|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **OC CUPA**  **1241 E. Dyer Rd Ste. 120**  **Santa Ana, CA 92705**  **Tel:(714) 433-6000**  **Fax: (714) 754-1768**  [**www:occupainfo.com**](http://occupainfo.com) | **UNDERGROUND STORAGE TANK**  **FACILITY MODIFICATION APPLICATION** | | |
| SUBMIT A SEPARATE FORM FOR EACH TYPE OF CONSTRUCTION ACTIVITY  (e.g., Installations, Removals, System Modifications, Repairs, etc.) | | | | |
| **SITE INFORMATION**  FACILITY NAME:       SUBMITAL DATE:  ADDRESS:  CITY:       TELEPHONE NO.:  ZIP CODE:       CONTACT NAME: | | | | |
| **APPLICANT REQUESTOR**  APPLICANT NAME:       COMPANY NAME:  ADDRESS:  CITY:       **X**  *APPLICANT’S SIGNATURE*  (TANK OWNER OR DESIGNEE)  STATE:       ZIP:  UPC UST Forms are required to be submitted prior to pick up of approved UST plans. Forms provided at Plan Check Counter or at  <http://www.occupainfo.com/forms>  TELEPHONE NO.:  ALTERNATE # (CELL, PAGER): | | | | |
| TYPE OF CONSTRUCTION | | |  | CONTRACTOR INFORMATION  (Persons performing work on USTs must meet specific  State Contractors Licensing Board requirements)  CONTACT:  CONTRACTOR:  ADDRESS:  CITY:  STATE:       ZIP:  TELEPHONE NO.:  CONTRACTORS LICENSE TYPE:  CONTRACTORS STATE LICENSE #: |
| UST PLAN TYPE: | | | CODE |
| INSTALLATION (S): | | | T01 |
| CLOSURE (S) – REMOVAL (S): | | | T02 |
| SYSTEM MODIFICATION (REPIPE, REPAIR TO PIPING) | | | T03 |
| REPAIR (S) OR RELINE (S) USTs | | | T04 |
| OTHER (SPECIFY): | | | T05 |
|  | | |  |

NOTES: NEW INSTALLATIONS, CLOSURES, REPAIRS AND SYSTEM MODIFICATIONS OF UNDERGROUND STORAGE TANKS REQUIRE THE SUBMITTAL OF (4) SETS OF PLANS TO THIS DIVISION. THESE PLANS MUST BE APPROVED PRIOR TO THE INITIATION OF ANY CONSTRUCTION OR MODIFICATION. ALL PLANS OR REPORTS REQUIRED MUST ACCOMPANY THIS FORM AT THE TIME OF SUBMITTAL.

PLAN APPROVAL AND FEES ARE VALID FOR ONE YEAR. IF TANKS HAVE NOT BEEN REMOVED, INSTALLED OR MODIFIED WITHIN ONE YEAR OF THE APPROVAL DATE, NEW PLANS AND FEES MUST BE SUBMITTED.

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***OFFICE USE ONLY***

SR # PE: FEES PAID: CHECK # RCVD.BY:

PLAN APPROVAL DATE: BY: FA #

**T A N K IN FO R M A TI ON**

PROVIDE THE INFORMATION BELOW FOR ALL TANKS AND PIPING SYSTEMS TO BE INSTALLED, REMOVED OR REPAIRED. ALSO INDICATE THE UPGRADE/CHANGES TO BE MADE TO EACH TANK SYSTEM.

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| TANK I.D. | | | #1 | #2 | #3 | #4 |
|  | MATERIAL OR  WASTE STORED | CURRENTLY |  |  |  |  |
| **M AT E R I AL** | PROPOSED |  |  |  |  |
| **ST O R ED** | PREVIOUSLY |  |  |  |  |
|  | FUEL TYPE, I.E., UNLEADED | |  |  |  |  |
|  | TYPE (TANK, SUMP, OTHERS) | |  |  |  |  |
|  | DOUBLE WALL/SINGLE WALL | |  |  |  |  |
|  | UL NUMBER | |  |  |  |  |
|  | YEAR INSTALLED | |  |  |  |  |
| **C** | VAULTED/NOT VAULTED | |  |  |  |  |
| **O** |  | MANUFACTURER |  |  |  |  |
| **N** |  | CAPACITY (GALLONS) |  |  |  |  |
| **T** | **P R I M AR Y** | CONSTRUCTION MATERIAL |  |  |  |  |
| **A** |  | THICKNESS (UNITS) |  |  |  |  |
| **I** |  | INTERIOR LINING |  |  |  |  |
| **N** |  | MANUFACTURER |  |  |  |  |
| **E** | **S E CO ND A R Y** | CAPACITY (GALLONS) |  |  |  |  |
| **R** |  | CONSTRUCTION MATERIAL |  |  |  |  |
|  |  | THICKNESS (UNITS) |  |  |  |  |
|  | CORROSION PROTECTION | |  |  |  |  |
|  | TYPE OF LEAK DETECTION FOR USTs (LIQUID,  PROBE, ETC.) | |  |  |  |  |
|  | MANUFACTURER OF LEAK DETECTOR | |  |  |  |  |
|  | LOCATION  (UNDER/ABOVE GROUND) | |  |  |  |  |
| **P** | SUCTION/PRESSURE  GRAVITY/UNKNOWN | |  |  |  |  |
| **I** | **P R I M AR Y** | CONSTRUCTION  MATERIAL |  |  |  |  |
| **P** |  | MANUFACTURER |  |  |  |  |
| **I** | **S E CO ND A R Y** | CONSTRUCTION  MATERIAL |  |  |  |  |
| **N** |  | MANUFACTURER |  |  |  |  |
| **G** | TYPE OF LEAK DETECTION FOR PIPING (PRESSURE LOSS DEVICE, ETC.) | |  |  |  |  |
|  | MANUFACTURER OF LEAK DETECTOR | |  |  |  |  |
| OVERFILL PROTECTION (TYPE) | | |  |  |  |  |
| SPILL CONTAINMENT (TYPE) | | |  |  |  |  |