

UNIFIED PROGRAM CONSOLIDATED FORM

TANKS

UNDERGROUND STORAGE TANKS – TANK PAGE 1

(two pages per tank)

Page ____ of ____

TYPE OF ACTION 1 NEW SITE PERMIT 4 AMENDED PERMIT 5 CHANGE OF INFORMATION 6 TEMPORARY SITE CLOSURE
 (Check one item only) _____ 7 PERMANENTLY CLOSED ON SITE
 3 RENEWAL PERMIT (Specify reason – for local use only) (Specify reason – for local use only) 8 TANK REMOVED 430

BUSINESS NAME (Same as FACILITY NAME or DBA – Doing Business As) 3 FACILITY ID: _____ 1

LOCATION WITHIN SITE (Optional) _____ 431

I. TANK DESCRIPTION (A scaled plot plan with the location of the UST system including buildings and landmarks shall be submitted to the local agency.)

TANK ID # 432	TANK MANUFACTURER 433	COMPARTMENTALIZED TANK <input type="checkbox"/> Yes <input type="checkbox"/> No 434 <small>If "Yes", complete one page for each compartment.</small>
DATE INSTALLED (YEAR/MO) 435	TANK CAPACITY IN GALLONS 436	NUMBER OF COMPARTMENTS 437

ADDITIONAL DESCRIPTION (For local use only) _____ 438

II. TANK CONTENTS

TANK USE 439 <input type="checkbox"/> 1. MOTOR VEHICLE FUEL (If marked complete Petroleum Type) <input type="checkbox"/> 2. NON-FUEL PETROLEUM <input type="checkbox"/> 3. CHEMICAL PRODUCT <input type="checkbox"/> 4. HAZARDOUS WASTE (Includes Used Oil) <input type="checkbox"/> 95. UNKNOWN	PETROLEUM TYPE 440 <input type="checkbox"/> 1a. REGULAR UNLEADED <input type="checkbox"/> 2. LEADED <input type="checkbox"/> 5. JET FUEL <input type="checkbox"/> 1b. PREMIUM UNLEADED <input type="checkbox"/> 3. DIESEL <input type="checkbox"/> 6. AVIATION FUEL <input type="checkbox"/> 1c. MIDGRADE UNLEADED <input type="checkbox"/> 4. GASOHOL <input type="checkbox"/> 99. OTHER _____	
	COMMON NAME (from Hazardous Materials Inventory page) 441	CAS# (from Hazardous Materials Inventory page) 442

III. TANK CONSTRUCTION

TYPE OF TANK (Check one item only) <input type="checkbox"/> 1. SINGLE WALL <input type="checkbox"/> 2. DOUBLE WALL <input type="checkbox"/> 3. SINGLE WALL WITH EXTERIOR MEMBRANE LINER <input type="checkbox"/> 4. SIGNLE WALL IN VAULT <input type="checkbox"/> 5. SINGLE WALL WITH INTERNAL BLADDER SYSTEM <input type="checkbox"/> 95. UNKNOWN <input type="checkbox"/> 99. OTHER _____ 443
TANK MATERIAL – primary tank (Check one item only) <input type="checkbox"/> 1. BARE STEEL <input type="checkbox"/> 2. STAINLESS STEEL <input type="checkbox"/> 3. FIBERGLASS / PLASTIC <input type="checkbox"/> 4. STEEL CLAD W/FIBERGLASS REINFORCED PLASTIC (FRP) <input type="checkbox"/> 5. CONCRETE <input type="checkbox"/> 8. FRP COMPTIBLE W/100% METHANOL <input type="checkbox"/> 95. UNKNOWN <input type="checkbox"/> 99. OTHER _____ 444
TANK MATERIAL – secondary tank (Check one item only) <input type="checkbox"/> 1. BARE STEEL <input type="checkbox"/> 2. STAINLESS STEEL <input type="checkbox"/> 3. FIBERGLASS / PLASTIC <input type="checkbox"/> 4. STEEL CLAD W/FIBERGLASS REINFORCED PLASTIC (FRP) <input type="checkbox"/> 5. CONCRETE <input type="checkbox"/> 8. FRP COMPTIBLE W/100% METHANOL <input type="checkbox"/> 95. UNKNOWN <input type="checkbox"/> 99. OTHER _____ <input type="checkbox"/> 10. COATED STEEL 445
TANK INTERIOR LINING OR COATING (Check one item only) <input type="checkbox"/> 1. RUBBER LINED <input type="checkbox"/> 2. ALKYD LINING <input type="checkbox"/> 3. EPOXY LINING <input type="checkbox"/> 4. PHENOLIC LINING <input type="checkbox"/> 5. GLASS LINING <input type="checkbox"/> 6 UNLINED <input type="checkbox"/> 95. UNKNOWN <input type="checkbox"/> 99 OTHER _____ 446 DATE INSTALLED _____ 447 <small>(For local use only)</small>
OTHER CORROSION PROTECTION IF APPLICABLE (Check one item only) <input type="checkbox"/> 1 MANUFACTURED CATHODIC PROTECTION <input type="checkbox"/> 2 SACRIFICIAL ANODE <input type="checkbox"/> 3 FIBERGLASS REINFORCED PLASTIC <input type="checkbox"/> 4 IMPRESSED CURRENT <input type="checkbox"/> 95 UNKNOWN <input type="checkbox"/> 99 OTHER _____ 448 DATE INSTALLED _____ 449 <small>(For local use only)</small>

SPILL AND OVERFILL (Check all that apply) <input type="checkbox"/> 1 SPILL CONTAINMENT <input type="checkbox"/> 2 DROP TUBE <input type="checkbox"/> 3 STRIKER PLATE	YEAR INSTALLED 450 _____ TYPE (local use only) 451 _____	OVERFILL PROTECTION EQUIPMENT: YEAR INSTALLED 452 <input type="checkbox"/> 1 ALARM _____ <input type="checkbox"/> 2 BALL FLOAT _____ <input type="checkbox"/> 3 FILL TUBE SHUT OFF VALVE _____ <input type="checkbox"/> 4 EXEMPT
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IV. TANK LEAK DETECTION (A description of the monitoring program shall be submitted to the local agency.)

IF SINGLE WALL TANK (Check all that apply) 453 <input type="checkbox"/> 1 VISUAL (EXPOSED PORTION ONLY) <input type="checkbox"/> 2 AUTOMATIC TANK GAUGING (ATG) <input type="checkbox"/> 3 CONTINUOUS ATG <input type="checkbox"/> 4 STATISTICAL INVENTORY RECONCILIATION (SIR) BIENNIAL TANK TESTING	<input type="checkbox"/> 5 MANUAL TANK GAUGING (MTG) <input type="checkbox"/> 6 VADOSE ZONE <input type="checkbox"/> 7 GROUNDWATER <input type="checkbox"/> 8 TANK TESTING <input type="checkbox"/> 99 OTHER _____	IF DOUBLE WALL TANK OR TANK WITH BLADDER (Check one item only) 454 <input type="checkbox"/> 1 VISUAL (SINGLE WALL IN VAULT ONLY) <input type="checkbox"/> 2 CONTINUOUS INTERSTITIAL MONITORING <input type="checkbox"/> 3 MANUAL MONITORING
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IV. TANK CLOSURE INFORMATION / PERMANENT CLOSURE IN PLACE

ESTIMATED DATE LAST USED (YR/MO/DAY) 455 _____	ESTIMATED QUANTITY OF SUBSTANCE REMAINING 456 _____ gallons	TANK FILLED WITH INERT MATERIAL? 457 <input type="checkbox"/> Yes <input type="checkbox"/> No
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UST - Tank Page 1

Formerly SWRCB Form B

Complete the UST - Tank pages for each tank for all new permits, permit changes, closures and/or any other tank information change. This page must be submitted within 30 days of permit or facility information changes, unless approval is required before making any changes. For compartmentalized tanks, each compartment is considered a separate tank and requires completion of separate tank pages.

Refer to 23 CCR 2711 for state UST information and permit application requirements.

(Note: the numbering of the instructions follows the data element numbers that are on the UPCF pages. These data element numbers are used for electronic submission and are the same as the numbering used in 27 CCR, Appendix C, the Business Section of the Unified Program Data Dictionary.)

Please number all pages of your submittal. This helps your CUPA or local agency identify whether the submittal is complete and if any pages are separated.

1. FACILITY ID NUMBER - Leave this blank. This number is assigned by the CUPA. This is the unique number which identifies your facility.
3. BUSINESS NAME - Enter the full legal name of the business.
430. TYPE OF ACTION - Check the reason the page is being completed. For amended permits and change of information, include a short statement to direct the inspector to the amendment or changed information.
431. LOCATION WITHIN SITE - Enter the location of the tank within the site.
432. TANK ID NUMBER - Enter the owner's tank ID number. This is a unique number used to identify the tank. It may be assigned by the owner or by the CUPA.
433. TANK MANUFACTURER - Enter the name of the company that manufactured the tank.
434. COMPARTMENTALIZED TANK - Check whether or not the tank is compartmentalized. Each compartment is considered a separate tank and requires the completion of separate tank pages.
435. DATE TANK INSTALLED - Enter the year and month the tank was installed.
436. TANK CAPACITY - Enter the tank capacity in gallons.
437. NUMBER OF TANK COMPARTMENTS - If the tank is compartmentalized, enter the number of compartments.
438. ADDITIONAL DESCRIPTION - Use this space for additional tank or location description.
439. TANK USE - Check the substance stored. If MOTOR VEHICLE FUEL, check box 1 and complete item 440, PETROLEUM TYPE.
440. PETROLEUM TYPE - If box 1 is checked in item 439, check the type of fuel.
441. COMMON NAME - For substances that are not motor vehicle fuels (box 1 is NOT checked in item 439), enter the common name of the substance stored in the tank.
442. CAS # - For substances that are not motor vehicle fuels (box 1 is NOT checked in item 439), enter the CAS (Chemical Abstract Service) number. This is the same as the CAS # in item 209 on the Hazardous Materials Inventory - Chemical Description page.
443. TYPE OF TANK - Check the type of tank construction. If type of tank is not listed, check Aother= and enter type.
444. TANK MATERIAL (PRIMARY TANK) - Check the construction material of the tank that comes into immediate contact on its inner surface with the hazardous substance being contained. If the tank is lined do not reference the lining material in this item. Indicate the type of lining material in item 446. If type of tank material is not listed, check Aother= and enter material.
445. TANK MATERIAL (SECONDARY TANK) - Check the construction material of the tank that provides the level of containment external to, and separate from, the primary containment. If type of tank material is not listed, check Aother= and enter material.
446. TANK INTERIOR LINING OR COATING - If applicable, check the construction material of the interior lining or coating of the tank. If type of interior lining or coating is not listed, check Aother= and enter type.
447. DATE TANK INTERIOR LINING INSTALLED - If applicable, enter the date the tank interior lining was installed. This is to assist the CUPA to develop an inspection schedule.
448. OTHER TANK CORROSION PROTECTION - If applicable, check the other tank corrosion protection method used. If other corrosion protection method is not listed, check Aother= and enter method.
449. DATE TANK CORROSION PROTECTION INSTALLED - If applicable, enter the date the tank corrosion protection method was installed. This is to assist the CUPA to develop an inspection schedule.
450. YEAR SPILL AND OVERFILL INSTALLED - Check the appropriate box and enter the year in which spill containment, drop tube, and/or striker plate was installed. CHECK ALL THAT APPLY.
451. TYPE OF SPILL PROTECTION - Enter the type of spill containment, drop tube, and/or striker plate. FOR CUPA USE ONLY.
452. YEAR OVERFILL PROTECTION EQUIPMENT INSTALLED - Check the appropriate box and enter the year in which overfill protection was installed or whether there is an exemption from overfill protection. CHECK ALL THAT APPLY, unless tank is exempt.
453. TANK LEAK DETECTION (SINGLE WALL) - For single walled tanks, check the leak detection system(s) used to comply with the monitoring requirements for the tank. CHECK ALL THAT APPLY. If leak detection system is not listed, check Aother= and enter system.
454. TANK LEAK DETECTION (DOUBLE WALL) - For double walled tanks or tanks with bladder, check the leak detection system(s) used to comply with the monitoring requirements for the tank. CHECK ONE ITEM ONLY.
455. ESTIMATED DATE LAST USED - For closure in place, enter the date the tank was last used.
456. ESTIMATED QUANTITY OF SUBSTANCE REMAINING IN TANK - For closure in place, enter the estimated quantity of hazardous substance remaining in the tank (in gallons).
457. TANK FILLED WITH INERT MATERIAL - For closure in place, check whether or not the tank was filled with an inert material prior to closure.

ATTACHMENTS -

1. Provide a scaled plot plan with the location of the UST system, including buildings and landmarks.
2. Provide a description of the monitoring program.

UNIFIED PROGRAM CONSOLIDATED FORM

TANKS

UNDERGROUND STORAGE TANKS – TANK PAGE 2

VI. PIPING CONSTRUCTION (Check all that apply)

Page ___ of ___

UNDERGROUND PIPING				ABOVEGROUND PIPING					
SYSTEM TYPE	<input type="checkbox"/> 1. PRESSURE	<input type="checkbox"/> 2. SUCTION	<input type="checkbox"/> 3. GRAVITY	458	<input type="checkbox"/> 1. PRESSURE	<input type="checkbox"/> 2. SUCTION	<input type="checkbox"/> 3. GRAVITY	459	
CONSTRUCTION	<input type="checkbox"/> 1. SINGLE WALL	<input type="checkbox"/> 3. LINED TRENCH	<input type="checkbox"/> 99. OTHER	460	<input type="checkbox"/> 1. SINGLE WALL	<input type="checkbox"/> 95. UNKNOWN		462	
MANUFACTURER	<input type="checkbox"/> 2. DOUBLE WALL	<input type="checkbox"/> 95. UNKNOWN			<input type="checkbox"/> 2. DOUBLE WALL	<input type="checkbox"/> 99. OTHER			
MANUFACTURER _____				461	MANUFACTURER _____				463
<input type="checkbox"/> 1. BARE STEEL	<input type="checkbox"/> 6. FRP COMPATIBLE w/100% METHANOL	<input type="checkbox"/> 1. BARE STEEL			<input type="checkbox"/> 6. FRP COMPATIBLE W/100% METHANOL				
<input type="checkbox"/> 2. STAINLESS STEEL	<input type="checkbox"/> 7. GALVANIZED STEEL	<input type="checkbox"/> Unknown			<input type="checkbox"/> 7. GALVANIZED STEEL				
<input type="checkbox"/> 3. PLASTIC COMPATIBLE W/ CONTENTS	<input type="checkbox"/> 99. Other			<input type="checkbox"/> 3. PLASTIC COMPATIBLE W/ CONTENTS	<input type="checkbox"/> 8. FLEXIBLE (HDPE)	<input type="checkbox"/> 99. OTHER			
<input type="checkbox"/> 4. FIBERGLASS	<input type="checkbox"/> 8. FLEXIBLE (HDPE)			<input type="checkbox"/> 4. FIBERGLASS	<input type="checkbox"/> 9. CATHODIC PROTECTION				
<input type="checkbox"/> 5. STEEL W/COATING	<input type="checkbox"/> 9. CATHODIC PROTECTION	464		<input type="checkbox"/> 5. STEEL W/COATING	<input type="checkbox"/> 95. UNKNOWN		465		

VII. PIPING LEAK DETECTION (Check all that apply) (A description of the monitoring program shall be submitted to the local agency.)

UNDERGROUND PIPING	ABOVEGROUND PIPING
SINGLE WALL PIPING 466	SINGLE WALL PIPING 467
<p>PRESSURIZED PIPING (Check all that apply):</p> <input type="checkbox"/> 1. ELECTRONIC LINE LEAK DETECTOR 3.0 GPH TEST <u>WITH</u> AUTO PUMP SHUT OFF FOR LEAK, SYSTEM FAILURE, AND SYSTEM DISCONNECTION + AUDIBLE AND VISUAL ALARMS.	<p>PRESSURIZED PIPING (Check all that apply):</p> <input type="checkbox"/> 1. ELECTRONIC LINE LEAK DETECTOR 3.0 GPH TEST <u>WITH</u> AUTO PUMP SHUT OFF FOR LEAK, SYSTEM FAILURE, AND SYSTEM DISCONNECTION + AUDIBLE AND VISUAL ALARMS.
<input type="checkbox"/> 2. MONTHLY 0.2 GPH TEST	<input type="checkbox"/> 2. MONTHLY 0.2 GPH TEST
<input type="checkbox"/> 3. ANNUAL INTEGRITY TEST (0.1GPH)	<input type="checkbox"/> 3. ANNUAL INTEGRITY TEST (0.1GPH)
CONVENTIONAL SUCTION SYSTEMS	CONVENTIONAL SUCTION SYSTEMS (Check all that apply)
<input type="checkbox"/> 5. DAILY VISUAL MONITORING OF PUMPING SYSTEM + TRIENNIAL PIPING INTEGRITY TEST (0.1 GPH)	<input type="checkbox"/> 5. DAILY VISUAL MONITORING OF PIPING AND PUMPING SYSTEM
SAFE SUCTION SYSTEMS (NO VALVES IN BELOW GROUNDPIPING):	SAFE SUCTION SYSTEMS (NO VALVES IN BELOW GROUND PIPING):
<input type="checkbox"/> 7. SELF MONITORING	<input type="checkbox"/> 7. SELF MONITORING
GRAVITY FLOW	GRAVITY FLOW (Check all that apply):
<input type="checkbox"/> 9. BIENNIAL INTEGRITY TEST (0.1 GPH)	<input type="checkbox"/> 8. DAILY VISUAL MONITORING
	<input type="checkbox"/> 9. BIENNIAL INTEGRITY TEST (0.1 GPH)
SECONDARILY CONTAINED PIPING	SECONDARILY CONTAINED PIPING
<p>PRESSURIZED PIPING (Check all that apply):</p> 10. CONTINUOUS TURBINE SUMP SENSOR <u>WITH</u> AUDIBLE AND VISUAL ALARMS AND (Check one)	<p>PRESSURIZED PIPING (Check all that apply):</p> 10. CONTINUOUS TURBINE SUMP SENSOR <u>WITH</u> AUDIBLE AND VISUAL ALARMS AND (Check one)
<input type="checkbox"/> a. AUTO PUMP SHUT OFF WHEN A LEAK OCCURS	<input type="checkbox"/> a. AUTO PUMP SHUT OFF WHEN A LEAK OCCURS
<input type="checkbox"/> b. AUTO PUMP SHUT OFF FOR LEAKS, SYSTEM FAILURE AND SYSTEM DISCONNECTION	<input type="checkbox"/> b. AUTO PUMP SHUT OFF FOR LEAKS, SYSTEM FAILURE AND SYSTEM DISCONNECTION
<input type="checkbox"/> c. NO AUTO PUMP SHUT OFF	<input type="checkbox"/> c. NO AUTO PUMP SHUT OFF
<input type="checkbox"/> 11. AUTOMATIC LINE LEAK DETECTOR (3.0 GPH TEST) <u>WITH</u> FLOW SHUT OFF OR RESTRICTION	<input type="checkbox"/> 11. AUTOMATIC LEAK DETECTOR
<input type="checkbox"/> 12. ANNUAL INTEGRITY TEST (0.1 GPH)	<input type="checkbox"/> 12. ANNUAL INTEGRITY TEST (0.1 GPH)
SUCTION/GRAVITY SYSTEM	SUCTION/GRAVITY SYSTEM
<input type="checkbox"/> 13. CONTINUOUS SUMP SENSOR + AUDIBLE AND VISUAL ALARMS	<input type="checkbox"/> 13. CONTINUOUS SUMP SENSOR + AUDIBLE AND VISUAL ALARMS
EMERGENCY GENERATORS ONLY (Check all that apply)	EMERGENCY GENERATORS ONLY (Check all that apply)
<input type="checkbox"/> 14. CONTINUOUS SUMP SENSOR <u>WITHOUT</u> AUTO PUMP SHUT OFF * AUDIBLE AND VISUAL ALARMS	<input type="checkbox"/> 14. CONTINUOUS SUMP SENSOR <u>WITHOUT</u> AUTO PUMP SHUT OFF * AUDIBLE AND VISUAL ALARMS
<input type="checkbox"/> 15. AUTOMATIC LINE LEAK DETECTOR (3.0 GPH TEST) <u>WITHOUT</u> FLOW SHUT OFF OR RESTRICTION	<input type="checkbox"/> 15. AUTOMATIC LINE LEAK DETECTOR (3.0 GPH TEST)
<input type="checkbox"/> 16. ANNUAL INTEGRITY TEST (0.1 GPH)	<input type="checkbox"/> 16. ANNUAL INTEGRITY TEST (0.1 GPH)
<input type="checkbox"/> 17. DAILY VISUAL CHECK	<input type="checkbox"/> 17. DAILY VISUAL CHECK

VIII. DISPENSER CONTAINMENT

DISPENSER CONTAINMENT	<input type="checkbox"/> 1. FLOAT MECHANISM THAT SHUTS OFF SHEAR VALVE	<input type="checkbox"/> 4. DAILY VISUAL CHECK
DATE INSTALLED 468	<input type="checkbox"/> 2. CONTINUOUS DISPENSER PAN SENSOR + AUDIBLE AND VISUAL ALARMS	<input type="checkbox"/> 5. TRENCH LINER / MONITORING
_____	<input type="checkbox"/> 3. CONTINUOUS DISPENSER PAN SENSOR <u>WITH</u> AUTO SHUT OFF FOR DISPENSER + AUDIBLE AND VISUAL ALARMS	<input type="checkbox"/> 6. NONE 469

IX. OWNER/OPERATOR SIGNATURE

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

SIGNATURE OF OWNER/OPERATOR	DATE 470
NAME OF OWNER/OPRATOR (print) 471	TITLE OF OWNER/OPERATOR 472

Permit Number (For local use only) 473	Permit Approved (For local use only) 474	Permit Expiration Date (For local use only) 475
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UST - Tank Page 2

Formerly SWRCB Form B

(Note: the numbering of the instructions follows the data element numbers that are on the UPCF pages. These data element numbers are used for electronic submission and are the same as the numbering used in 27 CCR, Appendix C, the Business Section of the Unified Program Data Dictionary.)

Please number all pages of your submittal. This helps your CUPA or local agency identify whether the submittal is complete and if any pages are separated.

458. PIPING SYSTEM TYPE (UNDERGROUND) - For items 458 and 459, check the tank=s piping system
459. PIPING SYSTEM TYPE (ABOVEGROUND) information. CHECK ALL THAT APPLY.

460. PIPING CONSTRUCTION (UNDERGROUND) - Check the tank=s piping construction information. CHECK ALL THAT APPLY.

461. PIPING MANUFACTURER (UNDERGROUND) - Enter the name of the piping manufacturer.

462. PIPING CONSTRUCTION (ABOVEGROUND) - Check the tank=s piping construction information. CHECK ALL THAT APPLY.

463. PIPING MANUFACTURER (ABOVEGROUND) - Enter the name of the piping manufacturer.

464. PIPING MATERIAL AND CORROSION PROTECTION (UNDERGROUND) - For items 464 and 465, check the
465. PIPING MATERIAL AND CORROSION PROTECTION (ABOVEGROUND) tank=s piping material and corrosion protection.

466. PIPING LEAK DETECTION (UNDERGROUND) - For items 466 and 467, check the leak detection system(s) used
467. PIPING LEAK DETECTION (ABOVEGROUND) to comply with the monitoring requirements for the piping.

468. DATE DISPENSER CONTAINMENT INSTALLED - If applicable, enter the date that dispenser containment was installed.

469. DISPENSER CONTAINMENT TYPE - Check the type of dispenser containment monitoring system.

SIGNATURE OF OWNER/OPERATOR - The owner or 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.

470. DATE CERTIFIED - Enter the date the page was signed.

471. OWNER/ OPERATOR NAME - Print the name of signatory.

472. OWNER/ OPERATOR TITLE - Enter the title of the person signing the page.

473. PERMIT NUMBER - Leave this blank, this number is assigned by the CUPA.

474. PERMIT APPROVED BY - Leave this blank, this is the name of the person approving the permit.

475. PERMIT EXPIRATION DATE - Leave this blank, this is completed by the CUPA.