

## DEPARTMENT OF ENVIRONMENTAL HEALTH

633 WASHINGTON STREET, ROOM 36  
 RED BLUFF, CA 96080  
 Phone (530) 527-8020 Fax (530) 527-6617  
 Tia Branton, REHS  
 Director

### UNDERGROUND TANK REPAIR/MODIFICATION PERMIT APPLICATION

Fee Req'd: \_\_\_\_\_

**FACILITY INFORMATION:**

Business Name: \_\_\_\_\_  
 Owner/Operator Name: \_\_\_\_\_  
 Street Address: \_\_\_\_\_  
 City: \_\_\_\_\_ Zip Code: \_\_\_\_\_ APN: \_\_\_\_\_  
 Mailing Address: \_\_\_\_\_  
 Phone Number: ( ) \_\_\_\_\_ email: \_\_\_\_\_

**APPLICANT/CONTRACTOR**

Name: \_\_\_\_\_  
 Street Address: \_\_\_\_\_  
 City: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
 Mailing Address: \_\_\_\_\_  
 Phone Number: ( ) \_\_\_\_\_ email: \_\_\_\_\_  
 Contractor's License Number: \_\_\_\_\_ Class: \_\_\_\_\_  
 Certificate of Worker's Compensation Insurance, Contractor's License, ICC UST Installer's  
 Certificate, Certification of training by equipment manufacturer(s), and current HAZWOPER  
 Certificates on file with the Department? Yes [ ] No [ ]

Indicate the responsible party to be billed for additional Department time expended beyond the allotted permit fee.

Name: \_\_\_\_\_  
 Mailing Address: \_\_\_\_\_  
 Phone Number: ( ) \_\_\_\_\_ Email: \_\_\_\_\_

**(See next page)**

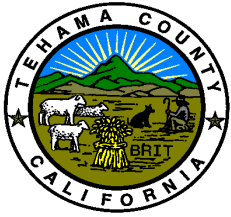
**\*\*NOTE: NO WORK IS TO BEGIN UNTIL AUTHORIZED BY THE DEPARTMENT\*\***

Signature of Contractor  
 Name (Please Print) \_\_\_\_\_  
 Signature \_\_\_\_\_  
 Date \_\_\_\_\_

Signature of Owner  
 Name (Please Print) \_\_\_\_\_  
 Signature \_\_\_\_\_  
 Date \_\_\_\_\_

#### OFFICIAL USE ONLY

Received By:	Date:	Receipt #:
Environmental Health Specialist:		
Authorization Date:	Expiration Date:	
Comments:		



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### **UNDERGROUND TANK REPAIR/MODIFICATION PERMIT APPLICATION GUIDELINES**

Tehama County Department of Environmental Health has established the following guidelines to you in the completion of your construction project. The guidelines specify the construction and permit criteria necessary to complete our review of your proposed underground storage tank (UST) system modification.

#### **SUBMITTAL OF PLANS**

1. Submit a **detailed** workplan of proposed work. Include removal of existing equipment and preparation for replacement equipment. Note in the workplan make and model number of all new equipment to be installed.
2. Include equipment and material specification sheets (cut sheets) and manufacturer's brochures describing operation and monitoring systems and listing numbers or other evidence of a nationally recognized testing organization approval.
3. Submit current Certificate of Worker's Compensation Insurance, Contractor's License, ICC UST Installer's Certificate, Certification of training by equipment manufacturer(s), Current California ICC UST Service Technician and current HAZWOPER Certificates as applicable to the proposed work (See 23 CCR 2632-2633). If current records have already been submitted to this department, please mark so on page one. Note: there must be at least one qualified person present when work is being performed, whose certifications have been submitted. If it is necessary to substitute qualified persons, submit the appropriate certifications before work is continued.