

**APPLICATION FOR PERMIT TO MODIFY A HAZARDOUS MATERIALS FACILITY  
[PERMIT EXPIRES 6 MONTHS FROM DATE OF APPROVAL]**

ATTACH TWO COPIES OF PLANS ASSOCIATED WITH PROPOSED MODIFICATION  
INCLUDE SPECIFICATION SHEETS FROM MANUFACTURER WHERE APPLICABLE

PERMIT NUMBER: \_\_\_\_\_ FEE PAID: \$ \_\_\_\_\_ DATE: \_\_\_\_\_

CASH REGISTER VALIDATION

Location: \_\_\_\_\_

Facility Name: \_\_\_\_\_ APN: \_\_\_\_\_

Owner/Operator: \_\_\_\_\_ Telephone: \_\_\_\_\_

Property Owner: \_\_\_\_\_ Telephone: \_\_\_\_\_

Contractor: \_\_\_\_\_ License Number: \_\_\_\_\_

Address: \_\_\_\_\_ Telephone: \_\_\_\_\_

Owner/Builder Declaration submitted:  Yes  No  Not applicable

**MODIFICATION BEING PROPOSED:**

For all equipment proposed attach manufacturers specification sheets, and installation and maintenance instructions. All materials of construction must be compatible with materials stored.

- Monitoring Device/System (Attach Monitoring Plan)
- Overfill/Spill Protection
- Secondary Containment Structure (Attach capacity calc sheets and identify materials of construction)
- Repiping
- Aboveground Tank
- Other: \_\_\_\_\_

\_\_\_\_\_  
SIGNATURE TITLE DATE

**FOR OFFICE USE ONLY**

PERMIT APPROVED BY: \_\_\_\_\_ DATE: \_\_\_\_\_ EXPIRATION DATE: \_\_\_\_\_

INSPECTED BY: \_\_\_\_\_ DATE: \_\_\_\_\_

FINALED BY: \_\_\_\_\_ DATE: \_\_\_\_\_

**APPLICANT TO OBTAIN CLEARANCES:**

**HAZARDOUS MATERIALS FACILITY ROUTING AND CLEARANCE FORM**

Address \_\_\_\_\_ APN \_\_\_\_\_

Project Name \_\_\_\_\_

Owner/Operator \_\_\_\_\_ Telephone \_\_\_\_\_

Contact Person \_\_\_\_\_ Telephone \_\_\_\_\_

**CLEARANCES:**

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**ZONING/PLANNING** By: \_\_\_\_\_ Date \_\_\_\_\_

( ) APPROVED ( ) NOT APPROVED ( ) NOT APPLICABLE

Remarks: \_\_\_\_\_

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**BUILDING INSPECTION** By: \_\_\_\_\_ Date \_\_\_\_\_

( ) APPROVED ( ) NOT APPROVED ( ) NOT APPLICABLE

Remarks: \_\_\_\_\_

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**FIRE AGENCY** By: \_\_\_\_\_ Date \_\_\_\_\_

( ) APPROVED ( ) NOT APPROVED ( ) NOT APPLICABLE

Remarks: \_\_\_\_\_

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**ENVIRONMENTAL HEALTH** By: \_\_\_\_\_ Date \_\_\_\_\_

( ) APPROVED ( ) NOT APPROVED ( ) NOT APPLICABLE

Remarks: \_\_\_\_\_

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**OTHER (RWQCB, AIR POLLUTION CONTROL DISTRICT, SANITARY DISTRICT, ETC.)**

\_\_\_\_\_ By: \_\_\_\_\_ Date \_\_\_\_\_

( ) APPROVED ( ) NOT APPROVED ( ) NOT APPLICABLE

Remarks: \_\_\_\_\_

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\_\_\_\_\_ By: \_\_\_\_\_ Date \_\_\_\_\_

( ) APPROVED ( ) NOT APPROVED ( ) NOT APPLICABLE

Remarks: \_\_\_\_\_

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\_\_\_\_\_ By: \_\_\_\_\_ Date \_\_\_\_\_

( ) APPROVED ( ) NOT APPROVED ( ) NOT APPLICABLE

Remarks: \_\_\_\_\_

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# UST Operating Permit Application – Tank Information Instructions

(Formerly SWRCB Permit Application Form B and UPCF Form hwfwr-c-b)

Complete a separate form for each UST for all new permits, permit changes, and any UST system information changes. This form must be submitted within 30 days of permit or UST system information changes, unless your local agency requires approval prior to making changes. For tanks that are part of a compartmentalized unit, each compartment is considered a separate tank and requires completion of a separate Tank Information form. For a UST permanent closure or removal, complete only TYPE OF ACTION and Sections I, II, III, IV, and IX. (Note: Numbering of these instructions matches the data element numbers on the form.)

430. TYPE OF ACTION – Check the appropriate box to indicate why this form is being submitted.
- 430a. DATE UST PERMANENTLY CLOSED – For reporting closure only: enter the date the UST was removed or closed on site.
- 430b. DATE EXISTING UST DISCOVERED – Enter the date this UST was discovered. Leave blank if installation date is known.
1. FACILITY ID NUMBER – This space is for agency use only.
3. BUSINESS NAME – Enter the complete facility name.
103. BUSINESS SITE ADDRESS – Enter the street address of the facility, including building number, if applicable. This address must be the physical location of the facility. Post office box numbers are not acceptable.
104. CITY – Enter the city or unincorporated area in which the facility is located.
432. TANK ID # – Applicant may enter the owner's tank identification number or leave this space blank. The Local Agency will assign the State tank identification number as the unique identifier for the tank.
433. TANK MANUFACTURER – Enter the name of the company that manufactured the tank.
434. TANK CONFIGURATION. Check the appropriate box to indicate if the tank is a stand-alone tank or one in a compartmented unit. A separate UST Operating Permit Application – Tank Information form must be submitted for each compartment.
435. DATE UST SYSTEM INSTALLED – Enter the date the local agency signed-off on installation of the UST system. This is the date of initial tank system installation, and does not include upgrades or retrofits which may have been performed later. If this is for a new installation, leave blank.
436. TANK CAPACITY IN GALLONS: Enter the tank capacity. For compartmentalized tanks, enter data for the compartment covered by this tank form only.
437. NUMBER OF COMPARTMENTS IN THE UNIT: If the tank is a compartment, enter the total number of compartments in the unit.
439. TANK USE – Check the type of tank usage.
- 439a. If you checked "Other" specify the type of tank usage in the space provided.
440. TANK CONTENTS – Check the specific petroleum or non-petroleum substance stored.
- 440a. If you checked "Other Petroleum" specify the common name of the substance in the space provided [i.e., the name used in the facility's Hazardous Materials Business Plan (HMBP) inventory].
- 440b. If you checked "Other" under Non-petroleum, specify the common name of substance in the space provided (i.e., the name used in the HMBP inventory).
443. TYPE OF TANK – Check the box that identifies the type of tank.
444. TANK PRIMARY CONTAINMENT – Check the construction material of the primary containment (i.e., inner tank wall nearest the hazardous substance stored). If the tank material is not listed, check "Other" and specify the material in the space provided.
- 444a. If you checked "Other" specify the type of primary containment in the space provided.
445. TANK SECONDARY CONTAINMENT – Check the construction material of the secondary containment that provides containment external to, and separate from, the primary containment described above. If the tank is a single-wall tank, check "None." If the material is not listed, check "Other" and specify the material in the space provided (e.g., HDPE).
- 445a. If you checked "Other" specify the type of secondary containment in the space provided.
452. OVERFILL PREVENTION – Check the box(es) to describe the type(s) of overfill protection equipment installed.
458. PIPING SYSTEM TYPE – Check the type of product/waste piping installed in this tank system. "Safe suction" refers to piping systems meeting all requirements of 23 CCR §2636(a)(3) (also known as "European Suction" systems) (i.e., sloped suction piping systems with no valves or pumps below grade and only one check valve, located below and as close as practical to the suction pump). Title 23, California Code of Regulations is available online at [www.calregs.com](http://www.calregs.com).
460. PIPING CONSTRUCTION-Indicate if the piping is single-walled or double-walled, or "other".
464. PIPING PRIMARY CONTAINMENT – Check the material(s) used to construct the primary (i.e., inner) underground product/waste piping.
- 464a. If you checked "Other" specify the type of primary containment in the space provided.
- 464b. PIPING SECONDARY CONTAINMENT – Check the material(s) used to construct the secondary containment system(s) (i.e., secondary piping, trench) provided for the product/waste piping. For single-wall piping systems, check "None."
- 464c. If you checked "Other" specify the type of secondary containment in the space provided.
- 464d. PIPING/TURBINE CONTAINMENT SUMP TYPE – Indicate the type of piping/turbine containment sump(s). Check "None" if not present.
- 464e-f1 VENT PRIMARY CONTAINMENT – Check the material(s) used to construct the primary (i.e., inner) vent piping. (Note: Address venting of the tank primary containment only.) Specify Other type of containment in the space provided.
- 464f-f1 VENT SECONDARY CONTAINMENT – Check the material(s) used to construct the secondary containment system(s) (e.g., secondary piping,) provided for the vent piping. For single-wall piping systems, check "None." (Note: Address venting of the tank primary containment only.) Specify Other type of containment in the space provided.
- 464g-g1 VR PRIMARY CONTAINMENT – Check the material(s) used to construct the primary (i.e., inner) vapor recovery piping. For tanks without vapor recovery piping (e.g., Diesel tanks), check "None." Specify Other type of containment in the space provided.
- 464h-h1 VR SECONDARY CONTAINMENT – Check the material(s) used to construct the secondary containment system(s) (e.g., secondary piping) provided for the vapor recovery piping. For single-wall piping systems, check "None." Specify Other type of containment in the space provided.
- 464i. VENT PIPING TRANSITION SUMP TYPE – Indicate type of transition sump(s). Check "None" if not present.
- 464j-j1 RISER PRIMARY CONTAINMENT – Check the material(s) used to construct the primary (i.e., inner) piping for all risers (not drop tubes) other than annular space risers (i.e., risers for filling or gauging of the primary tank). Specify Other type of containment in the space provided.
- 464k-k1 RISER SECONDARY CONTAINMENT – Check the material(s) used to construct secondary containment system(s) (i.e., secondary piping, sumps) provided for the riser piping. For risers without secondary containment, check "None." Specify Other type of containment in the space provided.
- 451a-c. FILL COMPONENTS INSTALLED – Check the appropriate boxes to show that spill containment, tank bottom protection, and fill containment sumps (if applicable) are installed.
- 469a. UDC CONSTRUCTION TYPE – Check the box to describe the type of dispenser containment system(s) (i.e., dispenser sumps or pans). If the system has no dispensers (e.g., standby generator tank system), check "No Dispensers." If the system has a dispenser, but no UDC, check "None".
- 469b. UDC CONSTRUCTION MATERIAL – Check the box to describe the materials used to construct the UDC.
- 469c. If you checked "Other" specify the construction material in the space provided.
448. STEEL COMPONENT PROTECTION – All systems contain some steel components. Check the appropriate box(es) to describe all corrosion protection methods used. "Isolation" means electrical isolation from soil, backfill, and groundwater. Examples include fiberglass cladding, non-metallic secondary containment systems which isolate steel components from the sub-surface environment, and insulating bushings.
- APPLICANT SIGNATURE – The same person who signs the UST Operating Permit Application – Facility Information Form shall sign in the space provided. This signature certifies that the signer believes that all information submitted is true and accurate, and that the UST system is compatible with the hazardous substance stored.
470. DATE – Enter the date the form was signed.
471. APPLICANT NAME – Print or type the name of the person signing the form.
472. APPLICANT TITLE – Enter the title of the person signing the form.



## UST Certification of Installation / Modification Form Instructions

This Certification form must be submitted upon the completion of installation or upgrading of tanks and/or piping associated with a UST system. Installation or upgrading of multiple tank systems may be addressed on one form. The UST owner or an authorized representative of the owner must complete this form. (Note: Numbering of these instructions follows the UPCF data element numbers on the Certification form.)

1. FACILITY ID NUMBER – This space is for agency use only.
3. BUSINESS NAME – Enter the complete Facility Name.
103. BUSINESS SITE ADDRESS – Enter the street address of the facility, including building number, if applicable. This address must be the physical location of the facility. Post office box numbers are not acceptable.
104. CITY – Enter the city or unincorporated area in which the facility is located.
- 482a. NAME OF CONTRACTOR WHO PERFORMED INSTALLATION / MODIFICATION – Enter the name of the contractor who performed the work as registered with the Contractors State License Board (CSLB).
- 482b. CONTRACTOR LICENSE # – For the contractor named above, enter the license number assigned by the Contractors State License Board (license information is available online at [www.cslb.ca.gov](http://www.cslb.ca.gov)).
- 482c. ICC CERTIFICATION # – Enter the International Code Council (ICC) “UST Installation/Retrofitting” certification number possessed by the contractor.
- 483a. TYPE OF PROJECT – Check the appropriate box(es) to indicate the type of work performed. Address each system component individually (i.e., for installation of a complete motor vehicle fueling UST system, check boxes 1 through 4).
- 483b. WORK AUTHORIZED UNDER PERMIT (Number or Date) – Enter the number of the permit issued by the local agency, or if no permit number, the date the permit or project approval was issued for the work being certified.
- 483c. DESCRIPTION OF WORK BEING CERTIFIED – In the space provided, briefly describe the work performed. Include the number and type of UST systems installed or upgraded and the scope of work (e.g., “Installation of piping sumps and under dispenser containment, and replacement of product and vapor recovery piping associated with one 12,000 gallon regular unleaded and one 8,000 gallon premium unleaded motor vehicle fuel tank.”).

SIGNATURE OF TANK OWNER OR OWNER’S AGENT – The tank owner or an authorized agent of the owner shall sign in the space provided. This signature certifies that the signer believes that all the information submitted is true and accurate.

484. DATE CERTIFIED – Enter the date the form was signed.
485. CERTIFIER’S NAME – Enter the full printed name of the person signing the form.
486. CERTIFIER’S TITLE – Enter the title of the person signing the form.
487. PHONE – Enter the phone number of the person signing the certification. Include the area code and any extension number.
488. NAME OF CERTIFIER’S EMPLOYER – Enter the name (DBA) of the employer of the person signing the form. If the tank owner is an individual, and the owner signs the Certification, note “N/A” (Not Applicable) in this space.
489. CERTIFIER’S RELATIONSHIP TO TANK OWNER – Check the appropriate box to indicate the nature of the relationship between the person signing the form and the tank owner.

**UNIFIED PROGRAM CONSOLIDATED FORM  
UNDERGROUND STORAGE TANK  
MONITORING PLAN – (Page 1 of 2)**

TYPE OF ACTION	<input type="checkbox"/> 1. NEW PLAN	<input type="checkbox"/> 2. CHANGE OF INFORMATION	490-1
PLAN TYPE	<input type="checkbox"/> 1. MONITORING IS IDENTICAL FOR ALL USTs AT THIS FACILITY.		490-2
(Check one item only)	<input type="checkbox"/> 2. THIS PLAN COVERS ONLY THE FOLLOWING UST SYSTEM(S): _____		
<b>I. FACILITY INFORMATION</b>			
FACILITY ID # (Agency Use Only)			1
BUSINESS NAME (Same as FACILITY NAME)			3.
BUSINESS SITE ADDRESS	103.	CITY	104.
<b>II. EQUIPMENT TESTING AND PREVENTIVE MAINTENANCE</b>			
Testing, preventive maintenance, and calibration of monitoring equipment (e.g., sensors, probes, line leak detectors, etc.) must be performed at the frequency specified by the equipment manufacturers' instructions, or annually, whichever is more frequent, and that such work must be performed by qualified personnel. (23 CCR §2632, 2634, 2638, 2641)			
MONITORING EQUIPMENT IS SERVICED	<input type="checkbox"/> 1. ANNUALLY	<input type="checkbox"/> 99. OTHER (Specify): _____	490-3a 490-3b
<b>III. MONITORING LOCATIONS</b>			
<input type="checkbox"/> 1. NEW SITE PLOT PLAN/MAP SUBMITTED WITH THIS PLAN. <input type="checkbox"/> 2. SITE PLOT PLAN/MAP PREVIOUSLY SUBMITTED. (23 CCR §2632, 2634) <sup>490-4</sup>			
<b>IV. TANK MONITORING IS PERFORMED USING THE FOLLOWING METHOD(S):</b>			
<input type="checkbox"/> 1. CONTINUOUS ELECTRONIC TANK MONITORING OF ANNULAR (INTERSTITIAL) SPACE(S) OR SECONDARY CONTAINMENT VAULT(S) WITH AUDIBLE AND VISUAL ALARMS. (23 CCR §2632, 2634)			
SECONDARY CONTAINMENT IS:	<input type="checkbox"/> a. DRY	<input type="checkbox"/> b. LIQUID FILLED	<input type="checkbox"/> c. PRESSURIZED
			<input type="checkbox"/> d. UNDER VACUUM
PANEL MANUFACTURER:	490-7.	MODEL #:	490-8
LEAK SENSOR MANUFACTURER:	490-9.	MODEL #(S):	490-10
<input type="checkbox"/> 2. AUTOMATIC TANK GAUGING (ATG) SYSTEM USED TO MONITOR <u>SINGLE WALL TANK(S)</u> . (23 CCR §2643)			
PANEL MANUFACTURER:	490-12.	MODEL #:	490-13
IN-TANK PROBE MANUFACTURER:	490-14.	MODEL #(S):	490-15
LEAK TEST FREQUENCY:	<input type="checkbox"/> a. CONTINUOUS	<input type="checkbox"/> b. DAILY/NIGHTLY	<input type="checkbox"/> c. WEEKLY
	<input type="checkbox"/> d. MONTHLY	<input type="checkbox"/> e. OTHER (Specify): _____	
PROGRAMMED TESTS:	<input type="checkbox"/> a. 0.1 g.p.h.	<input type="checkbox"/> b. 0.2 g.p.h.	<input type="checkbox"/> c. OTHER (Specify): _____
<input type="checkbox"/> 3. MONTHLY STATISTICAL INVENTORY RECONCILIATION (23 CCR §2646.1):			490-20
<input type="checkbox"/> 4. WEEKLY MANUAL TANK GAUGING (MTG) (23 CCR §2645).	TESTING PERIOD:	<input type="checkbox"/> a. 36 HOURS	<input type="checkbox"/> b. 60 HOURS
<input type="checkbox"/> 5. TANK INTEGRITY TESTING (23 CCR §2643.1):	TEST FREQUENCY:	<input type="checkbox"/> a. ANNUALLY	<input type="checkbox"/> b. BIENNIALY
		<input type="checkbox"/> c. OTHER (Specify): _____	
<input type="checkbox"/> 99. OTHER (Specify):			490-26 490-27
<b>V. PIPE MONITORING IS PERFORMED USING THE FOLLOWING METHOD(S) (Check all that apply)</b>			
<input type="checkbox"/> 1. CONTINUOUS MONITORING OF PIPE/ PIPING SUMP(S) AND OTHER SECONDARY CONTAINMENT WITH AUDIBLE AND VISUAL ALARMS. (23 CCR §2636)			
SECONDARY CONTAINMENT IS:	<input type="checkbox"/> a. DRY	<input type="checkbox"/> b. LIQUID FILLED	<input type="checkbox"/> c. PRESSURIZED
			<input type="checkbox"/> d. UNDER VACUUM
PANEL MANUFACTURER:	490-30.	MODEL #:	490-31
LEAK SENSOR MANUFACTURER:	490-32.	MODEL #(S):	490-33
PIPING LEAK ALARM TRIGGERS AUTOMATIC PUMP (i.e., TURBINE) SHUTDOWN.		<input type="checkbox"/> a. YES	<input type="checkbox"/> b. NO
FAILURE/DISCONNECTION OF THE MONITORING SYSTEM TRIGGERS AUTOMATIC PUMP SHUTDOWN.		<input type="checkbox"/> a. YES	<input type="checkbox"/> b. NO
<input type="checkbox"/> 2. MECHANICAL LINE LEAK DETECTOR (MLLD) THAT ROUTINELY PERFORMS 3.0 g.p.h. LEAK TESTS AND RESTRICTS OR SHUTS OFF PRODUCT FLOW WHEN A LEAK IS DETECTED (23 CCR §2636)			
MLLD MANUFACTURER(S):	490-37.	MODEL #(S):	490-38
<input type="checkbox"/> 3. ELECTRONIC LINE LEAK DETECTOR (ELLD) THAT ROUTINELY PERFORMS 3.0 g.p.h. LEAK TESTS (23 CCR §2636)			
ELLD MANUFACTURER(S)	490-40.	MODEL #(S):	490-41
PROGRAMMED IN LINE LEAK TEST:	<input type="checkbox"/> 1. MINIMUM MONTHLY 0.2 g.p.h.	<input type="checkbox"/> 2. MINIMUM ANNUAL 0.1 g.p.h.	
ELLD DETECTION OF A PIPING LEAK TRIGGERS AUTOMATIC PUMP SHUTDOWN.		<input type="checkbox"/> a. YES	<input type="checkbox"/> b. NO
ELLD FAILURE/DISCONNECTION TRIGGERS AUTOMATIC PUMP SHUTDOWN.		<input type="checkbox"/> a. YES	<input type="checkbox"/> b. NO
<input type="checkbox"/> 4. PIPE INTEGRITY TESTING <sup>490-45</sup>	TEST FREQUENCY	<input type="checkbox"/> a. ANNUALLY	<input type="checkbox"/> b. EVERY 3 YEARS
		<input type="checkbox"/> c. OTHER (Specify) _____	
<input type="checkbox"/> 5. VISUAL PIPE MONITORING.	FREQUENCY	<input type="checkbox"/> a. DAILY	<input type="checkbox"/> b. WEEKLY
		<input type="checkbox"/> c. MIN. MONTHLY & EACH TIME SYSTEM OPERATED*	
	* Allowed for monitoring of unburied emergency generator fuel piping only per HSC §25281.5(b)(3)		
<input type="checkbox"/> 6. SUCTION PIPING MEETS EXEMPTION CRITERIA [23 CCR §2636(a)(3)].			490-50
<input type="checkbox"/> 7. NO REGULATED PIPING PER HEALTH AND SAFETY CODE, DIVISION 20, CHAPTER 6.7 IS CONNECTED TO THE TANK SYSTEM			490-51
<input type="checkbox"/> 99. OTHER (Specify)			490-52 490-53

## UST Monitoring Plan – Page 1 Instructions

**Complete a separate UST Monitoring Plan for each UST monitoring system at the facility. This form must be submitted with your initial UST Operating Permit Application and within 30 days of changes in the information it contains. Please note that your local agency may require you to obtain approval prior to installing or modifying monitoring equipment. (Note: Numbering of these instructions follows the data element numbers on the form.)**

- 490-1. TYPE OF ACTION – Check the appropriate box to indicate why this plan is being submitted.
- 490-2. PLAN TYPE – Check the appropriate box to indicate whether this plan covers all, or merely some, of the USTs at the facility. If the plan covers only some of the tanks, identify those tanks in the space provided [e.g., by using the Tank ID #(s) in item 432 of the UST Operating Permit Application – Tank Information Form(s)].
1. FACILITY ID NUMBER – This space is for agency use only.
  3. BUSINESS NAME – Enter the complete Facility Name.
103. BUSINESS SITE ADDRESS – Enter the street address where the facility is located, including building number, if applicable. Post office box numbers are not acceptable. This information must provide a means to locate the facility geographically.
104. CITY – Enter the city or unincorporated area in which the facility is located.
- 490-3a MONITORING EQUIPMENT IS SERVICED – Check the appropriate box to specify the frequency of monitoring equipment testing/certification.
- 490-3b Specify Other frequency for monitoring equipment servicing.
- 490-4 SITE PLAN - Indicate if a site plan/map is submitted with this monitoring plan or if it was submitted previously and is current for the facility. Monitoring plans must include a Site Plot Plan/Map showing the tank and piping layouts and the locations where monitoring is performed (i.e., location of sensors, probes, line leak detectors, monitoring system control panel, etc.).
- 490-5 IV-1 CONTINUOUS ELECTRONIC MONITORING-Indicate if this monitoring method is being used to monitor the tanks.
- 490-6 SECONDARY CONTAINMENT– If IV-1 is checked, check the appropriate box to describe the environment inside the tank secondary containment.
- 490-7 PANEL MANUFACTURER – If IV-1 is checked, enter the name of the manufacturer of the monitoring system control panel (console).
- 490-8 MODEL # – If IV-1 is checked, enter the model number for the monitoring system control panel.
- 490-9 LEAK SENSOR MANUFACTURER – If IV-1 is checked, enter the name of the manufacturer of the sensor(s). If additional space is needed, use Section X.
- 490-10 MODEL #(S) – If IV-1 is checked, enter the model number for each type of sensor installed. If additional space is needed, use Section X.
- 490-11 IV-2 AUTOMATIC TANK GAUGING-Indicate if this method is used for monitoring the UST's.
- 490-12 PANEL MANUFACTURER – If IV-2 is checked, enter the name of the manufacturer of the monitoring system control panel (console).
- 490-13 MODEL # – If IV-2 is checked, enter the model number for the monitoring system control panel.
- 490-14 IN-TANK PROBE MANUFACTURER – If IV-2 is checked, enter the name of the manufacturer of the probe(s).
- 490-15 MODEL #(S) – If IV-2 is checked, enter the model number for each type of in-tank probe installed. If additional space is needed, use Section X.
- 490-16. LEAK TEST FREQUENCY – If IV-2 is checked, check the appropriate box to describe the in-tank leak test frequency.
- 490-17. SPECIFY – If 490-16e is checked, enter the frequency of programmed leak tests.
- 490-18. PROGRAMMED TESTS – If IV-2 is checked, check the appropriate box to describe the tests programmed into the ATG system.
- 490-19. SPECIFY – If 490-18c is checked, enter the frequency of in-tank leak testing.
- 490-20. IV-3 INVENTORY RECONCILIATION – Check the box if statistical inventory reconciliation is performed.
- 490-21. IV-4 WEEKLY MANUAL TANK GAUGING. Indicate if this method is used to monitor the tanks.
- 490-22. TESTING PERIOD – If IV-4 is checked, check the appropriate box to describe the MTG testing period.
- 490-23. IV-5 TANK INTEGRITY TESTING: Indicate if this method is used to monitor the tanks.
- 490-24. TEST FREQUENCY – If IV-5 is checked, check the appropriate box to describe the frequency of tank integrity testing.
- 490-25. OTHER: If 490-24c is checked, specify other test frequency.
- 490-26. IV-99 OTHER: Indicate if monitoring of the tanks occurs that is not indicated in any other category.
- 490-27. If IV-99 is checked, enter a brief description of the other tank monitoring method(s) used (e.g., vadose zone monitoring per 23 CCR §2647, groundwater monitoring per 23CCR §2648). Include the monitoring frequency (e.g., Continuous, Weekly). If additional space is needed, use Section X.
- 490-28. V-1 CONTINUOUS MONITORING OF PIPE/PIPING SUMP(S) AND OTHER SECONDARY CONTAINMENT WITH AUDIBLE AND VISUAL ALARMS: Indicate if this is the monitoring method used for the piping.
- 490-29. SECONDARY CONTAINMENT: If V-1 is checked, Check the appropriate box to describe the environment inside piping secondary containment.
- 490-30. PANEL MANUFACTURER – If V-1 is checked, enter the name of the manufacturer of the monitoring system control panel (console).
- 490-31. MODEL # – If V-1 is checked, enter the model number for the monitoring system control panel.
- 490-32. LEAK SENSOR MANUFACTURER – If V-1 is checked, enter the name of the manufacturer of the sensor(s).
- 490-33. MODEL #(S) – If V-1 is checked, enter the model number for each type of sensor installed. If additional space is needed, use Section X.
- 490-34. PIPING LEAK ALARM TRIGGERS AUTOMATIC PUMP SHUTDOWN – If V-1 is checked, check Yes or No.
- 490-35. FAILURE/DISCONNECTION OF THE MONITORING SYSTEM TRIGGERS AUTOMATIC PUMP SHUTDOWN – If V-1 is checked, check Yes or No.
- 490-36. V-2 PIPE MECHANICAL LINE LEAK DETECTORS PERFORM 3 GPH LEAK TESTS: Indicate if this monitoring method is used to monitor the pipelines.
- 490-37. MLLD MANUFACTURER(S) – If V-2 is checked, enter the name(s) of the manufacturer(s) of the mechanical line leak detector(s). If additional space is needed, use Section X.
- 490-38. MODEL #(s) - If V-2 is checked, Enter the model number for each type of mechanical line leak detector installed. If additional space is needed, use Section X.
- 490-39. V-3 PIPE ELECTRONIC LINE LEAK DETECTORS: Indicate if this monitoring method is used to monitor the pipelines.
- 490-40. ELLD MANUFACTURER – If V-3 is checked, Enter the name of the manufacturer of the electronic line leak detector(s).
- 490-41. MODEL #(S)n - If V-3 is checked, enter the model number for each type of electronic line leak detector installed. If additional space is needed, use Section X.
- 490-42. PROGRAMMED LINE INTEGRITY TESTS –If V-3 is checked, check the appropriate box to describe the type of tests programmed into the monitoring system.
- 490-43. ELLD DETECTION OF A PIPING LEAK ALARM TRIGGERS PUMP SHUTDOWN – If V-1 is checked, check Yes or No.
- 490-44. ELLD DETECTION OF A PIPING LEAK FAILURE/DISCONNECTION TRIGGERS PUMP SHUTDOWN. – If V-1 is checked, check Yes or No.
- 490-45. V-4 PIPE INTEGRITY TESTING - Indicate if this monitoring method is used to monitor the pipelines.
- 490-46. TEST FREQUENCY – If V-4 is checked, check the appropriate box to describe the frequency of pipe integrity testing.
- 490-47. SPECIFY – If 490-46-99 is checked, enter the frequency of pipe integrity testing.
- 490-48. V-5 VISUAL PIPE MONITORING - Indicate if this monitoring method is used to monitor the pipelines.
- 490-49. If V-5 is checked, check the appropriate box to describe the frequency of visual monitoring.
- 490-50. SUCTION PIPING MEETS EXEMPTION CRITERIA - Indicate if this monitoring method is used to monitor the pipelines.
- 490-51. NO REGULATED PIPING PER HEALTH AND SAFETY CODE, DIVISION 20, CHAPTER 6.7 IS CONNECTED TO THE TANK SYSTEM - Check this box if no piping in the tank system is regulated under the UST law, or there is no piping.
- 490-52. V-99 OTHER - Indicate if another method is used for pipeline monitoring.
- 490-53. SPECIFY – Enter a brief description of the other line monitoring method(s) used. If additional space is needed, see Section X. Be sure to clearly describe monitoring method(s) and frequency.

This monitoring plan must include a Site Plan showing the general tank and piping layouts and the locations where monitoring is performed (i.e., location of each sensor, line leak detector, monitoring system control panel, etc.). If you already have a diagram (e.g., current UST Monitoring Site Plan from a Monitoring System Certification form, Hazardous Materials Business Plan map, etc.) that shows all required information, include it with this plan.

**UNIFIED PROGRAM CONSOLIDATED FORM  
UNDERGROUND STORAGE TANK  
MONITORING PLAN (Page 2 of 2)**

**VI. UNDER DISPENSER CONTAINMENT (UDC) MONITORING**

**1. UDC MONITORING IS PERFORMED USING THE FOLLOWING METHOD**

1. CONTINUOUS ELECTRONIC MONITORING     2. FLOAT AND CHAIN ASSEMBLY     3. ELECTRONIC STAND-ALONE  
 4. NO DISPENSERS     99. OTHER (Specify):

490-54a  
490-54b

PANEL MANUFACTURER: 490-55    MODEL #: 490-56.

LEAK SENSOR MANUFACTURER: 490-57    MODEL #(S): 490-58

DETECTION OF A LEAK INTO THE UDC TRIGGERS AUDIBLE AND VISUAL ALARMS     a. YES     b. NO    490-59

UDC LEAK ALARM TRIGGERS AUTOMATIC PUMP SHUTDOWN     a. YES     b. NO    490-60.

FAILURE / DISCONNECTION OF UDC MONITORING SYSTEM TRIGGERS AUTOMATIC PUMP SHUTDOWN.     a. YES     b. NO    490-61

UDC MONITORING STOPS THE FLOW OF PRODUCT AT THE DISPENSER.     a. YES     b. NO    490-62

**2. UDC CONSTRUCTION IS**     1. SINGLE-WALLED     2. DOUBLE-WALLED    490-63

**IF DOUBLE WALLED:**    490-64a

UDC INTERSTITIAL SPACE IS MONITORED BY:     1. LIQUID     2. PRESSURE     3. VACUUM

A LEAK WITHIN THE SECONDARY CONTAINMENT OF THE UDC TRIGGERS AUDIBLE AND VISUAL ALARMS     a. YES     b. NO    490-64b

**VII. PERIODIC SYSTEM TESTING**

1. **ELD TESTING:** THIS FACILITY HAS BEEN NOTIFIED BY THE STATE WATER RESOURCES CONTROL BOARD THAT ENHANCED LEAK DETECTION (ELD) MUST BE PERFORMED. PERIODIC ELD IS PERFORMED EVERY 36 MONTHS AS REQUIRED. (23 CCR §2644.1)    490-65.

2. **SECONDARY CONTAINMENT COMPONENTS ARE TESTED EVERY 36 MONTHS.**    490-66

3. **SPILL BUCKETS ARE TESTED ANNUALLY.**    490-67

**VIII. RECORDKEEPING**

The following monitoring/maintenance records are kept for this facility:

- Alarm logs 490-68a     Visual Inspection Records 490-68b     Tank integrity testing results 490-68c  
 SIR testing results (and supporting documentation records). 490-68d     Tank gauging results (and supporting documentation records). 490-68e  
 ATG Testing results (and supporting documentation records). 490-68f     Corrosion Protection 60-day logs 490-68g  
 Equipment maintenance and calibration records. 490-68h

**IX. TRAINING**

Personnel with UST monitoring responsibilities are familiar with all of the following documents relevant to their job duties. 490-69a

REFERENCE DOCUMENTS MAINTAINED AT FACILITY (Check all that apply)

- THIS UNDERGROUND STORAGE TANK MONITORING PLAN (Required) 490-69b  
 OPERATING MANUALS FOR ELECTRONIC MONITORING EQUIPMENT (Required) 490-69c  
 CALIFORNIA UNDERGROUND STORAGE TANK REGULATIONS 490-69d  
 CALIFORNIA UNDERGROUND STORAGE TANK LAW 490-69e  
 STATE WATER RESOURCES CONTROL BOARD (SWRCB) PUBLICATION: "HANDBOOK FOR TANK OWNERS - MANUAL AND STATISTICAL INVENTORY RECONCILIATION" 490-69f  
 SWRCB PUBLICATION: "UNDERSTANDING AUTOMATIC TANK GAUGING SYSTEMS" 490-69g  
 OTHER (Specify): M69h, M69i

This facility has a "Designated UST Operator" who has passed the California UST System Operator Exam administered by the International Code Council (ICC). The "Designated UST Operator" will train facility employees in the proper operation and maintenance of the UST systems annually, and within 30 days of hire. This training will include, but is not limited to, the following:

- Operation of the UST systems in a manner consistent with the facility's best management practices
- The facility employee's role with regard to the monitoring equipment as specified in this UST Monitoring Plan
- The facility employee's role with regard to spills and overfills as specified in the UST Response Plan
- Names of contact person(s) for emergencies and monitoring alarms. 490-70

**X. COMMENTS/ADDITIONAL INFORMATION**

Provide additional comments here or indicate how many pages with additional information on specific monitoring procedures are attached to this plan. 490-71

**XI. PERSONNEL RESPONSIBILITIES**

The UST Owner/Operator is responsible for ensuring that: 1) the daily/routine UST monitoring activities and maintenance of UST leak detection equipment covered by this plan occurs, 2) all conditions that indicate a possible release are investigated, and 3) all monitoring records are maintained properly.

The following person(s) are responsible for performing the monitoring and equipment maintenance:

NAME 490-72    TITLE 490-73

NAME 490-74    TITLE 490-75

The Designated Operator shall perform a monthly visual inspection of the facility, provide a report to the owner/operator, and inform the owner/operator of any conditions that need follow-up action.

**XII. OWNER/OPERATOR SIGNATURE**

**CERTIFICATION:** I certify that the information provided herein is true and accurate to the best of my knowledge.

APPLICANT SIGNATURE 490-76    DATE: 490-77

REPRESENTING:  1. Tank Owner/Operator     2. Facility Owner/Operator     3. Authorized Representative of Owner

APPLICANT NAME (print): 490-78    APPLICANT TITLE: 490-79

(Agency Use Only)

This plan has been reviewed and:

Approved

Approved With Conditions

Local Agency Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Comments or Special Conditions:

## UST Monitoring Plan – Page 2 Instructions

Complete a separate UST Monitoring Plan for each UST monitoring system at the facility. This form must be submitted with your initial UST Operating Permit Application and within 30 days of changes in the information it contains. Please note that your local agency may require you to obtain approval prior to installing or modifying monitoring equipment. (Note: Numbering of these instructions follows the data element numbers on the form.)

490-54a. MONITORING OF THE UNDER DISPENSER CONTAINMENT- Indicate the method used for UDC monitoring.

490-54b. SPECIFY-If 99 "Other" is checked, describe other method used.

If VI-1-1, VI-1-2 or VI-1-3 or VI-1-99 is checked, complete 490-55 to 490-64b.

490-55. PANEL MANUFACTURER –Enter the name of the manufacturer of the monitoring system control panel (console). If there is no control panel (e.g., only an electrical relay box is installed) leave this space blank.

490-56. MODEL # - Enter the model number for the monitoring system control panel (console). If there is no control panel (e.g., only an electrical relay box is installed) leave this space blank.

490-57. LEAK SENSOR MANUFACTURER – Enter the name of the manufacturer of the sensor(s).

490-58. MODEL #(S) – Enter the model number of the sensor(s) installed. If additional space is needed, use Section X.

490-59. DETECTION OF A LEAK INTO THE UDC TRIGGERS AUDIBLE AND VISUAL ALARMS. Indicate Yes or No

490-60. UDC LEAK ALARM TRIGGERS PUMP SHUTDOWN - Indicate Yes or No

490-61. FAILURE/DISCONNECTION OF UDC MONITORING SYSTEM TRIGGERS AUTOMATIC PUMP SHUTDOWN - Indicate Yes or No

490-62. UDC MONITORING STOPS THE FLOW OF PRODUCT AT THE DISPENSER - Indicate Yes or No.

490-63. UDC CONSTRUCTION - Indicate if the construction of the UDC is single-walled, or double-walled.

490-64a. DOUBLE-WALLED INTERSTITIAL SPACE MONITORING - Indicate what is used to monitor the interstitial space.

490-64b. LEAK WITHIN THE SECONDARY CONTAINMENT OF UDC TRIGGERS AUDIBLE AND VISUAL ALARMS - Indicate Yes or No

490-65. VII-1 ELD TESTING - Check the box if you have been notified by the State Water Resources Control Board (SWRCB) that the UST(s) covered by this plan is/are subject to Enhanced Leak Detection Requirements (i.e., UST has any single-wall component and is located within 1,000 feet of a public drinking water well).

490-66. TESTING OF SECONDARY CONTAINMENT COMPONENTS EVERY 36 MONTHS - Check the box if you have secondary containment that requires testing.

490-67. SPILL BUCKET TESTING - Check the box if you have spill buckets.

490-68a-h. VIII RECORDKEEPING -Indicate which monitoring and equipment maintenance records are maintained for this facility.

490-69a IX TRAINING STATEMENT - Check the box to verify that the statement is true.

REFERENCE DOCUMENTS MAINTAINED AT FACILITY – Check the appropriate boxes to describe reference documents maintained at the facility. Note that the first two items on the list must be kept at the facility.

490-69b. MONITORING PLAN: Indicate that this plan is kept as a reference document.

490-69c. OPERATING MANUALS FOR ELECTRONIC EQUIPMENT: Indicate that this plan is kept as a reference document.

490-69d. CA UST REGULATIONS - Indicate that this is kept as a reference document.

490-69e. CA UST LAW - Indicate that this is kept as a reference document.

490-69f. STATE WATER RESOURCES CONTROL BOARD (SWRCB) PUBLICATION - "HANDBOOK FOR TANK OWNERS - MANUAL AND STATISTICAL INVENTORY RECONCILIATION - Indicate that this is kept as a reference document.

490-69g. SWRCB PUBLICATION: "UNDERSTANDING AUTOMATIC TANK GAUGING SYSTEMS": Indicate that this is kept as a reference document.

490-69h. OTHER - Indicate that other reference documents are kept.

490-69i. SPECIFY-If "OTHER" is checked, enter a brief description of the other document(s) maintained at the facility. If additional space is needed, see Section X.

490-70. DESIGNATED OPERATOR TRAINING - Check this box to verify that this statement is true.

490-71. COMMENTS/ADDITIONAL INFORMATION – Make additional comments or you may attach and identify the number of additional pages of information to describe any additional UST system monitoring-related information (e.g., additional information required by your local agency). Attach any monitoring logs that you will be using for the monitoring of your tank system.

490-72. NAME – Enter the name of the person who routinely conducts the monitoring and equipment maintenance under this plan.

490-73. TITLE - Enter the title of the person.

490-74. NAME – Enter the name of the second person, if applicable, who routinely conducts the monitoring and equipment maintenance under this plan.

490-75. TITLE - Enter the title of the second person.

OWNER/OPERATOR SIGNATURE – The tank owner/operator, facility owner/operator, or an authorized representative of the owner shall sign in the space provided. This signature certifies that the signer believes that all information submitted is true, accurate, and complete, and that the training program specified in Section IX has been implemented.

490-76. REPRESENTING -- Check the appropriate box to indicate whether the signer is the UST owner/operator, the UST facility owner/operator, or an authorized representative of the owner.

490-77. DATE – Enter the date the plan was signed.

490-78. APPLICANT NAME – Print or type the name of the person signing the plan.

490-79. APPLICANT TITLE – Enter the title of the person signing the plan.

# UNDERGROUND STORAGE TANK RESPONSE PLAN – PAGE 1

(One form per facility)

TYPE OF ACTION     1. NEW PLAN                       2. CHANGE OF INFORMATION R01.

## I. FACILITY INFORMATION

FACILITY ID # (Agency Use Only) R02.

BUSINESS NAME (Same as FACILITY NAME) R02.

BUSINESS SITE ADDRESS R03.      CITY R04.

## II. SPILL CONTROL AND CLEANUP METHODS

This plan addresses unauthorized releases from UST systems and supplements the emergency response plans and procedures in the facility's Hazardous Materials Business Plan.

- If safe to do so, facility personnel will take immediate measures to control or stop any release (e.g., activate pump shut-off, etc.) and, if necessary, safely remove remaining hazardous material from the UST system.
- Any release to secondary containment will be pumped or otherwise removed within a time consistent with the ability of the secondary containment system to contain the hazardous material, but not greater than 30 calendar days, or sooner if required by the local agency. Recovered hazardous materials, unless still suitable for their intended use, will be managed as hazardous waste.
- Absorbent material will be used to contain and clean up manageable spills of hazardous materials. Absorbent material which has become too saturated to be effective or which is no longer intended for use will be managed as hazardous waste unless a waste determination in accordance with 22 CCR §66262.11 finds that it is non-hazardous. Used absorbent material, reusable or waste, will be stored in a properly labeled and sealed container. Waste material shall be disposed appropriately.
- Facility personnel will determine whether any water removed from secondary containment systems, or from clean-up activity, has been in contact with any hazardous material. If the water is contaminated, it will be managed as hazardous waste unless a waste determination in accordance with 22 CCR §66262.11 finds that it is non-hazardous. If the water has a petroleum sheen (i.e., rainbow colors), it is contaminated. A thick floating petroleum layer may not necessarily display rainbow colors. Water (hazardous or non-hazardous) from sumps, spill containers, etc. will not be disposed to storm water systems.
- We will review secondary containment systems for possible deterioration if any of the following conditions occur:
  1. Hazardous material in contact with secondary containment is not compatible with the material used for secondary containment;
  2. Secondary containment is prone to damage from any equipment used to remove or clean up hazardous material collected in secondary containment;
  3. Hazardous material, other than the product/waste stored in the primary containment system, is placed inside secondary containment to treat or neutralize released product/waste, and the added material or resulting material from such a combination is not compatible with secondary containment.

## III. SPILL CONTROL AND CLEAN-UP EQUIPMENT

**PERIODIC MAINTENANCE:** Spill control and clean-up equipment kept permanently on-site is listed in the facility's Hazardous Materials Business Plan. This equipment is inspected at least monthly, and after each use, supplies are replenished as needed. Defective equipment is repaired or replaced as necessary.

**EQUIPMENT NOT PERMANENTLY ON-SITE, BUT AVAILABLE FOR USE IF NEEDED:** (Complete only if applicable)

EQUIPMENT	LOCATION	AVAILABILITY
R10.	R20.	R30.
R11.	R21.	R31.
R12.	R22.	R32.
R13.	R23.	R33.
R14.	R24.	R34.
R15.	R25.	R35.

## IV. RESPONSIBLE PERSONS

**THE FOLLOWING PERSON(S) IS/ARE RESPONSIBLE FOR AUTHORIZING ANY WORK NECESSARY UNDER THIS RESPONSE PLAN:**

NAME <span style="float: right;">R40.</span>	TITLE <span style="float: right;">R50.</span>
NAME <span style="float: right;">R41.</span>	TITLE <span style="float: right;">R51.</span>
NAME <span style="float: right;">R42.</span>	TITLE <span style="float: right;">R52.</span>
NAME <span style="float: right;">R43.</span>	TITLE <span style="float: right;">R53.</span>

## V. MONITORING INDICATORS

IF MONITORING INDICATES A POSSIBLE UNAUTHORIZED RELEASE, STEPS TO VERIFY THE RELEASE WILL BE MADE AS FOLLOWS: R60.

- Additional system testing or data collection     Inspection by qualified persons     Recalibration of equipment

Other:

## UST Response Plan – Instructions

Complete one UST Response Plan for each UST facility. This form must be submitted with your initial UST Operating Permit Application and within 30 days of changes in the information it contains. It supplements the Emergency Response Plans and Procedures in the facility's Hazardous Materials Business Plan. (Note: Numbering of these instructions follows the data element numbers on the form.)

- R01. TYPE OF ACTION – Check the appropriate box to indicate why this plan is being submitted.  
FACILITY ID NUMBER – This space is for agency use only.
- R02. BUSINESS NAME – Enter the complete Facility Name.
- R03. BUSINESS SITE ADDRESS – Enter the street address where the facility is located, including building number, if applicable. Post office box numbers are not acceptable. This information must provide a means to locate the facility geographically.
- R04. CITY – Enter the city or unincorporated area in which the facility is located.
- R10. EQUIPMENT – If you have spill control or clean-up equipment kept off-site, list that equipment in sections R10 through R15. If no equipment is kept off-site, leave this section blank.
- R20. LOCATION – If you have spill control or clean-up equipment kept off-site, list the equipment location(s) sections R20 through R25. If no equipment is kept off-site, leave this section blank.
- R30. AVAILABILITY – If you have spill control or clean-up equipment kept off-site, list the equipment availability in sections R30 through R35. If no equipment is kept off-site, leave this section blank.
- R40. NAME – At least one person responsible for authorizing any work necessary under this UST Response Plan must be identified. Use sections R40 through R43 to list the name(s) of the responsible person(s).
- R50. TITLE – At least one person responsible for authorizing any work necessary under this UST Response Plan must be identified. Use sections R50 through R53 to list the job title(s) of the responsible person(s).
- R60. MONITORING INDICATORS Briefly describe the steps that will be taken to verify the presence or absence of a release if the tank monitoring system indicates the possibility of a release.  
OWNER/OPERATOR SIGNATURE – The owner/operator shall sign in the space provided. This signature certifies that the signer believes that all information submitted is true, accurate, and complete.
- R70. DATE – Enter the date the plan was signed.
- R71. OWNER/OPERATOR NAME – Print or type the name of the person signing the plan.
- R72. OWNER/OPERATOR TITLE – Enter the title of the person signing the plan.

## UNDERGROUND STORAGE TANK RESPONSE PLAN – PAGE 2

### VI. REPORTING AND RECORD KEEPING

We will report/record any overflow, spill, or unauthorized release from a UST system as indicated in this plan.

**Recordable Releases:** Any unauthorized release from primary containment which the UST operator is able to clean up within eight (8) hours after the release was detected or should reasonably have been detected, and which does not escape from secondary containment, does not increase the hazard of fire or explosion, and does not cause any deterioration of secondary containment, must be recorded in the facility's monitoring records. Monitoring records must include:

- The UST operator's name and telephone number;
- A list of the types, quantities, and concentrations of hazardous substances released;
- A description of the actions taken to control and clean up the release;
- The method and location of disposal of the released hazardous substances, and whether a hazardous waste manifest was or will be used;
- A description of actions taken to repair the UST and to prevent future releases;
- A description of the method used to reactivate interstitial monitoring after replacement or repair of primary containment.

**Reportable Releases:** Any overflow, spill, or unauthorized release which escapes from secondary containment (or primary containment if no secondary containment exists), increases the hazard of fire or explosion, or causes any deterioration of secondary containment, is a reportable release. Reportable releases are also recordable.

Within 24 hours after a reportable release has been detected, or should have been detected, we will notify the local agency administering the UST program of the release, investigate the release, and take immediate measures to stop the release. If necessary, or if required by the local agency, remaining stored product/waste will be removed from the UST to prevent further releases or facilitate corrective action. If an emergency exists, we will notify the State Office of Emergency Services.

Within five (5) working days of a reportable release, we will submit to the local agency a full written report containing all of the following information to the extent that the information is known at the time of filing the report:

- The UST owner's or operator's name and telephone number;
- A list of the types, quantities, and concentrations of hazardous materials released;
- The approximate date of the release;
- The date on which the release was discovered;
- The date on which the release was stopped;
- A description of actions taken to control and/or stop the release;
- A description of corrective and remedial actions, including investigations which were undertaken and will be conducted to determine the nature and extent of soil, ground water or surface water contamination due to the release;
- The method(s) of cleanup implemented to date, proposed cleanup actions, and a schedule for implementing the proposed actions;
- The method(s) and location(s) of disposal of released hazardous materials and any contaminated soils, groundwater, or surface water.
- Copies of any hazardous waste manifests used for off-site transport of hazardous wastes associated with clean-up activity;
- A description of proposed methods for any repair or replacement of UST system primary/secondary containment systems;
- A description of additional actions taken to prevent future releases.

We will follow the reporting procedures described above if any of the following conditions occur:

- A recordable unauthorized release can not be cleaned up or is still under investigation within eight (8) hours of detection;
- Released hazardous substances are discovered at the UST site or in the surrounding area;
- Unusual operating conditions are observed, including erratic behavior of product dispensing equipment, sudden loss of product, or the unexplained presence of water in the tank, unless system equipment is found to be defective and is immediately repaired or replaced, and no leak has occurred;
- Monitoring results from UST system monitoring equipment/methods indicate that a release may have occurred, unless the monitoring equipment is found to be defective and is immediately repaired, recalibrated, or replaced, and additional monitoring does not confirm the initial results.

**Record Retention:** Monitoring records and written reports of unauthorized releases must be maintained on-site (or off-site at a readily available location, if approved by the local agency) for at least 3 years. Hazardous waste shipping/disposal records (e.g., manifests) must be maintained for at least 3 years from the date of shipment.

### VII. OWNER/OPERATOR SIGNATURE

**CERTIFICATION: I certify that the information provided herein is true and accurate to the best of my knowledge.**

OWNER/OPERATOR SIGNATURE	DATE <span style="float: right;">R70.</span>
OWNER/OPERATOR NAME (print) <span style="float: right;">R71.</span>	OWNER/OPERATOR TITLE <span style="float: right;">R72.</span>

(Agency Use Only) This plan has been reviewed and:     Approved     Approved With Conditions     Disapproved

Local Agency Signature: \_\_\_\_\_ Date: \_\_\_\_\_