



Application for Permit to Install
 (For Use With All Systems Except Field Constructed or Airport Hydrant Systems)
UST Management Division
 (This form may be used to comply with SC UST Regulation 280.23(a))

I. LOCATION OF TANK(S) **II. TANK OWNER INFORMATION**

Facility Name _____

Physical Street Address _____

City _____ State _____ Zip Code _____

Area Code _____ Telephone Number _____

Contact Person _____

County Tax Map Identification Number & Latitude/Longitude _____

Tank Owner Name (corporation, individual, etc.) _____

Mailing Address _____

City _____ State _____ Zip Code _____

Area Code _____ Telephone Number _____

Contact Person _____

III. OPERATOR INFORMATION

IV. LANDOWNER INFORMATION

Name _____

Mailing Address _____

City _____ State _____ Zip Code _____

Area Code _____ Telephone Number _____

Name _____

Mailing Address _____

City _____ State _____ Zip Code _____

Area Code _____ Telephone Number _____

Landowner Signature (if different than the tank owner) _____

V. FACILITY INFORMATION

Were tanks ever present on site? Yes [] No [] If yes, please indicate the Site ID # associated with the tanks: _____

Will existing tanks be replaced by new tanks? Yes [] No []

If yes, indicate which tanks will be replaced:

Tanks: _____ Capacity: _____ Substance Stored: _____

VI. INSTALLATION PROCEDURES

All underground storage tank systems must be installed and operated per R.61-92, Part 280: UST Control Regulations; manufacturer's instructions and industry standards. The tank and piping system installation practices and procedures described in the following codes may be used to comply with this requirement. Indicate which standard(s) will be used to oversee the tank system installation:

- [] American Petroleum Institute Publication 1615, "Installation of Underground Petroleum Storage Systems."
- [] Petroleum Equipment Institute Publication RP100, "Recommended Practices for Installation of Underground Liquid Storage Systems."
- [] Petroleum Equipment Institute Publication RP1000, "Recommended Practices for Installation of Marina Systems."
- [] American National Standards Institute Standard B31.3, "Petroleum Refinery Piping," and American National Standards Institute Standard B31.4, "Liquid Petroleum Transportation Piping System."

ANY CHANGES REGARDING THE INFORMATION SUPPLIED ON THIS APPLICATION MUST BE SUBMITTED IN WRITING AND APPROVED BY THE UST MANAGEMENT DIVISION.

SCDHEC, UST Management Division, 2600 Bull Street, Columbia, SC 29201, PHONE (803) 898-0589 FAX (803) 898-0673 www.scdhec.gov

VII. TANK INFORMATION

Tank Number (<u>list each compartment separately</u>)					
Capacity (gallons)					
Construction Material (check one):					
Fiberglass-Reinforced Plastic (FRP)					
Steel-FRP Composite					
Steel-Polyurethane					
Other (specify)					
Containment (check one):					
Double Wall-Brine					
Double Wall-Vacuum					
Double Wall-Dry					
Substance to be Stored (check one):					
Gasoline (Regular Unleaded, Plus, Premium, Nonethanol)					
Diesel (Off-road, On-road)					
Kerosene					
Ethanol (indicate blend level such as E10, E85)					
Biodiesel (indicate blend level such as B20, B50)					
Hazardous Substance					
Name of Substance: _____					
Chemical Abstract Service # (CAS#): _____					

Tank Manufacturer: _____

Will tanks be anchored? Yes [] No [] If yes, please list type of anchoring system to be used: _____

The backfill should be a clean, washed, well granulated, free-flowing, non-corrosive inert material that is free of debris, rock or other organic materials. Examples of accepted materials are sand, crushed rock (no larger than 1/2 inch), or pea gravel (no larger than 3/4 inch).

NOTE: You will be required to submit a receipt indicating delivery of backfill with the Permit to Operate application.

Type of backfill to be used: Sand [] Pea Gravel [] Crushed Rock [] Other [] _____

Any tanks and/or compartments to be manifolded? Yes [] No [] If yes, please list tanks/compartments to be manifolded:

VIII. STORAGE OF BIODIESEL AND ETHANOL BLENDS

Will biodiesel blends greater than B20 but less than B100 be stored? Yes [] No []
 If yes, the Alternative Fuel Checklist (DHEC form 3885) must be completed and submitted with this application.

Will ethanol blends greater than E10 but less than E100 be stored? Yes [] No []
 If yes, the Alternative Fuel Checklist (DHEC form 3885) must be completed and submitted with this application.

Please review the potential equipment issues pertaining to the use of alternative fuels before submitting the checklist. **A Permit to Install for alternative fuel systems will not be issued without the submittal of the required checklist and supplemental information.**

IX. PIPING INFORMATION

Line Number (list each line separately)					
Material of Construction (check one):					
Flexible					
Fiberglass Reinforced Plastic (FRP)					
Other (Specify)					
Containment (check one):					
Double Wall					
Triple Wall					
Pumping System (check one):					
Pressurized					
Suction – Foot/Angle Valve					
Suction – Vertical Check Valve					
Other (Specify)					

Piping Manufacturer: _____ Model: _____

The backfill should be a clean, washed, well granulated, free-flowing, non-corrosive inert material that is free of debris, rock or other organic materials. Examples of accepted materials are sand, crushed rock (no larger than 1/2 inch), or pea gravel (no larger than 3/4 inch).

NOTE: You will be required to submit a receipt indicating delivery of backfill with the Permit to Operate application.

Type of backfill to be used: Sand [] Pea Gravel [] Crushed Rock [] Other [] _____

Any lines to be manifolded? Yes [] No [] If yes, please list lines to be manifolded: _____

NOTE: All metal components of piping systems (flex connectors, check valves, etc.) must be in containment sumps in order to properly conduct Interstitial Monitoring and must be protected from corrosion. The containment sumps must be liquid tight if used for Interstitial Monitoring.

X. SPILL, OVERFILL PREVENTION AND OTHER EQUIPMENT

Spill and overfill prevention equipment must be used to prevent spills and overfills associated with product transfer to the underground storage tank system unless the system is filled by transfers of no more than 25 gallons at a time.

Spill Prevention Equipment

Manufacturer: _____ Model: _____

Type of spill prevention equipment being installed: Single Wall [] Double Wall []

If double wall spill prevention is being installed, will the interstice be monitored monthly? Yes [] No []

If yes, please indicate the monthly monitoring method to be used: _____

If sensors will be located in the interstice, indicate the make and model: _____

X. SPILL, OVERFILL PREVENTION AND OTHER EQUIPMENT (CONTINUED)

Overfill Prevention Equipment

Type of overfill prevention equipment being installed: Drop Tube Shut Off Valve [] Alarm [] Other [] (specify): _____

NOTE: If other is indicated, please attach manufacturer's specifications for approval.

Manufacturer: _____ Model: _____

Will a secondary overfill prevention method be installed? If yes, please indicate type: _____

Tank Top Sumps

Manufacturer: _____ Model: _____

Type of under dispenser containment to be installed: Single Wall [] Double Wall []

If double wall under dispenser containment will be installed, will the interstice be monitored monthly? Yes [] No []

If yes, please indicate the monthly monitoring method: _____

Note: The monthly monitoring of the interstice between the primary and secondary wall of a dispenser sump does not constitute release detection for the piping. You must also incorporate monthly interstitial monitoring for the piping (see Section VIII). This only meets the regulatory requirements for the 3 year containment sump testing exemption.

Under Dispenser Containment

Manufacturer: _____ Model: _____

Type of under dispenser containment to be installed: Single Wall [] Double Wall []

If double wall under dispenser containment is being installed, will the interstice be monitored monthly? Yes [] No []

If yes, please indicate the monthly monitoring method to be used: _____

If sensors will be located in the interstice, indicate the make and model: _____

Note: The monthly monitoring of the interstice between the primary and secondary wall of a dispenser sump does not constitute release detection for the piping. You must also incorporate monthly interstitial monitoring for the piping (see Section XI). This only meets the regulatory requirements for the 3 year containment sump testing exemption.

Transition Sumps

Will transition sumps be installed? Yes [] No [] If yes, please indicate location on map.

Indicate the capacity of the transition sump: _____

For emergency generators and marinas only: Will a transition sump be installed at the point where the piping becomes aboveground? Yes [] No []

Vapor Recovery

Is Stage I vapor recovery going to be installed? Yes [] No []

Vent Lines

Please indicate the location where vent lines will be installed: _____

Please indicate the number of vent lines to be installed: _____

Will vent lines be manifolded? Yes [] No [] If yes, indicate which vent lines will be manifolded: _____

Shear Valves

For pressurized systems, please indicate that shear valves will be properly installed and anchored per manufacturer's specifications? Yes [] No []

XI. RELEASE DETECTION

Release Detection	Tank(s)	Piping
Line Leak Detectors:	<div style="background-color: black; width: 100%; height: 100%;"></div>	<p>High Flow Systems Only: If a high flow system will be installed please indicate the correct leak detection option below:</p> <p>Line leak detector on STP (in leak detector port): Yes [] No [] N/A []</p> <p>Electronic line leak detector in-line: Yes [] No [] N/A []</p> <p>In-line mechanical line leak detector, sump sensor at lowest point of liquid tight containment sump AND positive shutdown of STP: Yes [] No [] N/A []</p> <p>In-line mechanical line leak detector, sump sensor at lowest point of liquid tight containment sump AND visual or audible alarm Yes [] No [] N/A []</p>

XII. FINANCIAL RESPONSIBILITY

Owners and operators must demonstrate financial responsibility for taking corrective action and for compensating third parties for bodily injury and property damage caused by accidental releases arising from petroleum underground storage tanks. Proof of financial responsibility must be submitted using DHEC form 3472, Certificate of Financial Responsibility. **A Permit to Install will not be issued without a valid financial responsibility certificate and complete information regarding the mechanism chosen.**

Financial responsibility requirements do not apply because 40 CFR Part 280 Subpart H is not applicable for state or federal facilities.

XIII. SITE MAP

An 8 1/2" x 11" site map showing the proposed location of the tank system (to include the entire tank basin, associated piping run from start to finish, all sensor locations as applicable, transition sumps as applicable, and dispenser islands) must be attached. **Please do not submit tax plat maps or architectural design maps as a replacement for the required site map.**

XIV. INSTALLATION CERTIFICATION

All owners and operators must ensure that one or more of the following methods of certification, testing, or inspection is used to demonstrate compliance with Section VI of this application. Check all methods below that will be used to meet this requirement.

- The installer is certified by tank and piping manufacturers.
Name of installer: _____
Contact person, email and telephone number: _____
- The installation will be inspected and certified by a SC registered professional engineer with education and experience in underground storage tank system installation.
- All work listed in the manufacturer's installation checklists will be completed.
- The owner and operator will comply with another method for ensuring compliance that is determined by the Department to be no less protective of human health and the environment. Please specify method to be used: _____

XV. CERTIFICATION

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals responsible for obtaining the information and installing the UST system, I believe that the submitted information is true, accurate, and complete.

Name of tank owner or owner's authorized representative (print)

Title

Signature

Date

Name of installer (print)

Title

Signature

Date

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