



COUNTY OF SAN LUIS OBISPO HEALTH AGENCY
ENVIRONMENTAL HEALTH SERVICES DIVISION

2156 Sierra Way STE. B, San Luis Obispo, CA 93401
PO Box 1489, San Luis Obispo, CA 93406
Phone: (805) 781-5544 Fax: (805) 781-4211
Email: ehs@co.slo.ca.us

UNDERGROUND STORAGE TANK SYSTEM
MINOR MODIFICATION APPLICATION

Facility Name: Phone:
Site Address: City:
Owner's Name: Phone:
Owner's Address: City:
Contractor: Phone:
Address: City:
CSLB License No:
ICC UST Installer No:

NOTE: Attach manufacturer's training certification for equipment you propose to install.

General description of modification proposal:

Applicant Name: Signature:

Date:

PROPOSED EQUIPMENT

LEAK MONITORING SYSTEM

Console Manufacturer Console Model #
Sensors installed in: Tank annular space Sensor mfr, model #
Tank Turbine Sumps Sensor mfr, model #
Tank Fill Sumps Sensor mfr, model #
Dispenser Pan Sumps Sensor mfr, model #
Positive shut down Yes No

PIPELINE LEAK DETECTOR

Mechanical mfr & model #
Electronic mfr & model #

DOUBLEWALL PIPING CONSTRUCTION: PRODUCT, VAPOR AND VENT LINES

Manufacturer: Model #:

OVERSPILL CONTAINERS WITH DRAIN VALVE

Manufacturer: Model #:

**OVERFILL PREVENTION ALARM**

Manufacturer: \_\_\_\_\_ Model #: \_\_\_\_\_  
Associated  
equip. Mfg: \_\_\_\_\_ Model #: \_\_\_\_\_

**PRODUCT SHEAR VALVE**

Manufacturer: \_\_\_\_\_ Model #: \_\_\_\_\_

**VAPOR SHEAR VALVE**

Manufacturer: \_\_\_\_\_ Model #: \_\_\_\_\_

**FLOAT VENT VALVE**

Manufacturer: \_\_\_\_\_ Model #: \_\_\_\_\_

**SUMPS (TURBINE, FILL, VENT LINE TRANSITION, TANK GAUGE RISERS, ETC)**

List type: \_\_\_\_\_  
Manufacturer: \_\_\_\_\_ Model #: \_\_\_\_\_

**AUTOMATIC TANK GAUGE**

0.1 GPH probe or OR  0.2 GPH probe  
Manufacturer: \_\_\_\_\_ Model #: \_\_\_\_\_

**PRODUCT, VENT AND VAPOR PIPELINE SUMP PENETRATION FITTINGS**

Manufacturer: \_\_\_\_\_ Model #: \_\_\_\_\_

**ELECTRICAL CONDUIT SUMP PENETRATION FITTINGS**

Manufacturer: \_\_\_\_\_ Model #: \_\_\_\_\_

**FUEL RESISTANT CONCRETE JOINT SEALANT**

Manufacturer: \_\_\_\_\_ Model #: \_\_\_\_\_

**SECONDARY CONTAINMENT TESTING COMPANY (Tester must complete attached application if not currently approved)**

Name: \_\_\_\_\_ Phone #: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_

**PRECISION TESTING COMPANY**

Name: \_\_\_\_\_ Phone #: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_

FOR OFFICE USE ONLY					
DATE RECEIVED _____	RECEIVED BY _____	ASSIGNED TO _____	ENTERED BY _____	ENTERED DATE _____	
PE# _____	AMOUNT DUE _____	AMOUNT PAID _____	CHECK OR CC AUTH # _____	CASH <input type="checkbox"/>	
NONPROFIT: TAX ID # _____	<input type="checkbox"/> VETERAN EXEMPT		DD214 ATTACHED <input type="checkbox"/>	YES <input type="checkbox"/>	NO <input type="checkbox"/>
PR# _____	SF# _____	FA# _____	INVOICE NUMBER _____		
INSPECTOR APPROVED _____				DATE _____	

Permission to complete the specified repair is:  Granted  Denied Date: \_\_\_\_\_

By: \_\_\_\_\_ R.E.H.S.

Conditions \_\_\_\_\_