Kern County Environmental Health
Unified Program Agency
Application for Underground Storage Tank (UST) Major Modification

In order to expedite permit processing, before submitting your application(s) for major modification, verify that all of the elements below are completed (copies of required forms are attached). Application must be fully completed, or it will not be accepted; there are no exceptions. Allow up to thirty (30) working days for initial review prior to permit processing/issuance. Please call Kern County Environmental Health Services Division, Hazardous Materials Program at (661) 862-8740 for assistance and clarification.

- ☐ **Major Modification Application:** The scope of work must be listed on the application page.

- ☐ **Application fee(s):** Must be submitted in-full or the application will not be processed.

- ☐ **Contractor Information:**
  - Current contractor's license number with date of expiration clearly visible. Only General A, C-61D-40 issued prior to January 18, 2001, or General B with restriction will be accepted. All contractors must also have a hazardous substance removal certification on their licenses;
  - Current copies of certificates of workers' compensation insurance;
  - Site safety plan;
  - Copy of current International Code of Council (ICC) certification(s) **AND** all applicable manufacturer's certifications;

  Note: Per California State Water Resources Control Board Local Guidance 167-2, a qualified UST Installer must be on site while the work is being performed and possess a current ICC UST Installation/Retrofitting certification and all required manufacturer training for the equipment being installed, repaired, upgraded or lined. An individual performing UST installation work must meet all the following requirements of UST Regulations, sections 2715(d) and (e).:

  1. Possess or be employed by a person that possesses the license authorized for UST installation work issued by the CSLB;
  2. Possess or work under the direct supervision of an individual physically present on site who possesses the UST Installation/Retrofitting certificate issued by the ICC. This certification must be renewed by passing the ICC Installation/Retrofitting exam at least once every 24 months; and
  3. Possess a current certificate of training from the manufacturer(s) of the tank(s) or equipment being installed, repaired, upgraded, or lined. Re-certification is required

at the time interval recommended by the manufacturer, by not to exceed 36 months.

[References cited: UST Regulations, §§ 2715(d) & (e)]

□ **One set of site-specific detailed plans of proposed construction AND an 11"x17" electronic copy of the same plans.** Plans must show side and top views of tanks, piping, secondary containment, leak detection and monitoring equipment, overfill protection and all other equipment required. All equipment must be clearly labeled. Plans must also include a plot plan for the facility. Plot plans must include:

- Location of property lines, all buildings and openings to each building (such as windows, doors, vents, etc.), with at least a 100-foot radius around all equipment.
- Nearest road or intersection;
- All tanks, piping, any fixed source of ignition (i.e., water heaters, forced air AC units, etc.);
- All equipment to be installed;
- Any source of water infiltration and wells;
- North arrow;
- Scale of all drawings, minimum acceptable scale is 1-inch = 10 feet.

□ **Equipment Description Checklist (attached):** Complete all applicable sections of the equipment description checklist. Separate equipment checklist must be filled out for each tank.

□ **Compatibility:** Primary and secondary containment of both tank(s) and underground piping must not be subject to physical or chemical deterioration due to the substance(s) stored in them. Documentation from tank, piping and seal manufacturers of compatibility with these substance(s) must be submitted to the UPA prior to construction. Refer to Local Guidance letter LG-113 for compatibility.

□ **Zone Sensor Identification Map:** Detailed drawing and a table of vacuum, pressure or hydrostatically monitored zones. As-built zone maps will be required if changes occur to the original zone map submitted.

□ **Certification of New Installation/Modification – Form C:** Submit upon project completion.

□ **Update the UST Monitoring Tank Information/Monitoring Plan:** It is the responsibility of the tank owner/operator to submit the entire UST element in California Environmental Reporting System (CERS). Permission to operate will not be issued unless all elements have been submitted in CERS.

□ **Verification of Communication:** Communication of the interstice shall be verified by methods such as introduction of a leak at the furthest end of the interstitial space, gauge, visual inspection, etc.

UNDERGROUND STORAGE TANKS
MAJOR MODIFICATION APPLICATION

KERN COUNTY ENVIRONMENTAL HEALTH DIVISION
2700 M STREET, SUITE 300
BAKERSFIELD, CA 93301
(661) 862-8740 Fax (661) 862-8701

I. FACILITY / SITE INFORMATION

Facility ID		CERS ID	

BUSINESS NAME (same as FACILITY NAME or DBA – Doing Business As)

BUSINESS SITE ADDRESS

CITY	STATE	ZIP	BUSINESS PHONE

NEAREST CROSS STREET

II. TANK OWNER/OPERATOR INFORMATION

NAME OF TANK OWNER/OPERATOR	OWNER OPERATOR PHONE

OWNER/OPERATOR MAILING ADDRESS

CITY	STATE	ZIP CODE

III. CONTRACTOR'S INFORMATION

CONTRACTOR'S NAME	CONTRACTOR'S PHONE

CONTRACTOR'S MAILING ADDRESS

CITY	STATE	ZIP CODE

CALIFORNIA CONTRACTORS LICENSE NUMBER	LICENSE TYPE
NAME OF CERTIFIED INSTALLER	ICC INSTALLER CERTIFICATION NUMBER
NAME OF CONTRACTOR'S CONTACT PERSON	CONTRACTOR'S EMAIL ADDRESS

ANTICIPATED PROJECT INSTALL DATE

IV. SCOPE OF WORK

BRIEFLY DESCRIBE THE PROPOSED SCOPE OF WORK

V. TANK LIST

TANK NUMBER	PRODUCT(S)	CAPACITY	SYSTEM TYPE		TANK CONFIGURATION		
			☐ DW	☐ VPH	☐ STAND ALONE	☐ COMPARTMENT UNIT	# COMPARTMENTS IN UNIT:
			☐ DW	☐ VPH	☐ STAND ALONE	☐ COMPARTMENT UNIT	# COMPARTMENTS IN UNIT:
			☐ DW	☐ VPH	☐ STAND ALONE	☐ COMPARTMENT UNIT	# COMPARTMENTS IN UNIT:
			☐ DW	☐ VPH	☐ STAND ALONE	☐ COMPARTMENT UNIT	# COMPARTMENTS IN UNIT:

VI. INTEGRITY TESTING/ENHANCED LEAK DETECTION

TESTING COMPANY	PHONE
TESTING METHOD	

THIS FORM HAS BEEN COMPLETED UNDER PENALTY OF PERJURY AND TO THE BEST OF MY KNOWLEDGE IS TRUE AND CORRECT. I HAVE RECEIVED, UNDERSTAND, AND WILL COMPLY WITH THE CONDITIONS OF THIS APPLICATION AND ANY OTHER STATE, LOCAL, AND FEDERAL REGULATIONS PERTAINING TO WORK COMPLETED ON SITE

APPLICANT SIGNATURE		
Certification – I certify that the information provided herein is true and accurate to the best of my knowledge.		
SIGNATURE OF APPLICANT	DATE	PHONE
NAME OF APPLICANT (print)	TITLE OF APPLICANT	

OFFICIAL USE ONLY			
FEE ALLOCATION ☒CS03 – NEW CONSTRUCTION	TOTAL FEES	RECEIPT NO	DATE PAID
FEE RECEIVED BY			
INSPECTOR NAME (print)		CONTACT PHONE	

UST SYSTEM EQUIPMENT DESCRIPTION CHECKLIST

(Complete all sections that apply) ONE PAGE PER TANK

TANK ID	**TANK CONTENTS**	**TANK CAPACITY**	**PAGE _____ OF _____**
FACILITY ID	**CERS ID**	**FACILITY ADDRESS**	

I. TANK CONSTRUCTION

TANK MANUFACTURER			
TYPE OF TANK	☐ DOUBLE –WALLED		
PRIMARY CONTAINMENT	☐ STEEL	☐ FIBERGLASS	☐ OTHER (specify)
SECONDARY CONTAINMENT	☐ STEEL	☐ FIBERGLASS	☐ OTHER (specify)
TANK INTERSTITIAL	☐ UNDER VACUUM	☐ LIQUID-FILLED	
BACK FILL MATERIAL	☐ SAND	☐ PEA GRAVEL	
TANK ANCHORING	SUBJECT TO FLOODING IN FEMA FLOOD ZONE (http://msc.fema.gov/portal)	☐ YES	☐ NO
	☐ DEADMAN ANCHORS	☐ OVERBURDEN (NO MECHANICAL ANCHORING)	
	☐ CONRETE ANCHOR PADS	☐ OTHER (specify):	

II. PRODUCT PIPING SYSTEM

MANUFACTURER			
PIPING CONSTRUCTION	☐ DOUBLE – WALLED		
SYSTEM TYPE	☐ PRESSURE	☐ CONVENTIONAL SUCTION	
	☐ GRAVITY	☐ SAFE SUCTION [23CCR §2636(A)(3)]	
PRIMARY CONTAINMENT	☐ STEEL	☐ FIBERGLASS	☐ FLEXIBLE
	☐ RIGID PLASTIC	☐ NONE	☐ OTHER (specify)
SECONDARY CONTAINMENT	☐ FIBERGLASS	☐ FLEXIBLE	☐ RIGID PLASTIC
	☐ NONE	☐ OTHER (specify)	

III. VENT, VAPOR RECOVERY (VR) PIPING

VENT PRIMARY CONTAINMENT	☐ STEEL	☐ FIBERGLASS	☐ RIGID PLASTIC	☐ NONE	☐ OTHER (specify):
VENT SECONDARY CONTAINMENT	☐ STEEL	☐ FIBERGLASS	☐ RIGID PLASTIC	☐ NONE	☐ OTHER (specify):
VR PRIMARY CONTAINMENT	☐ STEEL	☐ FIBERGLASS	☐ RIGID PLASTIC	☐ NONE	☐ OTHER (specify):
VR SECONDARY CONTAINMENT	☐ STEEL	☐ FIBERGLASS	☐ RIGID PLASTIC	☐ NONE	☐ OTHER (specify):
VENT PIPING TRANSITION SUMP	☐ STEEL	☐ FIBERGLASS	☐ RIGID PLASTIC	☐ NONE	☐ OTHER (specify):

IV. TANK TOP SUMPS

MANUFACTURER					
PIPING/TURBINE CONTAINMENT SUMP TYPE	☐ DOUBLE – WALLED				
SUMP PRIMARY CONTAINMENT	☐ STEEL	☐ FIBERGLASS	☐ RIGID PLASTIC	☐ NONE	☐ OTHER (specify):
SUMP SECONDARY CONTAINMENT	☐ STEEL	☐ FIBERGLASS	☐ RIGID PLASTIC	☐ NONE	☐ OTHER (specify):
SUMP INTERSTITIAL	☐ UNDER VACUUM	☐ LIQUID-FILLED			
FILL COMPONENTS INSTALLED	☐ SPILL BUCKET	☐ STRIKER PLATE/BOTTOM PROTECTOR		☐ CONTAINMENT SUMP	

V. OVERSPILL CONTAINER WITH DRAIN VALVE

SPILL BUCKET	MANUFACTURER	MODEL #

VI. OVERFILL PREVENTION

	MANUFACTURER	MODEL #	PRODUCT LEVEL
☐ AUDIBLE/VISUAL ALARMS			
☐ FILL TUBE SHUT-OFF VALVE			
☐ EXEMPT	EXPLAIN		
☐ OTHER	EXPLAIN		

VII. UNDER DISPENSER CONTAINMENT (UDC)

UDC	MANUFACTURER		MODEL #	
DIVERTER PAN	MANUFACTURER		MODEL #	
CONSTRUCTION TYPE	☐ DOUBLE – WALLED	☐ NO DISPENSERS		☐ OTHER (specify)
CONSTRUCTION MATERIAL	☐ STEEL	☐ FIBERGLASS	☐ RIGID PLASTIC	☐ OTHER (specify)
UDC INTERSTITIAL	☐ UNDER VACUUM	☐ LIQUID-FILLED		

VIII. LINE LEAK DETECTORS

☐ MECHANICAL LINE LEAK DETECTOR	MANUFACTURER	MODEL #
☐ ELECTRONIC LINE LEAK DETECTOR	MANUFACTURER	MODEL #

IX. AUXILLARY SUMPS (VENT BOXES, TRANSITION SUMPS)

VENT BOX (double wall)	MANUFACTURER		MODEL #	
VENT BOX CONSTRUCTION MATERIAL	☐ FIBERGLASS	☐ RIGID PLASTIC	☐ NONE	☐ OTHER (specify):
VENT BOX INTERSTITIAL	☐ UNDER VACUUM	☐ LIQUID-FILLED		

UST SYSTEM EQUIPMENT DESCRIPTION CHECKLIST

(Complete all sections that apply) ONE PAGE PER TANK

TANK ID **TANK CONTENTS** **TANK CAPACITY** **PAGE** _____ **OF** _____

FACILITY ID **CERS ID** **FACILITY ADDRESS**

TRANSITION SUMP (double wall)	MANUFACTURER		MODEL #
TRANSITION SUMP CONSTRUCTION MATERIAL	☐ FIBERGLASS	☐ RIGID PLASTIC	☐ NONE ☐ OTHER (specify):
TRANSITION SUMP INTERSTITIAL	☐ UNDER VACUUM	☐ LIQUID-FILLED	

X. PENETRATION FITTINGS, SEALANT

PENETRATION FITTINGS	MANUFACTURER	MODEL #
PENETRATION SEALANT	MANUFACTURER	MODEL #

XI. CORROSION PROTECTION

STEEL COMPONENT PROTECTION	☐ ISOLATION (i.e. fiberglass)

XII. VERIFICATION OF COMMUNICATION

METHOD TO VERIFY INTERSTITIAL COMMUNCATION	☐ LEAK INTRODUCED AT FURTHEST POINT ☐ VISUAL INSPECTION	☐ GAUGE ☐ OTHER (specify):

XIII. LEAK MONITORING SYSTEM

CONSOLE	MANUFACTURER	MODEL #

XIV. SENSORS

SENSOR	POSITIVE SHUTDOWN		MANUFACTURER	MODEL #
TANK ANNULAR SPACE SENSOR(S)	☐ YES	☐ NO		
TANK TURBINE SUMP SENSOR(S)	☐ YES	☐ NO		
TANK FILL SUMP SENSOR(S)	☐ YES	☐ NO		
TANK SUMP ANNULAR SENSOR(S)	☐ YES	☐ NO		
UDC SENSOR(S)	☐ YES	☐ NO		
UDC ANNULAR SENSOR(S)	☐ YES	☐ NO		
PIPING ANNULAR SPACE SENSOR(S)	☐ YES	☐ NO		
POSTIVE SHUT DOWN W/ FAILSAFE SYSTEM DISCONNECTION	☐ YES	☐ NO		
VACUUM SENSORS	☐ YES	☐ NO		
HYDROSTATIC INTERSTITIAL SENSOR(S)	☐ YES	☐ NO		
LIQUID/FUEL SENSOR(S)	☐ YES	☐ NO		