

**COUNTY OF SAN LUIS OBISPO  
HEALTH AGENCY DIVISION OF ENVIRONMENTAL HEALTH  
AND  
AIR POLLUTION CONTROL DISTRICT  
COMBINED APPLICATION FOR AUTHORITY TO CONSTRUCT & PERMIT TO OPERATE  
UNDERGROUND STORAGE TANKS**

**INSTRUCTIONS:**

- Contact Environmental Health for fee amount
- APCD minimum fee is \$150.00 and will be billed separately  
(Applications are evaluated on a cost recovery basis – this filing will be applied as a credit to the final amount due to the APCD.)
- Use this form for any stationary facility which dispenses gasoline directly into the fuel tanks of motor vehicles

1. Name of Business, Company, Individual Owner, or Government Agency \_\_\_\_\_ 1.a Contact: \_\_\_\_\_

2. Mailing Address (include city, state and zip) \_\_\_\_\_ 2.a Phone: \_\_\_\_\_

3. Facility Name and Address (include city): \_\_\_\_\_ 3.a. Phone: \_\_\_\_\_

4. Operator Name and Address: \_\_\_\_\_ 4.a. Phone: \_\_\_\_\_

5. Other Contacts (If contact is not the same as owner, please attach the APCD Permit Contacts form with the information)  
 Facility Operations:  Same as Owner      Inspections:  Same as Owner  
 Billing:  Same as Owner      Legal/Enforcement Actions:  Same as Owner

6. Describe tank and piping system to be installed, including type of monitoring system, if applicable  
 \_\_\_\_\_  
 \_\_\_\_\_

7. Gasoline storage (submit 2 sets of plans for tank and plumbing):  
 Phase I Type:     Submerged Fill Only     OPW Two-Point     OPW Coaxial     EW Coaxial  
                           Other (please specify) \_\_\_\_\_

8. Gasoline dispensing following construction:  
 Vacuum Assist:     Yes     No    ARB Exec. Order # \_\_\_\_\_  
 Number of nozzles: \_\_\_\_\_ Manufacturer: \_\_\_\_\_ Model: \_\_\_\_\_  
 Length of Hoses: \_\_\_\_\_ Manufacturer: \_\_\_\_\_ Model: \_\_\_\_\_  
 Liquid Removal System (if appl)    Manufacturer: \_\_\_\_\_ Model: \_\_\_\_\_  
 Number of Dispensers: \_\_\_\_\_ Manufacturer: \_\_\_\_\_ Model: \_\_\_\_\_  
 Hose Configuration (see ARB Executive Order G-70-52)    Exhibit # \_\_\_\_\_

9. Installing Contractor: \_\_\_\_\_ 10. Lic. Class: \_\_\_\_\_ #: \_\_\_\_\_

11. Mailing Address: \_\_\_\_\_ 12. Phone: \_\_\_\_\_

13. <u>Timing of Proposed Action</u>	<u>Est. Start Date</u>	<u>Est. End Date</u>	14. <u>Nature of Business</u>
Existing	_____	_____	<input type="checkbox"/> Car rental service
New Construction/Installation	_____	_____	<input type="checkbox"/> Equipment rental service
Transfer of Owner	_____	_____	<input type="checkbox"/> Retail bulk plant cardlock
Transfer of Location	_____	_____	<input type="checkbox"/> Non-retail vehicle fleet
			<input type="checkbox"/> Retail service station
			<input type="checkbox"/> Manufacturing facility
			<input type="checkbox"/> Private home
			<input type="checkbox"/> Non-retail commercial business

15. Straight line distance to nearest K-12 school: \_\_\_\_\_

16. Signature of Responsible Member of Organization: \_\_\_\_\_

17. Type or Print Name and Title: \_\_\_\_\_ 18. Date: \_\_\_\_\_

(Office Use Only)

Date Received Stamp	Environmental Health	APCD Application	APCD Auth. to Construct	APCD Permit to Operate
	Fee: _____	Fee: _____	Fee: _____	Fee: _____
	Receipt #: _____	Receipt #: _____	Receipt #: _____	Receipt #: _____
	Check #: _____	Check #: _____	Check #: _____	Check #: _____
	State Sr. Chg: _____	App #: _____	Date Issued: _____	Date Issued: _____
	Permit #: _____	Ref. App. #: _____	Extended: _____	Permit #: _____