



**UNIFIED PROGRAM CONSOLIDATED FORM  
UNDERGROUND STORAGE TANK  
OPERATING PERMIT APPLICATION – TANK INFORMATION (One form per UST)**

TYPE OF ACTION (Check one item only. For an UST permanent closure or removal, complete only this section and Sections I, II, III, IV, and IX below)		430
<input type="checkbox"/> 1. NEW PERMIT	<input type="checkbox"/> 3. RENEWAL PERMIT	<input type="checkbox"/> 5. CHANGE OF INFORMATION
<input type="checkbox"/> 6. TEMPORARY UST CLOSURE	<input type="checkbox"/> 7. UST PERMANENT CLOSURE ON SITE	<input type="checkbox"/> 8. UST REMOVAL
DATE UST PERMANENTLY CLOSED:	430a	DATE EXISTING UST DISCOVERED:
		430b

**I. FACILITY INFORMATION**

FACILITY ID # (Agency Use Only)	1
BUSINESS NAME (Same as FACILITY NAME or DBA-Doing Business As)	3
BUSINESS SITE ADDRESS	103
CITY	104

**II. TANK DESCRIPTION**

TANK ID #	432	TANK MANUFACTURER	433	TANK CONFIGURATION: THIS TANK IS	434
				<input type="checkbox"/> 1. A STAND-ALONE TANK	
				<input type="checkbox"/> 2. ONE IN A COMPARTMENTED UNIT .	
				Complete one page for each compartment in the unit.	
DATE UST SYSTEM INSTALLED	435	TANK CAPACITY IN GALLONS	436	NUMBER OF COMPARTMENTS IN THE UNIT	437

**III. TANK USE AND CONTENTS**

TANK USE	<input type="checkbox"/> 1a. MOTOR VEHICLE FUELING	<input type="checkbox"/> 1b. MARINA FUELING	<input type="checkbox"/> 1c. AVIATION FUELING	439
	<input type="checkbox"/> 3. CHEMICAL PRODUCT STORAGE	<input type="checkbox"/> 4. HAZARDOUS WASTE (Includes Used Oil)	<input type="checkbox"/> 5. EMERGENCY GENERATOR FUEL [HSC §25281.5(c)]	
	<input type="checkbox"/> 6. OTHER GENERATOR FUEL	<input type="checkbox"/> 95. UNKNOWN	<input type="checkbox"/> 99. OTHER (Specify):	439a
CONTENTS	PETROLEUM: <input type="checkbox"/> 1a. REGULAR UNLEADED	<input type="checkbox"/> 1c. MIDGRADE UNLEADED	<input type="checkbox"/> 1b. PREMIUM UNLEADED	440
	<input type="checkbox"/> 3. DIESEL	<input type="checkbox"/> 5. JET FUEL	<input type="checkbox"/> 6. AVIATION GAS	
	<input type="checkbox"/> 8. PETROLEUM BLEND FUEL	<input type="checkbox"/> 9. OTHER PETROLEUM (Specify):		440a
	NON-PETROLEUM: <input type="checkbox"/> 7. USED OIL	<input type="checkbox"/> 10. ETHANOL		
	<input type="checkbox"/> 11. OTHER NON-PETROLEUM (Specify):			440b

**IV. TANK CONSTRUCTION**

TYPE OF TANK	<input type="checkbox"/> 1. SINGLE WALL	<input type="checkbox"/> 2. DOUBLE WALL	<input type="checkbox"/> 95. UNKNOWN	443
PRIMARY CONTAINMENT	<input type="checkbox"/> 1. STEEL	<input type="checkbox"/> 3. FIBERGLASS	<input type="checkbox"/> 6. INTERNAL BLADDER	444
	<input type="checkbox"/> 7. STEEL + INTERNAL LINING	<input type="checkbox"/> 95. UNKNOWN	<input type="checkbox"/> 99. OTHER (Specify):	444a
SECONDARY CONTAINMENT	<input type="checkbox"/> 1. STEEL	<input type="checkbox"/> 3. FIBERGLASS	<input type="checkbox"/> 6. EXTERIOR MEMBRANE LINER	445
	<input type="checkbox"/> 90. NONE	<input type="checkbox"/> 95. UNKNOWN	<input type="checkbox"/> 99. OTHER (Specify):	445a
OVERFILL PREVENTION	<input type="checkbox"/> 1. AUDIBLE & VISUAL ALARMS		<input type="checkbox"/> 2. BALL FLOAT	452.
	<input type="checkbox"/> 3. FILL TUBE SHUT-OFF VALVE		<input type="checkbox"/> 4. TANK MEETS REQUIREMENTS FOR EXEMPTION FROM OVERFILL PREVENTION EQUIPMENT	

**V. PRODUCT / WASTE PIPING CONSTRUCTION**

PIPING CONSTRUCTION	<input type="checkbox"/> 1. SINGLE-WALLED	<input type="checkbox"/> 2. DOUBLE-WALLED	<input type="checkbox"/> 99. OTHER	460
SYSTEM TYPE	<input type="checkbox"/> 1. PRESSURE	<input type="checkbox"/> 2. GRAVITY	<input type="checkbox"/> 3. CONVENTIONAL SUCTION	458
	<input type="checkbox"/> 4. SAFE SUCTION [23 CCR §2636(a)(3)]			
PRIMARY CONTAINMENT	<input type="checkbox"/> 1. STEEL	<input type="checkbox"/> 4. FIBERGLASS	<input type="checkbox"/> 8. FLEXIBLE	464
	<input type="checkbox"/> 90. NONE	<input type="checkbox"/> 95. UNKNOWN	<input type="checkbox"/> 99. OTHER (Specify):	464a
SECONDARY CONTAINMENT	<input type="checkbox"/> 1. STEEL	<input type="checkbox"/> 4. FIBERGLASS	<input type="checkbox"/> 8. FLEXIBLE	464b
	<input type="checkbox"/> 90. NONE	<input type="checkbox"/> 95. UNKNOWN	<input type="checkbox"/> 99. OTHER (Specify):	464c
PIPING/TURBINE CONTAINMENT SUMP TYPE	<input type="checkbox"/> 1. SINGLE WALL	<input type="checkbox"/> 2. DOUBLE WALL	<input type="checkbox"/> 90. NONE	464d

**VI. VENT, VAPOR RECOVERY (VR) AND RISER / FILL PIPE PIPING CONSTRUCTION**

VENT PRIMARY CONTAINMENT	<input type="checkbox"/> 1. STEEL	<input type="checkbox"/> 4. FIBERGLASS	<input type="checkbox"/> 10. RIGID PLASTIC	<input type="checkbox"/> 90. NONE	<input type="checkbox"/> 99. OTHER (Specify)	464e
VENT SECONDARY CONTAINMENT	<input type="checkbox"/> 1. STEEL	<input type="checkbox"/> 4. FIBERGLASS	<input type="checkbox"/> 10. RIGID PLASTIC	<input type="checkbox"/> 90. NONE	<input type="checkbox"/> 99. OTHER (Specify)	464f
VR PRIMARY CONTAINMENT	<input type="checkbox"/> 1. STEEL	<input type="checkbox"/> 4. FIBERGLASS	<input type="checkbox"/> 10. RIGID PLASTIC	<input type="checkbox"/> 90. NONE	<input type="checkbox"/> 99. OTHER (Specify)	464g
VR SECONDARY CONTAINMENT	<input type="checkbox"/> 1. STEEL	<input type="checkbox"/> 4. FIBERGLASS	<input type="checkbox"/> 10. RIGID PLASTIC	<input type="checkbox"/> 90. NONE	<input type="checkbox"/> 99. OTHER (Specify)	464h
VENT PIPING TRANSITION SUMP TYPE	<input type="checkbox"/> 1. SINGLE WALL	<input type="checkbox"/> 2. DOUBLE WALL	<input type="checkbox"/> 90. NONE			464i
RISER PRIMARY CONTAINMENT	<input type="checkbox"/> 1. STEEL	<input type="checkbox"/> 4. FIBERGLASS	<input type="checkbox"/> 10. RIGID PLASTIC	<input type="checkbox"/> 90. NONE	<input type="checkbox"/> 99. OTHER (Specify)	464j
RISER SECONDARY CONTAINMENT	<input type="checkbox"/> 1. STEEL	<input type="checkbox"/> 4. FIBERGLASS	<input type="checkbox"/> 10. RIGID PLASTIC	<input type="checkbox"/> 90. NONE	<input type="checkbox"/> 99. OTHER (Specify)	464k
FILL COMPONENTS INSTALLED	<input type="checkbox"/> 1. SPILL BUCKET	<input type="checkbox"/> 3. STRIKER PLATE/BOTTOM PROTECTOR	<input type="checkbox"/> 4. CONTAINMENT SUMP			451a-c

**VII. UNDER DISPENSER CONTAINMENT (UDC)**

CONSTRUCTION TYPE	<input type="checkbox"/> 1. SINGLE WALL	<input type="checkbox"/> 2. DOUBLE WALL	<input type="checkbox"/> 3. NO DISPENSERS	<input type="checkbox"/> 90. NONE	469a
CONSTRUCTION MATERIAL	<input type="checkbox"/> 1. STEEL	<input type="checkbox"/> 4. FIBERGLASS	<input type="checkbox"/> 10. RIGID PLASTIC	<input type="checkbox"/> 99. OTHER (Specify)	469b-c

**VIII. CORROSION PROTECTION**

STEEL COMPONENT PROTECTION	<input type="checkbox"/> 2. SACRIFICIAL ANODE(S)	<input type="checkbox"/> 4. IMPRESSED CURRENT	<input type="checkbox"/> 6. ISOLATION	448
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**IX. APPLICANT SIGNATURE**

<b>CERTIFICATION: I certify that this UST system is compatible with the hazardous substance stored and that the information provided herein is true, accurate, and in full compliance with legal requirements.</b>	
APPLICANT SIGNATURE	DATE
APPLICANT NAME (print)	APPLICANT TITLE

## UST Operating Permit Application – Tank Information Instructions

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-1. 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-1. 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-1. 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-1. 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-1. 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-1. 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.