANK PLAN CHECK PERMIT APPLICATION

GENERAL INFORMATION

FACILITY NAME: _____ **APN:** _____

FACILITY ADDRESS: _____
Street Number Street Name City Zip Code

TANK OWNER

TANK OPERATOR

Name:	Name:
Address:	Address:
City: State: Zip:	City: State: Zip:
Phone: () E-Mail:	Phone: () E-Mail:

CONTRACTOR INFORMATION

Contractor Name: _____ Contact Name: _____
Mailing Address: _____ City: _____ State: _____ Zip: _____
Phone: _____ License #: _____ E-mail: _____
Haz removal certificate #: _____ Worker Comp. Insurance Co.: _____ ICC Installers Certification: _____

SCOPE OF WORK (Check all that apply)

- | | | |
|---|--|--|
| <input type="checkbox"/> TANK INSTALLATION
<input type="checkbox"/> New Tank Installation Only
<input type="checkbox"/> Tank(s) Replacement (remove and install) | <input type="checkbox"/> TANK SYSTEM UPGRADE
<input type="checkbox"/> Installation of Dispenser Containment
<input type="checkbox"/> Installation of Double-wall Piping
<input type="checkbox"/> Installation of Turbine/Fill Sump | <input type="checkbox"/> TANK SYSTEM MODIFICATION/REPAIR
<input type="checkbox"/> Install Electronic in-line Leak Detector
<input type="checkbox"/> Install New Monitoring System or component
<input type="checkbox"/> Piping Repair/Modification <input type="checkbox"/> Replace Turbine Pump
<input type="checkbox"/> Secondary Containment Repair
<input type="checkbox"/> Repair sump(s): How many? _____
<input type="checkbox"/> Repair Under Dispenser Containment: How many? _____
<input type="checkbox"/> Other: _____ |
|---|--|--|
- TANK CLOSURE ONLY**
- Comments:** _____

Fee Code	NEW UST CONSTRUCTION (COMPLETE APPLICATION PART II: HM-9312)	Fees
6HUNT-EHO	Installation fee for first tank (also applies to tank repairs)	\$2704.00
	Each additional tank No. of tank(s) _____ x \$676.00	\$
UST CLOSURE (COMPLETE APPLICATION PART III: HM-9313)		
6HUAT-EHO	Underground Storage Tank Closure / Removal - Base Fee (up to 10 hours)	\$1957.00
	Underground Storage Tank Closure / Removal - Hourly Rate (over 10 hours)	\$197.00
UPGRADE / REPAIR (COMPLETE APPLICATION PART IV: HM-9314)		
6HURT1-EHO	Underground Storage Tank Modification/Upgrade - Base Fee (up to 10 hours)	\$1780.00
6HURT2-EHO	Underground Storage Tank Modification/Upgrade - Hourly Rate (over 10 hours)	\$197.00
MISCELLANEOUS ACTIVITIES		
6HUADD-EHO	Additional Inspection(s)/Re-inspection _____ x \$890.00	\$
6HUPLANEHO	Plan Re-Review/Extension	\$197.00
6HUCONSEHO	Consultation Fee per Hour (minimum 2 hours) No. of hours _____ x \$197.00	\$
	Investigative Fee Other _____	\$
		TOTAL FEE

PERMITS REQUIRED BY OTHER AGENCIES: FIRE DEPT APCD BUILDING DEPT OTHER

Provide copies of approved applications from these departments and others if permits are needed. Submit one (1) original and two (2) copies of this application package, including plan drawings with the required fee. **Make checks payable to the County of San Diego.** A permit will be issued by DEH upon review and approval of the application and plans. Applicable fees must be submitted with the application package. Additional information to that presented in the application package may be needed in order to obtain final approval. No work is to begin on the proposed project until a permit has been issued.

OFFICE USE: DATE RECEIVED: ____/____/____ CHECK NO. _____ PLAN APPROVED: _____