



**COUNTY OF EL DORADO ENVIRONMENTAL MANAGEMENT DIVISION  
UNDERGROUND STORAGE TANK INSTALL/MODIFICATION/REPAIR APPLICATION**

Application for review of plans for underground storage tank installation, upgrade, modification and/or repair. Applicant is to submit **two** complete sets of plans with an attached material/equipment list for review & approval. Permit fees are payable at the time the plans are submitted with this application. All project plans shall be reviewed at the Division hourly rate. Plan review fees shall be due prior to final inspection. **APPLICATION BECOMES PERMIT WHEN APPROVED AND SIGNED BY DIVISION REPRESENTATIVE.**

FACILITY NAME	FACILITY ADDRESS	PHONE
NAME OF OWNER	ADDRESS OF OWNER	PHONE
NAME OF OPERATOR	ADDRESS OF OPERATOR	PHONE
NAME OF CONTRACTOR	ADDRESS OF CONTRACTOR	PHONE
CONTRACTOR LICENSE NO.	ICC No.	

**SCOPE OF WORK: (CHECK ALL THAT APPLY)**

<input type="checkbox"/> New Installation		<input type="checkbox"/> Upgrade/Installation	
<input type="checkbox"/> Dispenser Containment	<input type="checkbox"/> Double-Wall Piping	<input type="checkbox"/> Overfill Protection	
<input type="checkbox"/> Spill Containment	<input type="checkbox"/> Sump Around Turbine	<input type="checkbox"/> Striker Plates	
<input type="checkbox"/> Electronic In-Line Leak Detector	<input type="checkbox"/> Cathodic Protection	<input type="checkbox"/> Interior Lining or Bladder	
<input type="checkbox"/> Monitoring System Cold Start	<input type="checkbox"/> Other:		
<input type="checkbox"/> Modification (briefly describe)		<input type="checkbox"/> Repair (briefly describe)	

**SITE INFORMATION**

Number of Tanks	Contents	Type of Monitoring
Estimated Start Date:		Estimated Completion Date:

I hereby certify that the information listed above is correct. I agree to comply with all State and Federal Laws & Regulations, as well as all City & County Ordinances and the guidelines identified in Attachments A – E specified in the Underground Storage Tanks (UST) Guidelines for Installation, Modification, and/or Repair. Furthermore, I acknowledge that a site investigation and clean up may be required in the event significant contamination is encountered during field activities.

Applicant Name (Print)	Applicant Signature	Date
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*Office Use*

Amount Paid:	Transaction No.	Check No.
Facility ID.	Plan Check No.	Other:

<b>Application Approved by:</b>	<b>Signature of Approver</b>	<b>Date Approved</b>	<b>Expiration Date</b>
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California Code of Regulations Title 23, Section 2638, requires that UST Owners and Operators notify the Certified Unified Program Agency (CUPA) at least 48 hours in advance of conducting any installation, repair, replacement, calibration or certification of monitoring equipment. For UST sites in El Dorado County, please notify our Department with either electronic and/or fax notification. **Please email notifications to: [emd.info@edcgov.us](mailto:emd.info@edcgov.us) or fax notifications to: 530-295-2747**