



COUNTY OF SAN DIEGO CUPA
DEPARTMENT OF ENVIRONMENTAL HEALTH – HAZARDOUS MATERIALS DIVISION
P.O. Box 129261, San Diego, CA 92112-9261
(858) 505-6880; Fax (858) 505-6848
<http://www.sdcdeh.org>

OFFICE USE ONLY

Unified Program Facility Permit # _____

Plan Check Permit # _____

PART I - UNDERGROUND STORAGE TANK PLAN CHECK PERMIT APPLICATION

GENERAL INFORMATION

FACILITY NAME: _____ **APN:** _____

FACILITY ADDRESS: _____
Street Number Street Name City Zip Code

TANK OWNER

TANK OPERATOR

Name:	Name:
Address:	Address:
City: State: Zip:	City: State: Zip:
Phone: () E-Mail:	Phone: () E-Mail:

CONTRACTOR INFORMATION

Contractor Name: _____ **Contact Name:** _____
Mailing Address: _____ **City:** _____ **State:** _____ **Zip:** _____
Phone: _____ **License #:** _____ **E-mail:** _____
Haz removal certificate #: _____ **Worker Comp. Insurance Co.:** _____ **ICC Installers Certification:** _____

SCOPE OF WORK (Check all that apply)

- | | | |
|---|--|--|
| <input type="checkbox"/> TANK INSTALLATION
<input type="checkbox"/> New Tank Installation Only
<input type="checkbox"/> Tank(s) Replacement (remove and install) | <input type="checkbox"/> TANK SYSTEM UPGRADE
<input type="checkbox"/> Installation of Dispenser Containment
<input type="checkbox"/> Installation of Double-wall Piping
<input type="checkbox"/> Installation of Turbine/Fill Sump | <input type="checkbox"/> TANK SYSTEM MODIFICATION/REPAIR
<input type="checkbox"/> Install Electronic in-line Leak Detector
<input type="checkbox"/> Install New Monitoring System or component
<input type="checkbox"/> Piping Repair/Modification <input type="checkbox"/> Replace Turbine Pump
<input type="checkbox"/> Secondary Containment Repair
<input type="checkbox"/> Repair sump(s): How many? _____
<input type="checkbox"/> Repair Under Dispenser Containment: How many? _____
<input type="checkbox"/> Other: _____ |
|---|--|--|
- TANK CLOSURE ONLY**
Comments: _____

Activity Code	NEW UST CONSTRUCTION (COMPLETE APPLICATION PART II: HM-9312)	Fees
428T21	Installation fee for first tank (also applies to tank repairs, interior lining & bladder installations)	\$1420.00
	Each additional tank No. of tank(s) _____ x	\$412.00
	Establishment Base Fee (applies to establishments not currently under permit with DEH)	\$228.00
	Operating Permit Fee per tank (Does not apply to replacement tanks if the existing tank(s) be replaced paid current operating permit fees)	\$433.00
	CUPA Surcharge - Program Oversight-Hazmat (Per Facility)	\$24.00
	CUPA Surcharge - Underground Storage Tanks (Per Tank) No. of tank(s) _____ x	\$15.00
UST CLOSURE (COMPLETE APPLICATION PART III: HM-9313)		
428T23	Closure fee for first tank	\$886.00
	Each additional tank No. of tanks(s) _____ x	\$384.00
UPGRADE / REPAIR (COMPLETE APPLICATION PART IV: HM-9314)		
428T29	Upgrade /Repair – 1 inspection and no soil sampling	\$1123.00
	Upgrade /Repair – simple	\$709.00
428T24	Upgrade /Repair – 2 inspections (including soil sampling)	\$1656.00
MISCELLANEOUS ACTIVITIES		
	Additional inspection(s): <input type="checkbox"/> Soil sampling <input type="checkbox"/> Press./Hydro. test <input type="checkbox"/> Final <input type="checkbox"/> Other: _____ x	\$568.00
	Plan Re-Review	\$452.00
	Re-inspection Fee <input type="checkbox"/> Other _____	\$709.00
	Consultation Fee (minimum 2 hours) No. of hours _____ x	\$142.00
	Investigative Fee <input type="checkbox"/> Other _____	\$
TOTAL FEE		

PERMITS REQUIRED BY OTHER AGENCIES: FIRE DEPT APCD BUILDING DEPT OTHER
Provide copies of approved applications from these departments and others if permits are needed. Submit one (1) original and two (2) copies of this application package, including plan drawings with the required fee. **Make checks payable to the County of San Diego.**
A permit will be issued by DEH upon review and approval of the application and plans. Applicable fees must be submitted with the application package. Additional information to that presented in the application package may be needed in order to obtain final approval. No work is to begin on the proposed project until a permit has been issued.

OFFICE USE: **DATE RECEIVED:** ____ / ____ / ____ **CHECK NO.** _____ **PLAN APPROVED:** _____