



**County of Inyo**  
Environmental Health Department  
1360 North Main Street, Bishop, CA 93514  
760-878-0238 inyoehd@inyocounty.us

**Jerry Oser**  
Director

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**ABOVEGROUND STORAGE TANK SYSTEM  
CONSTRUCTION PERMIT APPLICATION**

1. Facility Name (Tank Site): \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

EPA ID No.: \_\_\_\_\_ Contact Person: \_\_\_\_\_ Phone No.: \_\_\_\_\_

2. Tank Owner's Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

3. Tank Operator's Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

4. Applicant's Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Phone No.: (\_\_\_\_) \_\_\_\_\_

5. Tank Contractor Business Name: \_\_\_\_\_

(As registered with the Contractors State License Board at [www.cslb.ca.gov](http://www.cslb.ca.gov))

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

CSLB License No.: \_\_\_\_\_ Contact Person: \_\_\_\_\_ Phone No.: (\_\_\_\_) \_\_\_\_\_

**HMBP & SPCC Acknowledgement**

☐ New or revised Hazardous Materials Business Plan shall be submitted to CERS within 30 days of service.

☐ AST exceeding 1,320 gallon shall require the facility to prepare and implement a (SPCC) Plan operation

6. Tank System: Size (gallons)

Substance(s) Contained

Tank 1 \_\_\_\_\_

Tank 2 \_\_\_\_\_

Tank 3 \_\_\_\_\_

Tank 4 \_\_\_\_\_

Tank 5 \_\_\_\_\_

Tank 6 \_\_\_\_\_

**For Installation (only):**

Manufacturer \_\_\_\_\_ Dimensions \_\_\_\_\_

Design: ☐ UL# \_\_\_\_\_ ☐ API# \_\_\_\_\_ ☐ Other \_\_\_\_\_ Shape: ☐ Horizontal ☐ Vertical ☐ Rectangular

Construction Type: ☐ Bare Steel ☐ Coated Steel ☐ Single Wall ☐ Double Wall ☐ Concrete ☐ Other

Secondary Containment: ☐ Yes ☐ No Tank(s) installed on: ☐ Concrete ☐ Asphalt ☐ Other \_\_\_\_\_

Level Gauge Monitoring to Prevent Overfill: ☐ Mechanical Type: \_\_\_\_\_

☐ Electronic Type: \_\_\_\_\_ ☐ Other: \_\_\_\_\_

Piping: ☐ Aboveground ☐ Underground Piping Type: ☐ Bare Steel ☐ Coated Steel ☐ Fiberglass ☐ Composite

☐ Stainless Steel ☐ Other \_\_\_\_\_

**For Removal (only):**

1. Removal of aboveground and underground tanks shall be in accordance with all of the following:

- a) Flammable and combustible liquids shall be removed from the tank and connected piping.
- b) Piping at tank openings that is not to be used further shall be disconnected.
- c) Piping shall be removed from the ground.

Exception: Piping is allowed to be abandoned in place where the local agency determines that removal is not practical. Abandoned piping shall be capped and safeguarded as required by the local agency.

- d) Tank openings shall be capped or plugged, leaving a 1/8-inch to 1/4-inch-diameter (3.2 mm to 6.4 mm) opening for pressure equalization.
- e) Tanks shall be purged of vapor and inerted prior to removal.
- f) All exterior above-grade fill and vent piping shall be permanently removed.

Exception: Piping associated with bulk plants, terminal facilities and refineries.

g) Disposal: Tanks shall be disposed of in accordance with federal, state and local regulations.

1. Tank will be ☐ reused ☐ salvaged for scrap ☐ removed as hazardous waste

If reused explain how? \_\_\_\_\_

\_\_\_\_\_

If reused, list address and contact? \_\_\_\_\_

\_\_\_\_\_

Tank Scrap/Disposal Destination? \_\_\_\_\_

2. Piping will be ☐ reused ☐ salvaged for scrap ☐ removed as hazardous waste

If reused explain how? \_\_\_\_\_

\_\_\_\_\_

If reused, list address and contact? \_\_\_\_\_

\_\_\_\_\_

Piping Scrap/Disposal Destination? \_\_\_\_\_

2. Name of Licensed Transporter of Tanks and piping: \_\_\_\_\_

Transporter EPA ID No.: \_\_\_\_\_ Phone No.: (\_\_\_\_) \_\_\_\_\_

3. Destination of Tanks and Piping: \_\_\_\_\_

\_\_\_\_\_

4. Destination of substance (contents) when tank is emptied: \_\_\_\_\_

\_\_\_\_\_

### **Please submit the following documents with the completed application:**

Provide an 8-1/2" x 11" plot plan of the tank(s) to be installed or removed. Indicate the nearest cross street to the facility, buildings immediately adjacent to the tank(s), location(s) of AST or UST tank system(s), location of nearby utilities, and proposed sampling locations if applicable. Provide GPS coordinates if tank site is remote and the nearest occupied building is greater than 1/2 mile.

Provide a site specific health and safety plan.

**\* The Aboveground Tank Construction Permit expires 12 months from the date of issuance. If tanks have not been installed or removed within 12 months, a new permit application and appropriate fees may be required.**

I DECLARE THAT TO THE BEST OF MY KNOWLEDGE THE STATEMENTS AND INFORMATION PROVIDED ARE CORRECT AND TRUE. I UNDERSTAND THAT INFORMATION, IN ADDITION TO THAT PROVIDED IN THIS APPLICATION, MAY BE NEEDED IN ORDER TO OBTAIN A PERMIT FROM THE INYO COUNTY ENVIRONMENTAL HEALTH DEPARTMENT (EHD) AND THAT NO WORK IS TO BEGIN ON ANY PORTION OF THE AST SYSTEM UNTIL THE AUTHORITY TO CONSTRUCT LETTER (PERMIT) IS ISSUED.

I UNDERSTAND THAT ANY CHANGES IN DESIGN, MATERIALS OR EQUIPMENT WILL **VOID** MY AUTHORITY TO CONSTRUCT (PERMIT) **IF PRIOR APPROVAL IS NOT OBTAINED**.

I UNDERSTAND THAT ANY INSPECTION APPOINTMENTS MUST BE ESTABLISHED WITH THE EHD AT LEAST TWO WORKING DAYS (48 HOURS) IN ADVANCE.

OWNER/AGENT SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
PRINTED NAME \_\_\_\_\_ PHONE \_\_\_\_\_  
TITLE \_\_\_\_\_

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**FOR E.H. USE ONLY**

Fee Received \_\_\_\_\_  
Date \_\_\_\_\_ Receipt # \_\_\_\_\_ By \_\_\_\_\_ Amt. \_\_\_\_\_

Permit is: /\_\_\_/ Approved, ok to issue permit /\_\_\_/ Denied /\_\_\_/ Pending Permit Exp. date\_\_\_\_\_

EHS Sigtune\_\_\_\_\_date\_\_\_\_\_