

UST - Tank Form Page 1 Instructions
(Formerly SWRCB Permit Application Form B)

Complete a separate form for each tank for all new permits, permit changes, or any facility information changes. This form must be submitted within 30 days of permit or facility information changes, unless your local agency requires approval prior to making changes. For compartmentalized tanks, each compartment is considered a separate tank and requires completion of a separate tank form. Please number all pages of your submittal. (Note: Numbering of these instructions follows the UPCF data element numbers on the form.)

1. FACILITY ID NUMBER - This space is for agency use only.
3. BUSINESS NAME - Enter the complete Facility Name.
430. TYPE OF ACTION - Check the reason why this form is being submitted. For amended permits and changes of information, include a brief statement summarizing the amendment or change.
431. LOCATION WITHIN SITE - You may use this space to describe the location of the tank within the facility.
432. TANK ID NUMBER - If the UST owner has assigned an in-house tank ID number to this tank, enter that number in this space.
433. TANK MANUFACTURER - Enter the name of the company that manufactured the tank.
434. COMPARTMENTALIZED TANK - Check the appropriate box to indicate whether or not the tank is compartmentalized. Each compartment is considered a separate tank.
435. DATE TANK INSTALLED - Enter the year and month the tank was installed.
436. TANK CAPACITY - Enter the tank capacity in gallons.
437. NUMBER OF TANK COMPARTMENTS - If the tank is compartmentalized, enter the number of compartments.
438. ADDITIONAL DESCRIPTION - You may use this space to provide additional tank or location information.
439. TANK USE - Check the substance stored. If motor vehicle fuel, check box 1 and complete item 440, PETROLEUM TYPE.
440. PETROLEUM TYPE - If box 1 in item 439 is checked, indicate the specific type/grade of fuel stored.
441. COMMON NAME - For substances other than motor vehicle fuels, enter the common name of the substance stored.
442. CAS # - For substances other than motor vehicle fuels, enter the CAS (Chemical Abstract Service) number.
443. TYPE OF TANK - Check the type of tank construction. If type of tank is not listed, check "other" and specify type in the space provided.
444. TANK MATERIAL (PRIMARY TANK) - Check the material of construction of the inner tank (i.e. inner tank wall nearest the hazardous substance stored). If the tank is lined, describe the lining material in item 446, not in this section. If the tank material is not listed, check "other" and specify the material in the space provided.
445. TANK MATERIAL (SECONDARY TANK) - Check material of construction of the tank that provides containment external to, and separate from, the primary containment described above. If the tank material is not listed, check "other" and specify the material in the space provided. If the tank is a single-wall tank, skip item 445.
446. TANK INTERIOR LINING OR COATING - Check the material of construction of any interior lining or coating in the tank. If unlined, check "unlined." If the type of interior lining or coating is not listed, check "other" and specify the lining material in the space provided.
447. DATE TANK INTERIOR LINING INSTALLED - If applicable, enter the date the tank interior lining was installed.
448. OTHER TANK CORROSION PROTECTION - If any other tank corrosion protection methods are used, check the appropriate boxes to describe them. If methods used are not listed, check "other" and describe in the space provided.
449. DATE TANK CORROSION PROTECTION INSTALLED - If applicable, enter the date tank corrosion protection was installed.
450. YEAR SPILL AND OVERFILL INSTALLED - Check the appropriate boxes to indicate whether drop tube(s), spill containment, and striker plate(s) are installed. In the spaces provided, specify the year each type of equipment was installed.
451. TYPE OF SPILL PROTECTION - Enter the type of spill containment, drop tube, and striker plate installed.
452. YEAR OVERFILL PROTECTION EQUIPMENT INSTALLED - Check the appropriate box(es) to describe the type(s) of overfill protection equipment installed. In the space provided, specify the year this equipment was installed.
453. TANK LEAK DETECTION (SINGLE WALL TANKS ONLY) - Check the leak detection system(s) used to comply with monitoring requirements for the tank itself. CHECK ALL THAT APPLY. If you use a leak detection system that is not listed, check "other" and describe the system in the space provided.
454. TANK LEAK DETECTION (DOUBLE WALL TANKS) - For double wall tanks, tanks in vaults, or tanks with a bladder, check the leak detection system(s) used to monitor the tank secondary containment system. CHECK ONE ITEM ONLY.
455. ESTIMATED DATE LAST USED - Complete this section only if the tank was closed in place. Enter the date the tank was last used.
456. ESTIMATED QUANTITY OF SUBSTANCE REMAINING IN TANK - Complete this section only if the tank was closed in place. Enter the estimated quantity of hazardous substance remaining in the tank (in gallons).
457. TANK FILLED WITH INERT MATERIAL - Complete this section only if the tank was closed in place. Check whether or not the tank was filled with an inert material prior to closure.

**UNIFIED PROGRAM CONSOLIDATED FORM
TANKS
UNDERGROUND STORAGE TANKS – TANK PAGE 2**

Page ____ of ____

VI. PIPING CONSTRUCTION (Check all that apply)

UNDERGROUND PIPING				ABOVEGROUND PIPING					
SYSTEM TYPE	<input type="checkbox"/> 1. PRESSURE	<input type="checkbox"/> 2. SUCTION	<input type="checkbox"/> 3. GRAVITY	458.	<input type="checkbox"/> 1. PRESSURE	<input type="checkbox"/> 2. SUCTION	<input type="checkbox"/> 3. GRAVITY	459.	
CONSTRUCTION/ MANUFACTURER	<input type="checkbox"/> 1. SINGLE WALL	<input type="checkbox"/> 3. LINED TRENCH	<input type="checkbox"/> 99. OTHER	460.	<input type="checkbox"/> 1. SINGLE WALL	<input type="checkbox"/> 95. UNKNOWN		462.	
	<input type="checkbox"/> 2. DOUBLE WALL	<input type="checkbox"/> 95. UNKNOWN			<input type="checkbox"/> 2. DOUBLE WALL	<input type="checkbox"/> 99. OTHER			
MANUFACTURER				461.	MANUFACTURER				463.
<input type="checkbox"/> 1. BARE STEEL	<input type="checkbox"/> 6. FRP COMPATIBLE W/100% METHANOL		<input type="checkbox"/> 1. BARE STEEL		<input type="checkbox"/> 6. FRP COMPATIBLE W/100% METHANOL		<input type="checkbox"/> 7. GALVANIZED STEEL		
<input type="checkbox"/> 2. STAINLESS STEEL	<input type="checkbox"/> 7. GALVANIZED STEEL		<input type="checkbox"/> 2. STAINLESS STEEL		<input type="checkbox"/> 8. FLEXIBLE (HDPE)		<input type="checkbox"/> 99. OTHER		
<input type="checkbox"/> 3. PLASTIC COMPATIBLE WITH CONTENTS	<input type="checkbox"/> 95. UNKNOWN		<input type="checkbox"/> 3. PLASTIC COMPATIBLE W/ CONTENTS		<input type="checkbox"/> 4. FIBERGLASS		<input type="checkbox"/> 9. CATHODIC PROTECTION		
<input type="checkbox"/> 4. FIBERGLASS	<input type="checkbox"/> 8. FLEXIBLE (HDPE)		<input type="checkbox"/> 4. FIBERGLASS		<input type="checkbox"/> 5. STEEL W/COATING		<input type="checkbox"/> 95. UNKNOWN	465.	
<input type="checkbox"/> 5. STEEL W/COATING	<input type="checkbox"/> 9. CATHODIC PROTECTION		464.						

VII. PIPING LEAK DETECTION (Check all that apply) (A description of the monitoring program shall be submitted to the local agency.)

UNDERGROUND PIPING	ABOVEGROUND PIPING
<p>SINGLE WALL PIPING 466.</p> <p>PRESSURIZED PIPING (Check all that apply):</p> <p><input type="checkbox"/> 1. ELECTRONIC LINE LEAK DETECTOR 3.0 GPH TEST <u>WITH</u> AUTO PUMP SHUT-OFF FOR LEAK, SYSTEM FAILURE, AND SYSTEM DISCONNECTION + AUDIBLE AND VISUAL ALARMS.</p> <p><input type="checkbox"/> 2. MONTHLY 0.2 GPH TEST</p> <p><input type="checkbox"/> 3. ANNUAL INTEGRITY TEST (0.1 GPH)</p> <p>CONVENTIONAL SUCTION SYSTEMS</p> <p><input type="checkbox"/> 5. DAILY VISUAL MONITORING OF PUMPING SYSTEM + TRIENNIAL PIPING INTEGRITY TEST (0.1 GPH)</p> <p>SAFE SUCTION SYSTEMS (NO VALVES IN BELOW GROUND PIPING):</p> <p><input type="checkbox"/> 7. SELF MONITORING</p> <p>GRAVITY FLOW</p> <p><input type="checkbox"/> 9. BIENNIAL INTEGRITY TEST (0.1 GPH)</p> <p>SECONDARILY CONTAINED PIPING</p> <p>PRESSURIZED PIPING (Check all that apply):</p> <p>10. CONTINUOUS TURBINE SUMP SENSOR <u>WITH</u> AUDIBLE AND VISUAL ALARMS AND (Check one)</p> <p><input type="checkbox"/> a. AUTO PUMP SHUT OFF WHEN A LEAK OCCURS</p> <p><input type="checkbox"/> b. AUTO PUMP SHUT OFF FOR LEAKS, SYSTEM FAILURE AND SYSTEM DISCONNECTION</p> <p><input type="checkbox"/> c. NO AUTO PUMP SHUT OFF</p> <p><input type="checkbox"/> 11. AUTOMATIC LINE LEAK DETECTOR (3.0 GPH TEST) <u>WITH</u> FLOW SHUT OFF OR RESTRICTION</p> <p><input type="checkbox"/> 12. ANNUAL INTEGRITY TEST (0.1 GPH)</p> <p>SUCTION/GRAVITY SYSTEM</p> <p><input type="checkbox"/> 13. CONTINUOUS SUMP SENSOR + AUDIBLE AND VISUAL ALARMS</p> <p>EMERGENCY GENERATORS ONLY (Check all that apply)</p> <p><input type="checkbox"/> 14. CONTINUOUS SUMP SENSOR <u>WITHOUT</u> AUTO PUMP SHUT OFF AUDIBLE AND VISUAL ALARMS</p> <p><input type="checkbox"/> 15. AUTOMATIC LINE LEAK DETECTOR (3.0 GPH TEST) <u>WITHOUT</u> FLOW SHUT OFF OR RESTRICTION</p> <p><input type="checkbox"/> 16. ANNUAL INTEGRITY TEST (0.1 GPH)</p> <p><input type="checkbox"/> 17. DAILY VISUAL CHECK</p>	<p>SINGLE WALL PIPING 467.</p> <p>PRESSURIZED PIPING (Check all that apply):</p> <p><input type="checkbox"/> 1. ELECTRONIC LINE LEAK DETECTOR 3.0 GPH TEST <u>WITH</u> AUTO PUMP SHUT OFF FOR LEAK, SYSTEM FAILURE, AND SYSTEM DISCONNECTION + AUDIBLE AND VISUAL ALARMS.</p> <p><input type="checkbox"/> 2. MONTHLY 0.2 GPH TEST</p> <p><input type="checkbox"/> 3. ANNUAL INTEGRITY TEST (0.1 GPH)</p> <p><input type="checkbox"/> 4. DAILY VISUAL CHECK</p> <p>CONVENTIONAL SUCTION SYSTEMS (Check all that apply)</p> <p><input type="checkbox"/> 5. DAILY VISUAL MONITORING OF PIPING AND PUMPING SYSTEM</p> <p><input type="checkbox"/> 6. TRIENNIAL INTEGRITY TEST (0.1 GPH)</p> <p>SAFE SUCTION SYSTEMS (NO VALVES IN BELOW GROUND PIPING):</p> <p><input type="checkbox"/> 7. SELF MONITORING</p> <p>GRAVITY FLOW (Check all that apply):</p> <p><input type="checkbox"/> 8. DAILY VISUAL MONITORING</p> <p><input type="checkbox"/> 9. BIENNIAL INTEGRITY TEST (0.1 GPH)</p> <p>SECONDARILY CONTAINED PIPING</p> <p>PRESSURIZED PIPING (Check all that apply):</p> <p>10. CONTINUOUS TURBINE SUMP SENSOR <u>WITH</u> AUDIBLE AND VISUAL ALARMS AND (Check one)</p> <p><input type="checkbox"/> a. AUTO PUMP SHUT OFF WHEN A LEAK OCCURS</p> <p><input type="checkbox"/> b. AUTO PUMP SHUT OFF FOR LEAKS, SYSTEM FAILURE AND SYSTEM DISCONNECTION</p> <p><input type="checkbox"/> c. NO AUTO PUMP SHUT OFF</p> <p><input type="checkbox"/> 11. AUTOMATIC LEAK DETECTOR</p> <p><input type="checkbox"/> 12. ANNUAL INTEGRITY TEST (0.1 GPH)</p> <p>SUCTION/GRAVITY SYSTEM</p> <p><input type="checkbox"/> 13. CONTINUOUS SUMP SENSOR + AUDIBLE AND VISUAL ALARMS</p> <p>EMERGENCY GENERATORS ONLY (Check all that apply)</p> <p><input type="checkbox"/> 14. CONTINUOUS SUMP SENSOR <u>WITHOUT</u> AUTO PUMP SHUT OFF AUDIBLE AND VISUAL ALARMS</p> <p><input type="checkbox"/> 15. AUTOMATIC LINE LEAK DETECTOR (3.0 GPH TEST)</p> <p><input type="checkbox"/> 16. ANNUAL INTEGRITY TEST (0.1 GPH)</p> <p><input type="checkbox"/> 17. DAILY VISUAL CHECK</p>

VIII. DISPENSER CONTAINMENT

DISPENSER CONTAINMENT	468.	<input type="checkbox"/> 1. FLOAT MECHANISM THAT SHUTS OFF SHEAR VALVE		<input type="checkbox"/> 4. DAILY VISUAL CHECK	469.
DATE INSTALLED		<input type="checkbox"/> 2. CONTINUOUS DISPENSER PAN SENSOR + AUDIBLE AND VISUAL ALARMS		<input type="checkbox"/> 5. TRENCH/LINER MONITORING	
_____		<input type="checkbox"/> 3. CONTINUOUS DISPENSER PAN SENSOR <u>WITH</u> AUTO SHUT OFF FOR DISPENSER + AUDIBLE AND VISUAL ALARMS		<input type="checkbox"/> 6. NONE	

IX. OWNER/OPERATOR SIGNATURE

I certify that the information provided herein is true and accurate to the best of my knowledge.

SIGNATURE OF OWNER/OPERATOR	DATE:	470.
NAME OF OWNER/OPERATOR (print):	TITLE OF OWNER/OPERATOR:	472.

Permit Number (Agency use only)	473.	Permit Approved By (Agency use only)	474.	Permit Expiration Date (Agency use only)	475.
---------------------------------	------	--------------------------------------	------	--	------

UST - Tank Form Page 2 Instructions
(Formerly SWRCB Permit Application Form B)

Please number all pages of your submittal.

458. PIPING SYSTEM TYPE (UNDERGROUND) - For items 458 and 459, check the appropriate boxes to describe the type of product/waste piping installed in this tank system. Describe underground and aboveground (if any) piping separately in the columns provided.
459. PIPING SYSTEM TYPE (ABOVEGROUND) -
460. PIPING CONSTRUCTION (UNDERGROUND) - Check the appropriate box(es) to describe the type(s) of containment provided for the underground product/waste piping.
461. PIPING MANUFACTURER (UNDERGROUND) - Enter the name of the piping manufacturer.
462. PIPING CONSTRUCTION (ABOVEGROUND) - Check the appropriate box(es) to describe the type(s) of containment provided for any aboveground portions of the product/waste piping.
463. PIPING MANUFACTURER (ABOVEGROUND) - Enter the name of the piping manufacturer.
464. PIPING MATERIAL AND CORROSION PROTECTION (UNDERGROUND) - Check the appropriate boxes to describe the material(s) of construction of the primary (i.e. inner) underground product/waste piping and indicate whether any cathodic (i.e. corrosion) protection systems are installed.
465. PIPING MATERIAL AND CORROSION PROTECTION (ABOVEGROUND) - Check the appropriate boxes to describe the material(s) of construction of any primary (i.e. inner) aboveground product/waste piping and indicate whether any cathodic (i.e. corrosion) protection systems are installed.
466. PIPING LEAK DETECTION (UNDERGROUND) - For items 466 and 467, check the appropriate boxes to describe all leak detection method(s) used to comply with the monitoring requirements for regulated piping.
467. PIPING LEAK DETECTION (ABOVEGROUND)-
468. DATE DISPENSER CONTAINMENT INSTALLED - If the tank system is equipped with dispenser secondary containment (i.e. dispenser sumps or pans) equipment, enter the date that equipment was installed. If the tank system has a dispenser that is not secondarily contained, specify "None" in the space provided for the date. If the system does not include dispensers (e.g. standby generator tank system), enter "N/A."
469. DISPENSER CONTAINMENT TYPE - Check the appropriate box to describe how dispenser secondary containment is monitored for leaks.
- SIGNATURE OF OWNER/OPERATOR - The owner or an authorized agent of the owner shall sign in the space provided. This signature certifies that the signer believes that all information submitted is true, accurate, and complete.
470. DATE CERTIFIED - Enter the date the form was signed.
471. OWNER/ OPERATOR NAME - Print or type the name of the person signing the form.
472. OWNER/ OPERATOR TITLE - Enter the title of the person signing the form.
473. PERMIT NUMBER - This space is for agency use only.
474. PERMIT APPROVED BY - This space is for agency use only.
475. PERMIT EXPIRATION DATE - This space is for agency use only.