Application for the Installation or Upgrade of Pollutant Storage Tank Systems

This application must be submitted for work involving the installation or upgrade of regulated pollutant storage tank systems pursuant to Chapter 1-12, Rules of the EPC. This application must be submitted at least 30 to 45 days before the installation of a storage tank system or system component (unless the EPC agrees to a shorter time) to the Storage Tank Compliance Department (STC) of the Environmental Protection Commission of Hillsborough County at 3629 Queen Palm Dr., Tampa, FL 33619. Submit this completed application with site plans, certified buoyancy calculations (if applicable) and a check or money order payable to the Environmental Protection Commission of Hillsborough County for $170.00. Please note that this office will not process incomplete applications.

*Provide at least 48 to 72 hours written notification to EPC prior to the initiation of the installation of a storage tank system or system component per Chapter 62-761/762, Florida Administrative Code (F.A.C.). Contact the EPC's Waste Management Division STC at (813) 627-2600 ext. 1000.

1. Facility Information:

<table>
<thead>
<tr>
<th>FDEP FACILITY#</th>
<th>PROPERTY FOLIO #</th>
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<tbody>
<tr>
<td>FACILITY NAME:</td>
<td></td>
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<tr>
<td>FACILITY ADDRESS:</td>
<td></td>
</tr>
<tr>
<td>OWNER NAME:</td>
<td>PHONE#</td>
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<tr>
<td>OPERATOR NAME:</td>
<td>PHONE#</td>
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2. The information in this application pertains to: (check all that apply)

_____Underground Storage Tanks (UST)      ___Aboveground Storage Tank (AST)

___New Installation          ___Piping upgrade

Is the Aboveground Storage Tank(s) new or used/relocated? ________________ If AST(s) are used or relocated, provide the historical information for each tank. Historical information needed includes previous owner’s name and address, how long tank(s) were in and out of service and the previous use. Note: Relocated ASTs must be reinstalled in accordance with the tank’s manufacturer’s specifications, if applicable, and in accordance with the standards of Rule 62-762.501. If AST is used with no FDEP approval or UL 142 markings, the AST must be recertified by a state of Florida P.E. or tank’s manufacturer. Provide all applicable documentation as an attachment to this application.

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Note: If you are closing or removing any existing tanks, a Closure Application must be submitted with this application. (See EPC’s website at www.epchc.org).

3. Provide a written comprehensive scope of work detailing the proposed installation activities.

4. Facility diagram / Installation Plans:

   a) The diagram should clearly show the following:
      • General location of landmarks such as roads and buildings
      • Facility layout
      • Drawing must be scaled and indicate north arrow.

   b) Installation Plans should show the following:
      • Location of the storage tank system to be installed or upgraded
      • Detailed layout of facility, tanks, piping, dispenser island placement, and generators, as applicable.
      • For USTs and piping excavation, provide a cross section indicating the following: tank spacing, burial depth, method of tank anchoring, tank fills, sumps and dispenser sumps.
      • For ASTs, provide a cross section detailing tank(s) piping, dispenser liners and piping sumps.
      • Details showing tank fill, tank interstice and tank pad location.
      • Drawing must be scaled and indicate north arrow.

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. See EPC’s website at www.epchc.org.

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

<table>
<thead>
<tr>
<th>NAME OF LICENSEE:</th>
<th>PSSSC#</th>
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<tbody>
<tr>
<td>COMPANY:</td>
<td>PHONE#</td>
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<tr>
<td>ADDRESS:</td>
<td>PHONE#</td>
</tr>
<tr>
<td>SITE FOREMAN:</td>
<td>PHONE#</td>
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7. 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 813-470-5736, for more information. Please include a copy of the permit or approval with this application.

8. Wellhead Protection:

Wellhead Protection. Persons are advised that Chapter 62-521, F.A.C., contains restrictions regarding the location of storage tank systems within 500 feet of a potable water well.
USTs INSTALLATION CHECKLIST

Storage tank equipment installed in the State of Florida must be listed on FDEP’s Approved Storage Tank System Equipment, Chapters 62-761.850 F.A.C. A copy of this list can be accessed on the following websites: http://www.dep.state.fl.us/waste/categories/tanks/default.htm. All of the following questions must be answered or state if not applicable. Do not leave any fields blank.

STORAGE TANK EQUIPMENT:
- a) Tank(s) manufacturer’s name and model #_______________________________ EQ#________
- b) Tank(s) construction (primary & secondary)____________________________
- c) Number & size(s) of regulated tanks that will be installed________________
- d) If tank(s) are compartmented specify sizes________________________________

OVERFILL PROTECTION:
- e) Manufacturer’s name and model # of overfill protection __________________ EQ#________
  Type of overfill protection? (i.e. shut-off valve in drop tube, high level alarm)____________
- f) Will Stage I vapor recovery be coaxial or dual point? ______________________________

SPILL CONTAINMENT:
- g) Manufacturer’s name and model # of spill containment bucket __________________ EQ#________

PIPING:
- h) Manufacturer’s name and model # of integral piping__________________________ EQ#________
- i) Piping construction (primary & secondary)______________________________
- j) Piping construction and diameter (if portion is above ground)________________________

PIPING SUMPS:
- k) Manufacturer’s name and model # of STP sump ______________________________ EQ#________
- l) Manufacturer’s name and model # of submersible turbine pump______________

DISPENSER LINERS: (Must be properly sized for dispenser pump)
- m) Manufacturer’s name and model # of dispenser liner _________________________ EQ#________
- n) Manufacturer’s name and model # of shear valve ____________________________

RELEASE DETECTION:
- o) Will the storage tank interstice be monitored by visual inspections?__________ If not, list the manufacturer’s name, model # and EQ# of the interstitial sensor ______________________ and/or the manufacturer’s name and model # and EQ# of the annunciating panel____________________
- p) Will the piping sump or transition sump be monitored by visual inspection?_______ If not, list the manufacturer’s name, model # and EQ# of the sensor ____________________________
- q) Will the dispenser liner be monitored by visual inspection?_________ If not, list the manufacturer’s name, model # and EQ# of the sensor __________________________
- r) Manufacturer’s name and model # of line leak detector _________________________ EQ#________
USTs INSTALLATION CHECKLIST
(Cont’d)

All of the following questions must be answered or state if not applicable. Do not leave any fields 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 x width x thickness in feet)? ______________

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 piping slope from dispenser liner to tank? ________.

j) Buoyancy safety factor ______ Buoyancy calculations must be sealed by a State of Florida licensed P.E. and submitted with this application.

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ASTs INSTALLATION & EQUIPMENT CHECKLIST

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. A copy of this list can be accessed on the following websites: http://www.dep.state.fl.us/waste/categories/tanks/default.htm. All of the following questions must be answered or state if not applicable. Do not leave any fields blank.

STORAGE TANK EQUIPMENT:

a) Tank(s) manufacturer’s 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) primary construction ____________________________________________
   Tank(s) secondary construction ____________________________________________
e) Tank sizes if compartmented ____________________________________________
   __________________________ __________________________

For double walled tanks:
- Foundation / Concrete pad dimensions (LxWxH) ________________________________

For single walled tanks with concrete dike 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)? Yes ___ No _____
- Include a diagram of secondary containment detailing the floor & wall construction including rebars and thickness, pipe penetrations, containment sumps, tank pedestals, drains, etc.
- Manufacturer’s and name of sealant for secondary containment
  EQ#________________________________________

OVERFILL PROTECTION:

f) Manufacturer’s name and model # _________________________________ EQ# ________
g) Type of overfill protection for each tank (i.e. shut-off valve, sight gauge, high level alarm, secondary containment)
   ____________________________________________

SPILL CONTAINMENT:

h) Manufacturer’s name and model # of spill containment bucket for each tank
   ____________________________ EQ# ________

PIPING:

i) Manufacturer’s name and model # of integral (underground) piping __________________________
   EQ# ________
   Primary pipe construction of integral piping ____________________________________________
   Secondary pipe construction of integral piping ____________________________________________
   Aboveground piping construction and diameter ____________________________________________
   Note: Line leak detector is required for pressurized underground piping

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Manufacturer’s name and model # of line leak detector ______________________ EQ# __________

PIPING SUMPS:

j) Manufacturer’s name and model # of transition sump ________________________ EQ# ______

DISPENSER LINERS: (Must be properly sized for dispenser pump)

k) Manufacturer’s name and model # of dispenser liner ________________________ EQ# ______
l) Manufacturer’s name and model # of shear valve ________________________________

VALVES:

m) Manufacturer’s name and model # of anti-siphon valve or solenoid valve __________
n) Manufacturer’s name and model # of manual valve ________________________________

RELEASE DETECTION:

o) For double walled storage tank(s), will the tank interstice be monitored manually? _______ If not, list the manufacturer’s name, model # and EQ# of the release detection devices __________ and/or the manufacturer’s name and model # and EQ# of the annunciating panel __________
p) Will the piping sump or transition sump be monitored by visual inspection? _________ If not, list the manufacturer’s name, model # and EQ# of the sensor ________________________________

q) Will the dispenser liner be monitored by visual inspection? _______ If not, list the manufacturer’s name, model # and EQ# of the sensor ________________________________

TANK(S) EXTERIOR:

r) Storage tank system(s) must have proper exterior coating applied to the tank(s) and piping.

s) Storage tank(s) must be properly labeled in accordance with API RP 1637 Third edition 2006.
EPC of Hillsborough County Installation Inspection Protocol

* 48-hour notice is required for all inspections. To schedule an inspection, contact EPC’s Waste Management Division receptionist at (813) 627-2600 ext. 1000.

*EPC is not the contractor’s quality control. All items scheduled to be inspected must be tested with all necessary corrections/repairs completed by the contractor prior to EPC’s inspection. If you are not ready for your scheduled appointment, you must call the EPC’s Waste Management Division office at least one hour prior to your appointment to cancel or reschedule. Failed inspections may be rescheduled for the next business day or thereafter.

* Prior to placing the system in service, a final inspection must be performed by EPC staff. The owner/operator and contractor must be present at the final inspection. The following components must be installed by the time of inspection: in-line leak detectors, spill buckets, anchored shear valves, overfill protection, release detection devices and drop tubes as applicable to the system. In addition, the following must be completed: tank(s) and /or line tightness tests, operability tests on sensors, secondary piping interstice opened or boots pulled back, proper labeling posted, exterior coating applied, and dispenser liners and piping sumps cleaned out.

*Copies of tank and/or line tightness tests, sensor operability tests and overfill protection tests must be submitted to EPC office prior to scheduling final inspection. For new facilities, a copy of the Storage Tank Registration Placard and proof of Financial Responsibility must be provided prior to receiving fuel for the storage tank(s).

* Within 21 days of completion of the underground storage tank installation, submit an Underground Storage System Installation and Removal Form for Certified Contractors to EPC’s office.

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. I have also investigated all available sources of information before indicating if any details are unknown or unavailable.

* I hereby certify that the storage tank system installation will be performed in accordance with Chapter 62-761/62-762, F.A.C.

Print Contractor/Authorized Agent ___________________________ Signature ___________________________ Date ___________________________

Print Owner/Operator ___________________________ Signature ___________________________ Date ___________________________

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