



OC CUPA
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UNDERGROUND STORAGE TANK

FACILITY MODIFICATION APPLICATION

SUBMIT A SEPARATE FORM FOR EACH TYPE OF CONSTRUCTION ACTIVITY
 (e.g., Installations, Removals, System Modifications, Repairs, etc.)

SITE INFORMATION

FACILITY NAME: _____ SUBMITAL DATE: _____
 ADDRESS: _____
 CITY: _____ TELEPHONE NO.: _____
 ZIP CODE: _____ CONTACT NAME: _____

APPLICANT REQUESTOR

APPLICANT NAME: _____ COMPANY NAME: _____
 ADDRESS: _____
 CITY: _____ STATE: _____ ZIP: _____
 TELEPHONE NO.: _____
 ALTERNATE # (CELL, PAGER): _____

X
 APPLICANT'S SIGNATURE (TANK OWNER OR DESIGNEE)

UPC UST Forms are required to be submitted prior to pick up of approved UST plans. Forms provided at Plan Check Counter or at <http://www.occupainfo.com/forms>

TYPE OF CONSTRUCTION

UST PLAN TYPE:

- INSTALLATION (S):** _____
- CLOSURE (S) – REMOVAL (S):** _____
- SYSTEM MODIFICATION (REPIPE, REPAIR TO PIPING)**
- REPAIR (S) OR RELINE (S) USTs**
- OTHER (SPECIFY):**

CODE

- T01**
- T02**
- T03**
- T04**
- T05**

CONTRACTOR INFORMATION

(Persons performing work on USTs must meet specific State Contractors Licensing Board requirements)

CONTACT: _____
 CONTRACTOR: _____
 ADDRESS: _____
 CITY: _____
 STATE: _____ ZIP: _____
 TELEPHONE NO.: _____
 CONTRACTORS LICENSE TYPE: _____
 CONTRACTORS STATE LICENSE #: _____

NOTES: NEW INSTALLATIONS, CLOSURES, REPAIRS AND SYSTEM MODIFICATIONS OF UNDERGROUND STORAGE TANKS REQUIRE THE SUBMITTAL OF (4) SETS OF PLANS TO THIS DIVISION. THESE PLANS MUST BE APPROVED PRIOR TO THE INITIATION OF ANY CONSTRUCTION OR MODIFICATION. ALL PLANS OR REPORTS REQUIRED MUST ACCOMPANY THIS FORM AT THE TIME OF SUBMITTAL.

PLAN APPROVAL AND FEES ARE VALID FOR ONE YEAR. IF TANKS HAVE NOT BEEN REMOVED, INSTALLED OR MODIFIED WITHIN ONE YEAR OF THE APPROVAL DATE, NEW PLANS AND FEES MUST BE SUBMITTED.

OFFICE USE ONLY

SR # _____ PE: _____ FEES PAID: _____ CHECK # _____ RCVD.BY: _____
 PLAN APPROVAL DATE: _____ BY: _____ FA # _____

TANK INFORMATION

PROVIDE THE INFORMATION BELOW FOR ALL TANKS AND PIPING SYSTEMS TO BE INSTALLED, REMOVED OR REPAIRED. ALSO INDICATE THE UPGRADE/CHANGES TO BE MADE TO EACH TANK SYSTEM.

TANK I.D.		#1	#2	#3	#4	
MATERIAL STORED	MATERIAL OR WASTE STORED	CURRENTLY				
		PROPOSED				
		PREVIOUSLY				
FUEL TYPE, I.E., UNLEADED						
C O N T A I N E R	TYPE (TANK, SUMP, OTHERS)					
	DOUBLE WALL/SINGLE WALL					
	UL NUMBER					
	YEAR INSTALLED					
	VAULTED/NOT VAULTED					
	PRIMARY	MANUFACTURER				
		CAPACITY (GALLONS)				
		CONSTRUCTION MATERIAL				
		THICKNESS (UNITS)				
	SECONDARY	MANUFACTURER				
		CAPACITY (GALLONS)				
		CONSTRUCTION MATERIAL				
		THICKNESS (UNITS)				
	CORROSION PROTECTION					
	TYPE OF LEAK DETECTION FOR USTs (LIQUID, PROBE, ETC.)					
MANUFACTURER OF LEAK DETECTOR						
P I P I N G	LOCATION (UNDER/ABOVE GROUND)					
	SUCTION/PRESSURE GRAVITY/UNKNOWN					
	PRIMARY	CONSTRUCTION MATERIAL				
		MANUFACTURER				
	SECONDARY	CONSTRUCTION MATERIAL				
		MANUFACTURER				
	TYPE OF LEAK DETECTION FOR PIPING (PRESSURE LOSS DEVICE, ETC.)					
MANUFACTURER OF LEAK DETECTOR						
OVERFILL PROTECTION (TYPE)						
SPILL CONTAINMENT (TYPE)						