



**Application for the Installation or Upgrade of
Pollutant Storage Tank Systems**

This application details the work involved in the installation or upgrade of regulated pollutant storage tank systems. **Please submit this completed application with the site diagram, certified buoyancy calculations, (if applicable) and a check or money order payable to the Environmental Protection Commission of Hillsborough County for **\$150.00**.** This application must be submitted to the Storage Tank Compliance Department (STC) of the Environmental Protection Commission of Hillsborough County (EPC/HC) at least 30 days prior to initiation of the installation/upgrading activities. We are located at 3629 Queen Palm Dr., Tampa, FL 33619. Please provide the STC with at least 48 hours notification prior to the initiation of the installation or upgrade per 62-761/762, Florida Administrative Code (F.A.C.). Contact Waste Management Division STC at (813) 627-2600 ext. 1316 / Fax (813) 627-2640.

Directions: Complete the following as indicated. **Please note that this office cannot process incomplete applications.**

1. Facility Information:

FDEP FACILITY#	PROPERTY FOLIO #
FACILITY NAME:	
FACILITY ADDRESS:	
OWNER NAME:	PHONE#
OPERATOR NAME:	PHONE#

2. The information in this application pertains to: (check all that apply)

UST AST Upgrade New Installation

Note: If you are closing or removing existing tanks, a Closure Application must be submitted with this application.

3. A comprehensive scope of work must be submitted with this application.

4. **Site plan/Facility diagram:** The diagram should clearly show the following:
- Location of landmarks such as roads and buildings (indicate north arrow).
 - Location of the storage tank system to be installed or upgraded
 - Location and layout of facility, tanks, piping, dispenser island placement, generators, etc., as applicable.
 - Cross section details of tank(s), dispenser liners, and piping sumps.
 - Tank and piping excavation; cross section indicating spacing, burial depth, and tank anchoring.

5. A completed and signed Storage Tank Registration Form (STRF) must be submitted with this application. ***The facility owner or operator must sign the STRF.***

6. A tank and line tightness test as well as a line leak detector test (as applicable) must be performed prior to placing the system in service.

7. Pollutant Storage Systems Specialty Contractor (PSSSC): ***Required only for the installation/upgrading of underground storage tank systems.***

NAME OF LICENSEE:	PSSSC#
COMPANY:	PHONE#
ADDRESS:	
SITE FOREMAN:	PHONE#

8. **Dewatering Information:** If dewatering is necessary and effluent is discharged off site, the contractor must obtain an Industrial Wastewater Short Term Generic Dewatering Permit from the Department of Environmental Protection. Please call 813-632-7600, ext. 303, for more information. Please include a copy of the permit or approval with this application.

9. **Siting for the Installation or Upgrade of Pollutant Storage Tank Systems:**
 62-761.500 (1) (a)/ 62-762.501 (1) (a) Florida Administrative Code (F.A.C.) Siting
(Check the applicable paragraph below)

_____ Persons are advised that, pursuant to Rule 62-521.400(1) (1)-(n) and (2), F.A.C., no storage tank shall be installed within 500 feet of any existing community water supply system or any existing non-transient non-community water supply system. No Category-C system (AST or UST) shall be installed within 100 feet of any other existing potable water supply well.

_____ These prohibitions shall not apply to the replacement of an existing storage tank system within the same excavation or dike field area, or the addition of new storage systems meeting the standards for Category-C systems at an existing facility.

Signature Statement

I have investigated and surveyed all available sources of information concerning siting for this installation. I hereby certify that the siting for the storage tank system installation or upgrade is in accordance with Chapter 62-761/62-762, F.A.C., and it is accurate and complete to the best of my knowledge.

 Print name of contractor
 or authorized agent

 Signature

 Date

COMPLETE THIS PAGE FOR USTs

EQUIPMENT CHECKLIST

(All of the following questions must be answered. If any are not applicable, state so. Do not leave blank.)

STORAGE TANK EQUIPMENT:

- a. Tank(s) manufacturer's name and model #? _____ EQ# _____
- b. Tank(s) construction (primary & secondary)? _____
- c. Tank size(s), if compartmented specify? _____

OVERFILL PROTECTION:

- d. Will Stage I vapor recovery be coaxial or dual point? _____
- e. Manufacturer name and model # of overfill protection? _____ EQ# _____
Type of overfill protection? (i.e. shut-off valve in drop tube, ball float in vent line, high level alarm) _____

SPILL CONTAINMENT:

- f. Manufacturer name and model # of spill containment bucket? _____ EQ# _____

PIPING SUMPS:

- g. Manufacturer name and model # of STP sump? _____ EQ# _____
Manufacturer name and model # of submersible pump? _____

PIPING:

- h. Manufacturer name and model # of integral piping? _____ EQ# _____
- i. Pipe construction (primary & secondary)? _____
- j. Piping construction (if portion is above ground) _____

DISPENSER LINERS:

- k. Manufacturer name and model # of dispenser liner? _____ EQ# _____
- l. Manufacturer name and model # of shear valve? _____

RELEASE DETECTION:

- m. Will the tank interstice be monitored by visual inspections? _____ If not, list the manufacturer's name, model # and EQ# of the interstitial sensor _____
and the manufacturer name and model # of the annunciating panel _____
- m. Will the STP sump be monitored by visual inspection? _____ If not, list the manufacturer's name, model # and EQ# of the sensor _____
- n. Will the dispenser liner be monitored by visual inspection? _____ If not, list the manufacturer's name, model # and EQ# of the sensor _____
- o. Manufacturer's name and model # of line leak detector? _____ EQ# _____

Storage tank equipment installed in the State of Florida must be listed on FDEP's Approved Storage Tank System Equipment, Chapter 62-761.850 F.A.C. For reference a copy of this list can be accessed on the following website:

<http://www.dep.state.fl.us/waste/categories/tanks/default.htm>

COMPLETE THIS PAGE FOR USTs

(All of the following questions must be answered. If any are not applicable, state so. Do not leave blank.)

- a. What is the minimum spacing between tank(s)? _____
- b. How many inches of backfill will be placed under the tank(s)? _____
- c. What is the burial depth of the tank(s) (depth to top of tank)? _____
- d. What is overburden dimension (length*width*thickness)? _____
- e. Will dead men be used to anchor tank(s)? _____ If yes, list dimensions _____
- f. What type of backfill will be used for tank(s)? _____
- g. What type of backfill will be used for piping? _____
- h. What is the minimum spacing between piping? _____
- i. What is the piping burial depth? _____ What is the slope from dispenser back to sump? _____
- j. Buoyancy safety factor? _____ Buoyancy calculations must be sealed by a State of Florida licensed P.E. Submit buoyancy calculations with this application.

COMPLETE THIS PAGE FOR ASTs

INSTALLATION/EQUIPMENT CHECKLIST

(All of the following questions must be answered. If any are not applicable, state so. Do not leave blank.)

STORAGE TANK EQUIPMENT:

- a. Tank(s) manufacturer name and model #? _____ EQ# _____
- b. Number & size(s) of regulated tanks that will be installed? _____
- c. If day tank(s) are being installed, list sizes. _____
- d. Tank(s) construction (primary & secondary)? _____
- e. Tank sizes if compartmented? _____

For double wall tanks:

- Foundation _____
- Concrete pad dimensions _____

For single wall tanks:

Secondary containment:

- Dimension of secondary containment _____
- Is containment large enough to contain 110% of largest tank volume (taking into account the base of any other tanks within the containment)? _____
- Include a diagram of secondary containment detailing floor & wall construction including rebars and thickness, pipe penetrations, low point sumps, tank pedestals, drains, etc.
- Manufacturer and name of sealant for secondary containment _____ EQ# _____

OVERFILL PROTECTION:

- f. Manufacturer's name and model # of overfill protection? _____ EQ# _____
- k. Type of overfill protection? (i.e. shut-off valve, sight gauge, high level alarm, secondary containment) _____

SPILL CONTAINMENT:

- l. Manufacturer's name and model # of spill containment bucket? _____ EQ# _____

PIPING:

- n. Manufacturer's name and model # of integral piping? _____ EQ# _____
- o. Primary pipe construction? _____
- p. Secondary pipe construction (if in contact with soil)? _____
- q. Diameter of piping? _____

PIPING SUMPS:

- r. Manufacturer's name and model # of transition sump? _____ EQ# _____

DISPENSER LINERS:

- s. Manufacturer's name and model # of dispenser liner? _____ EQ# _____
- t. Manufacturer's name and model # of shear valve? _____

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INSTALLATION/EQUIPMENT CHECKLIST

(All of the following questions must be answered. If any are not applicable, state so. Do not leave blank.)

VALVES:

- u. Manufacturer(s) name and model # of anti-siphon valve? _____
- v. Manufacturer(s) name and model # of manual valve? _____

RELEASE DETECTION:

- w. Will the storage tank system (secondary containment) be monitored visually for release detection? _____
If not, list the manufacturer(s) name, model # and EQ# of the leak sensor(s) _____
_____ and the manufacturer(s) and model name of the annunciating panel _____
- x. Manufacturer(s) name and model # of line leak detector? _____ EQ# _____

TANKS EXTERIOR:

- y. Tanks must be fills be properly labeled. _____
- z. Proper exterior coating must be applied for tanks and piping. _____

Storage tank equipment installed in the State of Florida must be listed on FDEP's Approved Storage Tank System Equipment, Chapters 62-762.851 F.A.C. For reference a copy of this list can be accessed on the following website:

<http://www.dep.state.fl.us/waste/categories/tanks/default.htm>

EPC of Hillsborough County Installation Inspection Protocol

• ***A 48-hour notice is required for all inspections. To schedule an inspection, contact EPC’s Waste Management Division receptionist at (813) 627-2600 ext. 1316 or 1346.***

• Be ready for your scheduled appointment. EPC inspectors will not wait for glue to dry, sumps to be filled, lines to be aired, etc.

• If you cannot keep your scheduled appointment, you must call the EPC’s Waste Management Division office prior to your appointment to cancel or reschedule.

• ***EPC is not the contractor’s quality control.*** All items scheduled to be inspected should have been tested and all necessary corrections/repairs should have been made by the contractor prior to EPC’s inspection. **Failed inspections must be rescheduled for no earlier than the next business day.**

• ***Prior to placing the system in service, a final inspection must be performed on the following (if applicable):*** Operability check on the sensors and shear valves; in-line leak detector, spill bucket, product labels, overflow protection and drop tube installed; shear valves anchored; secondary piping boots pulled back; and dispenser liners and tank sumps cleaned out. **Copies of tank and/or line tightness tests must be made available at final inspection. The contractor and the owner/operator must be present for this inspection. For new facilities, a copy of the Financial Responsibility must be provided at final inspection.**

• EPC sign off sheet must be available on site for the EPC inspector to sign. **Upon completion of installation, a PSSSC Form must be submitted to EPC.**

Signature Statement

• I hereby certify that the information provided on this form and attached with this application is accurate and complete to the best of my knowledge, and that I have investigated all available sources of information before indicating that any details are unknown or unavailable.

• I hereby certify that the storage tank system installation or upgrade will be performed in accordance with Chapter 62-761/62-762, F.A.C., and with its adopted reference standards and documents for storage tank systems.

Print name of contractor/authorized agent	Signature	Date
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Print name of owner/operator	Signature	Date
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Owner/operator and contractor must be on site during the final inspection.