



For DPH Office Use Only	
Date Received:	
File No. UTOO:	
Business No.	

Underground Storage Tank Installation/Modification Application (2023-2024)

1. Tank Facility/Business Site Information - Please type or print clearly.

Business Name:		Business Operator/Manager Name	
Street Address:	Zip Code	Nearest Cross Street	Phone Number
Type of Business <input type="checkbox"/> Gas Station <input type="checkbox"/> Residence <input type="checkbox"/> Other (Please Specify)		SFFD Permit No.	US EPA ID Number

2. Description of Proposed Installation/Modification

Tank #	<p align="center">Proposed Installation/Modification of Underground Storage Tank System Work involving excavation or cutting of concrete – Application Filing fee is \$1,341.00 (Applicant will be billed for any inspection time exceeding three hours)</p>
	<input type="checkbox"/> Repair/Lining <input type="checkbox"/> Tank Upgrade <input type="checkbox"/> Equipment Installation/Replacement <input type="checkbox"/> Piping Repair <input type="checkbox"/> Piping Upgrade <input type="checkbox"/> New Tank Installation For piping work, indicate if the work involved the: <input type="checkbox"/> Primary <input type="checkbox"/> Secondary <input type="checkbox"/> Both <input type="checkbox"/> Other: _____
	<input type="checkbox"/> Repair/Lining <input type="checkbox"/> Tank Upgrade <input type="checkbox"/> Equipment Installation/Replacement <input type="checkbox"/> Piping Repair <input type="checkbox"/> Piping Upgrade <input type="checkbox"/> New Tank Installation For piping work, indicate if the work involved the: <input type="checkbox"/> Primary <input type="checkbox"/> Secondary <input type="checkbox"/> Both <input type="checkbox"/> Other: _____
	<input type="checkbox"/> Repair/Lining <input type="checkbox"/> Tank Upgrade <input type="checkbox"/> Equipment Installation/Replacement <input type="checkbox"/> Piping Repair <input type="checkbox"/> Piping Upgrade <input type="checkbox"/> New Tank Installation For piping work, indicate if the work involved the: <input type="checkbox"/> Primary <input type="checkbox"/> Secondary <input type="checkbox"/> Both <input type="checkbox"/> Other: _____
Tank #	<p align="center">Proposed Installation/Modification of Underground Storage Tank System Work NOT involving any excavation or cutting of concrete – Application Filing fee is \$738.00 (Applicant will be billed for any inspection time exceeding one hour)</p>
	<input type="checkbox"/> Probe Replacement <input type="checkbox"/> Panel Replacement <input type="checkbox"/> Line Leak Detector Replacement <input type="checkbox"/> Sump Repair <input type="checkbox"/> Other: _____
	<input type="checkbox"/> Probe Replacement <input type="checkbox"/> Panel Replacement <input type="checkbox"/> Line Leak Detector Replacement <input type="checkbox"/> Sump Repair <input type="checkbox"/> Other: _____
	<input type="checkbox"/> Probe Replacement <input type="checkbox"/> Panel Replacement <input type="checkbox"/> Line Leak Detector Replacement <input type="checkbox"/> Sump Repair <input type="checkbox"/> Other: _____

3. Contractor/Consultant Information: Contractors performing or subcontracting tank closure must possess a proper contractor license and a valid Hazardous Substance Removal Certificate (HAZ/CERT) issued by the Contractors State License Board. Approval for tank work will not be granted unless copies of the contractor's license and certifications are on file with SFDPH.

Primary Contractor/Consultant Business Name	CA Contractors License Classification & No.	Phone Number	
Mailing Address	City	State	Zip Code

4. Subcontractor/Consultant Information: List all applicable excavation, equipment, tank cleaning or other subcontractors. Attach a separate sheet for additional subcontractors or consultants.

Primary Contractor/Consultant Business Name	CA Contractors License Classification & No.	Phone Number	
Mailing Address	City	State	Zip Code

5. ICC UST Installation/Retrofitting Certification: All contractors installing an underground storage tank system or components must be certified by the International Code Council (ICC). List the ICC certified employee(s) who will be on site during the installation work.

Name	ICC Certification No:	Name	ICC Certification No:
Name	ICC Certification No:	Name	ICC Certification No:

6. Manufacturer Certification: All contractors performing any work on an underground storage tank system must be certified by the equipment manufacturer. List all employees who will be performing the work and their applicable manufacturer certification.

Name	Manufacturer/Cert. No.	Name	Manufacturer/Cert. No.
Name	Manufacturer/Cert. No.	Name	Manufacturer/Cert. No.

7. Map: Provide a site map indicating the location of the UST(s) relative to a fix structure, the location of the UST sumps and fill, the orientation of the UST, North directional arrow and any street or cross streets, all product piping and vents and all monitoring equipment including probe locations.

8. Equipment Specifications: Attach a list of the underground storage tank equipment that is being installed including the name of the manufacturer and the model number. Equipment "cut sheets" may be attached in lieu of an equipment list. (Note: Any employee installing the equipment must possess a certification from the equipment manufacturer)

9. Description of Work: Attach a detailed description of the proposed work to be performed.

10. Applicant Information: Tank installation/modification approval will be sent to the applicant unless otherwise specified.

Applicant Name	Title	Phone Number
Business Name	Business Address	Email:
Mailing Address	City	State & Zip Code
Tank Site Contact Person	Title	Phone Number

In signing this application the applicant declares:

- That the above information is complete and accurate. Any deviation from the approved plan without prior approval from the San Francisco Department of Public Health may result in the revocation of the approval and an assessment of fines and penalties.
- That I have read the San Francisco Department of Public Health's guidelines and that such guidelines do not relieve my obligation to comply with other pertinent State and Federal laws and regulations.
- That I will contact the San Francisco Department of Public Health, Hazardous Materials and Waste Program, and where required, San Francisco Fire Department, Department of Public Works or Port Authority, a minimum of 3 (three) working days in advance to schedule inspection appointments.
- All tank modification, installation, and/or upgrades documents or reports must be submitted within 30 (thirty) days of project completion. Refer to San Francisco Department of Public Health guidelines for specific reporting requirements.
- In the event an unauthorized release (leak) is detected and confirmed, the business, tank, or property owner, or I, on behalf of the business, tank, or property owner will notify the San Francisco Department of Public Health within 24 (twenty-four) hours. In addition, an *Underground Storage Tank Unauthorized Release (Leak)/Contamination Site Report* shall be completed and submitted to the San Francisco Department of Public Health within 5 (five) days.
- Any additional San Francisco Department of Public Health inspection charges will be paid in full immediately upon receipt of the invoice. Applicant will be billed at the current DPH hourly rate for any time exceeding 3 hours inspection time for work involving excavation/concrete cutting and for anytime exceeding 1 hour of inspection time for work that does not involve excavation/concrete cutting.

Signature of Applicant

Date