



4585 Pacheco Blvd., Ste 100 | Martinez, CA 94553 | Phone: 925-655-3200 | Fax: 925-646-2073
ccchazmat@cchealth.org

UNDERGROUND STORAGE TANK PERMIT APPLICATION

SITE ID: _____

SR#: _____

(office use only)

- ☐ Tank installation **\$4,753.00, \$514.00 each additional tank** (PE7314, PE7315)
- ☐ Monitoring system change plan review & inspection: **\$1028.00** (PE7328)
- ☐ Field installed cathodic protection: **\$1285.00** (PE7318)
- ☐ Upgrade tank lining: **\$2698.00, \$385.00 each additional tank** (PE7311, PE7312)
- ☐ Lining inspection: **\$1798.00, \$257.00 each additional tank** (PE7319, PE7320)
- ☐ Upgrade piping plus UDC/sumps: **\$3211.00, \$385.00 each additional tank** (PE7321, PE7322)
- ☐ Repair without piping (UDC & sumps): **\$899.00** (PE7323)
- ☐ Spill bucket replacement: **\$642.00** (PE7324)
- ☐ Replacement of existing UDC (includes tank/piping repair): **\$899.00** (PE7325)
- ☐ EVR Phase II / ISD (Cold Start): **\$771.00** (PE7329)

I. DESCRIPTION OF WORK: _____

II. SITE NAME & ADDRESS: _____

III. APPLICANT INFORMATION

BUSINESS NAME/CONTACT: _____

EMAIL OR FAX (TO RETURN APPROVED PERMIT): _____

APPLICANT PHONE: _____

CONTRACTOR (IF DIFFERENT FROM APPLICANT): _____

CONTRACTOR PHONE: _____

INSTRUCTIONS: Complete Sections I through III. Submit with appropriate fee, application form, and two sets of plans via fax or email to undergroundtanks@cchealth.org. Your copy of the permit will be returned with approved plans. The permit must be kept on-site.

(office use only)

APPLICATION RECEIVED: _____ FEE PAID: \$ _____

DATE APPROVED: _____ BY: _____

DATE PLANS RETURNED: _____ INITIALS: _____