



A Tradition of Stewardship
A Commitment to Service

Planning, Building & Environmental Services

1195 Third Street, Suite 210
Napa, CA 94559
www.countyofnapa.org

David Morrison
Director

REPAIR/MODIFY REQUIREMENTS FOR UNDERGROUND STORAGE TANK(S)

A Permit to Repair/Modify Underground Storage Tank Systems is required by the Napa County Division of Environmental Health (DEH) whenever repairs or modifications to a tank system require penetration of the tank shell and/or replacement, repair, or disconnecting/cutting of subsurface piping.

General Requirements

A completed application package must be submitted to and approved by this office before a Permit to Repair/Modify Underground Storage Tank System will be issued. The application package consists of the following:

- I. The Underground Storage Tank Repair/Modification Permit fee.
 - II. A site specific health and safety plan. See attached Site Safety Plan requirements for directions. If applicable, the plan is to include the additional requirements specified in DEH Requirements for On-Site Cutting of Underground Storage Tanks.
 - III. Detailed blueprints or site map showing the location of the tank system to be repaired or modified.
 - IV. Equipment specification list for piping, fittings, monitoring system, and all other equipment to be installed.
 - V. A completed Application for Permit to Repair/Modify Underground Storage Tank System. The application is to include:
 - A. Facility information.
 - B. Contractor information.
 - i. The contractor must possess one of the following licenses:
 - 1) General Engineering Contractor (A)
 - 2) Plumbing Contractor (C-36)
 - 3) Limited Specialty/Service Station Maintenance (C-61/D-40)
- Tank lining contractors must possess one of the above licenses, or:
- 4) Limited Specialty/Synthetic Products (C-61/D-12)
 - 5) Limited Specialty/Protective Coating (C-61/D-51)
 - 6) Painting and Decorating (C-33)

- ii. The contractor must have a current OSHA Trenching and Excavation Permit if anyone is to enter an excavation greater than 5 feet in depth. The permit number must be included on the application.
 - iii. A copy of a current workers compensation insurance certificate for the contractor must be on file with this office.
- C. Tank system information.
- D. The reason for the repair or modification of the tank or piping system, e.g. due to leakage, to add new dispensers, meet 1998 upgrade requirements etc.
- E. A proposal for the repair or modification of the tank system. The proposal is to include a detailed description of the repair or modification.
- If the modification includes the installation of a cathodic protection system, the following must be included: a set of plans showing all components of the cathodic protection system including the placement of any cathodic protection wells, the electric schematic, the placement of the rectifier, and calculations of the number and type of anodes that will protect the tank and associated metal components from corrosion. The plans must be signed and stamped by a Corrosion Specialist as defined in CCR 23, Chapter 16.
- F. Indicate if the repair/modification requires cutting of the tank shell.
- G. Indicate the method used to test the system after the repair of modification.
- H. Name of third party approval organization for tank lining and procedures.

If the repair or modification requires cutting of the tank, The DEH Requirements for On-Site Cutting of Underground Storage Tanks must be complied with.

If a tank is to be lined, the DEH Requirements for Interior Lining of Underground Storage Tanks must be complied with. If a tank to be lined fails the testing requirements of CCR 23, Chapter 16, the permit will be voided and the tank(s) must be closed.

If the repair or modification requires removal of product piping, a soil sample shall be taken every 20 lineal feet of piping. Contamination discovered during the uncovering, repair or modification of any part of the tank system may require sampling of the soil and/or ground water. The determination of the number and location of samples will be made by the DEH inspector.

Permits and/or additional requirements may be required from other agencies, including the appropriate fire agency and building department.



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**APPLICATION FOR REPAIR/MODIFICATION PERMIT
FOR UNDERGROUND STORAGE TANK (S)**

1) Facility Information:

Name of Facility:		Type of Business:	
Street Address:	City:	ZIP Code:	
Contact Person:	Title:	Telephone:	
Owner Name (Corporation, Agency, or Individual):			Telephone:
Mailing Address:	City:	ZIP Code:	
Assessor's Parcel Number:			

2) Contractor Information:

Company Name:		Contact Person:	Telephone and Fax:						
Street Address:		City:	ZIP Code:						
A copy of the following must be attached: <table style="width: 100%; border: none;"> <tr> <td><input type="checkbox"/> Contractor's License 23CCR2715(g)</td> <td><input type="checkbox"/> Cert. of Training from Component Manufacturers 23CCR2715(i)</td> </tr> <tr> <td><input type="checkbox"/> ICC Installer/Retrofitter Certificate 23CCR2715(h)</td> <td><input type="checkbox"/> Proof of Worker's Compensation Insurance</td> </tr> <tr> <td><input type="checkbox"/> ICC Service Technician Certificate 23CCR2715(i)</td> <td><input type="checkbox"/> Site Safety Plan</td> </tr> </table>				<input type="checkbox"/> Contractor's License 23CCR2715(g)	<input type="checkbox"/> Cert. of Training from Component Manufacturers 23CCR2715(i)	<input type="checkbox"/> ICC Installer/Retrofitter Certificate 23CCR2715(h)	<input type="checkbox"/> Proof of Worker's Compensation Insurance	<input type="checkbox"/> ICC Service Technician Certificate 23CCR2715(i)	<input type="checkbox"/> Site Safety Plan
<input type="checkbox"/> Contractor's License 23CCR2715(g)	<input type="checkbox"/> Cert. of Training from Component Manufacturers 23CCR2715(i)								
<input type="checkbox"/> ICC Installer/Retrofitter Certificate 23CCR2715(h)	<input type="checkbox"/> Proof of Worker's Compensation Insurance								
<input type="checkbox"/> ICC Service Technician Certificate 23CCR2715(i)	<input type="checkbox"/> Site Safety Plan								

3) Tanks:

Tank ID	Gallons	Product	Manufacturer	Material

Reason for Repair/Modification: _____

Proposal for Repair/Modification: _____

Cutting of tank required

Indicate method used to test tank system before/after repair/modification:

- | | |
|--|---|
| <input type="checkbox"/> Tightness (piping) | <input type="checkbox"/> Hardness (lining) |
| <input type="checkbox"/> Integrity (tank) | <input type="checkbox"/> Thickness (lining) |
| <input type="checkbox"/> Ultrasound | <input type="checkbox"/> Holiday (lining) |
| <input type="checkbox"/> Vacuum | <input type="checkbox"/> Hydrostatic (flood test) |
| <input type="checkbox"/> Visual-compression, tension, cracking and corrosion | |

Name of third party approval agency for tank lining and procedures: _____

Complete set of plans or drawings attached? Yes No

TERMS

- 1) **PLAN REVIEW PROCESS:** The Plan review by this department will be for compliance with the requirements of CCR, Title 23, Subchapter 16, Health and Safety Code, Chapter 6.7 and County Policy only. You are responsible for obtaining any other permits that may be required for the repair/modification, including local building and fire permits. Copies of appropriate agency approvals must be submitted with the permit application.
- 2) **PERMIT FEE:** The Underground Storage Tank Installation Permit fee (consisting of a plan check fee and construction inspection fee) **must** accompany this application. Checks and money orders are to be made payable to the County of Napa.
- 3) **APPLICATION REJECTION:** Failure to provide completed forms, insufficient information or illegibility may result in this application being returned or denied.
- 4) **PERMIT TO WORK:** Work shall not proceed without a signed permit to repair in hand. The Permit to Repair will be issued once all applications and supporting documents have been received and approved. The Permit to Repair must be on the work site at all times and available upon request.
- 5) **INSPECTIONS:** All inspections must be scheduled with this office at least 48 hours in advance.

I certify under penalty of perjury that all of the information presented in this application is true and correct. I will be abide by all of the requirements of the Napa County Department of Environmental Management regarding the repair or modification of underground storage tank systems, as well as all applicable State and Federal Regulations.

Signature: _____ Date: _____

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).
- 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.