Application for Permit to Operate
UST Management Division

I. REGISTRAION AND SITE INFORMATION

Facility Name _____ SCDHEC Permit Identification Number _____

Physical Street Address _____ City _____ County _____ Facility Telephone Number _____

II. TANK INFORMATION

Tank Number (list each compartment separately)					
Capacity (gallons)					
Serial Number of Tank					
Job Number					
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					
External impermeable Liner					
Other (specify)					

Is the tank information provided identical to the information submitted on the Application for the Permit to Install? Yes [ ] No [ ]

Tank Manufacturer: _____ Model: _____

Any tanks to be manifolded? _____

III. 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

Please indicate which standard(s) was used to oversee the tank system installation (check all that apply):

[ ] American Petroleum Institute Publication 1615, "Installation of Petroleum Storage Systems."

[ ] Petroleum Equipment Institute Publication RP100, "Recommended Practices for Installation of Underground Liquid Storage Systems."

[ ] American National Standards Institute Standard B31.3, "Petroleum Refinery Piping," and American National Standards Institute B31.4, "Liquid Petroleum Transportation Piping System."

IV. TANK INSTALLATION INFORMATION

Backfill/Overburden:

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 ½ inch), or pea gravel (no larger than ¾ inch).

- Type of backfill used: Sand [ ] Pea Gravel [ ] Crushed Rock [ ] Other [ ] _____
- Amount of backfill under tanks (Minimum of 12 inches required): _____
- Was backfill tamped under lower quadrant of tanks to fill any potential voids? Yes [ ] No [ ]
- If sand backfill was used, was it compacted to ensure adequate support of tank and prevent settlement? Yes [ ] No [ ]
  - o If yes, please indicate the method of compaction that was used: Sand-Slurry Method [ ] Mechanical [ ]
    Other (specify): _____
- Are tanks located in a traffic area? Yes [ ] No [ ]
  - o If yes, how much overburden was used? (choose one)
    [ ] At least 2.5 feet of compacted backfill and 6 inches of asphalt paving
    [ ] At least 1.5 feet of compacted backfill and 8 inches of reinforced concrete
  - o If no, how much overburden was used? (choose one)
    [ ] At least 2 feet of compacted backfill
    [ ] At least 1 foot of compacted backfill plus 4 inches of reinforced concrete
- Concrete or asphalt that extends at least one foot beyond the tank outline? Yes [ ] No [ ]

Tank Condition

- Was there a pressure change of greater than 5" Hg between shipping and installation? Yes [ ] No [ ]
  - o If yes, were necessary repairs made? Yes [ ] No [ ] _____
- Was there any damage to the tank(s) during installation? Yes [ ] No [ ]
  - o If yes, was the damage repaired? Yes [ ] No [ ] _____

Excavation Dimensions:

- Indicate the horizontal clearance for the following (a minimum of 12 inches is required for steel tanks or a minimum of 18 inches for fiberglass tanks):
  Excavation walls: _____ Other tanks: _____
- Were the side walls of the excavation sloped or shored? Yes [ ] No [ ]
- Does the distance from the top of the tank to final grade exceed tank diameter for steel or composite tanks? Yes [ ] No [ ]
- Does the distance from the top of the tank to final grade exceed 7 feet for fiberglass tanks? Yes [ ] No [ ]

Anchoring System

- Was water encountered during installation? Yes [ ] No [ ]
- Was an anchoring system used? Yes [ ] No [ ]
  - o If yes, indicate the system that was used: _____

V. PIPING INFORMATION

Line Number (list each line separately)					
Material of Construction					
Flexible					
Fiberglass Reinforced Plastic (FRP)					
Other (Specify)					
Containment (check one)					
Double Wall					
Triple Wall					
External Impermeable Liner					
Other (specify)					

V. PIPING INFORMATION (continued)

Pumping System (check one)					
Pressurized					
Suction – Foot Valve					
Suction – Angle Valve					
Suction – Vertical Check Valve					
Other (Specify)					

Is the piping information provided identical to the information submitted on the Application for the Permit to Install? Yes [ ] No [ ]

Piping Manufacturer: _____ Model: _____

Any lines to be manifolded? _____

VI. PIPING INSTALLATION INFORMATION

Backfill/Overburden:

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 ½ inch), or pea gravel (no larger than ¾ inch).

- Type of backfill to be used: Sand [ ] Pea Gravel [ ] Crushed Rock [ ] Other [ ] _____
- Indicate the amount of backfill (spacing) used for the following:
  Below all piping: _____ Above all piping: _____
  Between piping and sidewalls (minimum of 6 inches): _____
  Between adjacent piping (minimum of twice the pipe diameter): _____
- If sand backfill was used, was it compacted to ensure adequate support of tank and prevent settlement? Yes [ ] No [ ]
  - o If yes, please indicate the method of compaction that was used: Sand-Slurry Method [ ] Mechanical [ ] Other (specify):
- Is piping located in a traffic area? Yes [ ] No [ ]
  - o If yes, how much overburden was used?
    [ ] At least 6 inches of compacted backfill and additional backfill plus enough paving to equal 18 inches of material from the top of the piping to the bottom of the grade
  - o If no, how much overburden was used?
    [ ] At least 2 feet of compacted backfill
    [ ] At least one foot of compacted backfill plus 6 inches of reinforced concrete

Piping Condition

- Was there any damage to the piping during installation? Yes [ ] No [ ]
  - o If yes, was the damage repaired? Yes [ ] No [ ] _____

Excavation Dimensions

- Is all piping sloped to at least 1/8 of an inch per foot from the dispenser(s) to the tank(s)? Yes [ ] No [ ]
- Does the piping pass over the tank(s) at any point? Yes [ ] No [ ]
- Are all product lines located in the same trench? Yes [ ] No [ ] _____

Vent Lines

- Total number of vent lines: _____
- Stand alone (12”): _____ In canopy (5” above): _____ Attached to building (3” above): _____

VII. WATER SUPPLY SYSTEMS

All new tank systems (to include tanks, associated piping and all dispensers) that are installed within 1,000 feet of an existing community water system or potable drinking water well must install an approved method of secondary containment.

Distance, in feet, of any part of the tank system to the nearest water supply system or well(s): _____

If outside the 1,000 feet requirement, was documentation provided to the Division? Yes [ ] No [ ]

VIII. SPILL PREVENTION, OVERFILL PREVENTION, AND OTHER EQUIPMENT

Spill Prevention Equipment:

- Manufacturer: _____ Model: _____ Capacity: _____
- Surface mounded to channel water away from the spill prevention equipment? Yes [ ] No [ ]

Overfill Prevention Equipment:

- Ball Float Vent Valve [ ] Drop Tube Shut Off Valve [ ] Alarm [ ] Other (specify): _____
- Manufacturer: _____ Model: _____
- If a Ball Float Vent Valve or Alarm are used, were drop tubes installed? Yes [ ] No [ ]
- Do the drop tubes extend to within 6 inches of the bottom of the tank? Yes [ ] No [ ]

Under dispenser containment:

- Manufacturer: _____ Model: _____
- Single Wall [ ] Double Wall [ ] Other (specify): _____
- Were all entry and exit points confirmed to be tight and secure? Yes [ ] No [ ]

Shear Valves:

- Are all shear valves installed within ½ inch of the top of the island form? Yes [ ] No [ ]

IX. RELEASE DETECTION

Double walled systems must use interstitial monitoring as the first choice for tank and line monthly (0.2 gph) monitoring.

Release Detection (check all that apply and complete all applicable blanks)	Tank(s)	Piping
Interstitial Monitoring with Secondary Barrier/ Containment Manufacturer: _____ Model: _____ Are the sump sensors installed within 1" of the bottom of the sump? Yes [ ] No [ ]		Dispenser End (indicate sensor or visual) Tank End (indicate sensor or visual)
Line Leak Detectors: Electronic [ ] Mechanical [ ] Manufacturer: _____ Model: _____		
Annual Line Tightness Testing (pressurized piping only)		
Statistical Inventory Reconciliation (SIR) SIR Provider: _____		
Automatic Tank Gauging Manufacturer: _____ Model: _____		
Vapor Monitoring		
Groundwater Monitoring Depth to Groundwater: _____		
Three-Year Line Tightness Test (non-exempt suction systems only)		

X. ADDITIONAL INFORMATION (TESTING)

- Piping tested for at least one hour at 45 psi and soaped to check for leaks? Yes [ ] No [ ]
- Spill buckets, sumps and dispenser containment tested to ensure tightness? Yes [ ] No [ ]
- Interstitial space tested for tanks and piping prior to installation? Yes [ ] No [ ]
- Interstitial space tested for tanks and piping after backfilling? Yes [ ] No [ ]
- Interstitial space tested for tanks and piping prior to placed tank in operation? Yes [ ] No [ ]
- Interstitial space open at each end? Yes [ ] No [ ]

XI. INSTALLATION CERTIFICATION

All owners and operators must ensure that one or more of the following methods of certification, testing, or inspection was used to demonstrate compliance with Section III of this application.

[ ] The installer is certified by tank and piping manufacturers.

Name of installer:_____

Contact person, email address and telephone number: _____

_____

[ ] The installation has been inspected and certified by a SC registered professional engineer with education and experience in underground storage tank system installation (attach report).

[ ] The correct notification requirements have been followed and the installation has been inspected and approved by a representative of the UST Management Division.

[ ] All work listed in the manufacturer's installation checklists has been completed.

XII. SUPPLEMENTAL INFORMATION

- Tank manufacturer's installation checklist attached? Yes [ ] No [ ]
- Piping manufacturer's installation checklist attached? Yes [ ] No [ ]
- Pneumatic or hydrostatic testing results for tanks and piping attached? Yes [ ] No [ ]
  - Was testing completed at 90 or 95% capacity, as applicable? Yes [ ] No [ ]
- "As-Built" map with all components attached? Yes [ ] No [ ]
- Was product introduced to ballast the tanks? Yes [ ] No [ ]
  - If yes, was the required written notification received prior to the introduction of the product into the tanks? Yes [ ] No [ ]
  - If yes, were daily stick readings taken until such time as the chosen method of leak detection was installed and operational? Yes [ ] No [ ]
- Current financial responsibility documentation on file? Yes [ ] No [ ]
- Documentation for any special conditions listed on the Permit to Install attached? Yes [ ] No [ ] N/A [ ]

XIII. NOTES OR ADDITIONAL INFORMATION

_____

_____

_____

_____

_____

XIV. 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