



For DPH Office Use Only	
Date Received:	
Facility ID:	
Fee Received:	

Underground Storage Tank Installation/Modification Application

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"/> Residential/Commercial Building <input type="checkbox"/> Other (Please Specify):			

2. Description of Proposed Installation/Modification

Proposed Installation/Modification of Underground Storage Tank System Fees are dependent on whether proposed scope of work involves excavation/cutting of concrete See Application Filing Fees at SF.GOV – Environmental Health (Fees are updated July 1st of Each Year) (Applicant will be billed for any inspection time exceeding the allotted hours –details below)
Will there be excavation or cutting of concrete involved? <input type="checkbox"/> Yes <input type="checkbox"/> No
Check where applicable: <input type="checkbox"/> New Tank System Installation <input type="checkbox"/> Tank Repair <input type="checkbox"/> Piping Replacement <input type="checkbox"/> Piping Repair <input type="checkbox"/> UDC Replacement <input type="checkbox"/> UDC Repair <input type="checkbox"/> Sump Repair <input type="checkbox"/> Penetration Fitting Repairs <input type="checkbox"/> Spill Containment Replacement <input type="checkbox"/> Overfill Prevention Equipment Replacement <input type="checkbox"/> Cold Start <input type="checkbox"/> Panel/Leak Detection Equipment Installation/Replacement <input type="checkbox"/> Tank Product Conversion <input type="checkbox"/> Other:

3. Description of Work: Provide detailed description of work including tank, location of modification, etc. Attach separate sheet if needed.

4. Contractor Information: Contractors performing tank installation or modification must possess a proper contractor license issued by the Contractors State License Board. Copies of the current contractor’s licenses and certifications must be attached.

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

5. Subcontractor/Consultant Information: List all applicable subcontractors. Attach a separate sheet for additional subcontractors and consultants. Copies of the current contractor’s licenses and certifications must be attached.

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

6. ICC UST Service Technician/Installation/Retrofitting Certification: All contractors modifying or 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. Copies of current ICC Certifications must be attached.

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

7. 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. Attach separate sheet if needed.

Copies of current manufacturer certifications must be attached.

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

8. 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.

9. 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)

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

Applicant Name	Title	Phone Number
Business Name	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 will obtain all applicable permits/approvals from other City, State, or Federal regulatory authorities including but not limited to **San Francisco Fire Department, Department of Building Inspection, and/or Department of Public Works.**
- 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 (including as-builts) or reports must be submitted within 30 (thirty) days of project completion.
- 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