

SOLID AND HAZARDOUS WASTE BRANCH

Underground Storage Tank Program

2827 Waimano Home Road #100 • Pearl City, Hawaii 96782

Phone: 808 - 586- 4226 • Fax: 808-586-7509 • <http://health.hawaii.gov/shwb/underground-storage-tanks/>

APPLICATION FOR AN UNDERGROUND STORAGE TANK PERMIT

Return completed form to:

Solid and Hazardous Waste Branch
Underground Storage Tank Program
2827 Waimano Home Road #100
Pearl City, Hawaii 96782

Facility ID Number: _____

Type Of Notification:

Installation and Operation (\$300)

Operation (\$300)

Modification - except for temporary & permanent closure (\$200)

State Use Only

Date received: _____

Permit Number: _____

Permit Fee: _____

Date Paid: _____

Receipt Number: _____

Comments: _____

I. LOCATION OF TANK(S)

Facility Name or Company Site identifiers

Location Contact Person

Location Address (P.O. Box not acceptable)

City

State

Zip Code

Island

Tax Map Key #

Location Phone # (w/ area code)

Location Fax # (w/ area code)

II. CONTACT PERSON IN CHARGE OF TANK(S)

Name

Job / Position Title

Mailing Address

City

State

Zip Code

Phone # (w/ area code)

Fax # (w/ area code)

E-mail Address

III. OWNER OF TANK(S)

Owner Name (Corporation, Individual, Public Agency, or Other Entity) _____

Mailing Address _____ City _____ State _____ Zip Code _____

Phone # (w/ area code) _____ Fax # (w/ area code) _____ E-mail Address _____

IV. OPERATOR OF TANK(S) (if same as Section III, check here)

Operator Name (Corporation, Individual, Public Agency, or Other Entity) _____

Mailing Address _____ City _____ State _____ Zip Code _____

Phone # (w/ area code) _____ Fax # (w/ area code) _____ E-mail Address _____

V. CONTRACTOR

Company Name _____ Contact Person Name _____

Mailing Address _____ City _____ State _____ Zip Code _____

Phone # (w/ area code) _____ Fax # (w/ area code) _____ E-mail Address _____

VI. TYPE OF OWNER

Federal Government (Military)
Local Government

Federal Government (Non-Military)
Marketer

State Government
Non-Marketer

VII. TYPE OF FACILITY (Select the appropriate facility description)

- | | | | |
|---------------------|--------------|-----------------------|---|
| Airline | Contractor | Petroleum Distributor | Service Centers/Auto Repair/Maintenance |
| Auto Dealership | Farm | Police Station | Trucking/Transporter |
| Baseyard | Fire Station | Residential | Utilities |
| Car Rental | Gas Station | Resort/Hotel | Wastewater Treatment Plants |
| Cleaner/Laundromat | Golf Course | School | Wholesaler/Retailer |
| Communication Sites | Hospital | Other (Explain) _____ | |

VIII. FINANCIAL RESPONSIBILITY (Check all that apply)

- | | | |
|----------------------------------|------------------|--------------------------------------|
| Commercial Insurance | Letter of Credit | Local Government Bond Rating Test |
| Financial Test of Self Insurance | Surety Bond | Other Method Allowed (Specify) _____ |
| Guarantee | Trust Fund | Exempt: State or Federal Agency |

Checking one or more of the above boxes attests to the fact that the financial responsibility requirements in subchapter 8 of chapter 11-280.1, Hawaii Administrative Rules, are met using the selected mechanism(s) as of the date of the certification below.

IX. FACILITY DRAWING

Include a drawing showing the general layout of the facility. This drawing should be no larger than 11 by 17 inches and preferably to scale. This drawing should show the following:

- A. The property boundaries of the facility;
- B. Identification of streets, roads and nearby bodies of water;
- C. Identification of nearby facilities;
- D. Tax Map Key (TMK) Numbers;
- E. Location of buildings at the facility;
- F. The approximate dimensions of the property boundaries and major buildings;
- G. Location of all USTs and dispenser pumps (identified by number/s consistent with the tank & dispenser pump numbers in Sections XI and XII), and associated pipings; and
- H. Indication of North/South direction.

X. LOCATION MAP

Include a map showing the location of the tanks with respect to nearby landmarks. The map should indicate roads and landmarks to a level of detail such that the site would be easily located.

XI. DESCRIPTION OF TANK(S) (Complete for each tank at this location)

Tank Number	Tank No.____	Tank No.____	Tank No.____	Tank No.____	Tank No.____
1. Status of Tank (Mark only one)					
A. Currently in Use					
B. Temporarily Out of Use					
2. Date of Installation (month/year)					
3. Estimated Capacity (gallons)					
A. Compartmentalized? Yes/No					
Estimated compartment capacity (gallons)					
B. Manifolder? Yes/No					
4. Substance Stored					
A. Gasoline (Specify product grade)					
B. Diesel					
C. Gasohol (Including ethanol blends) Specify product grade					
D. Kerosene					

Tank Number	Tank No. _____		Tank No. _____		Tank No. _____		Tank No. _____		Tank No. _____	
11. Release Detection (Mark all that apply)	TANK	PIPE	TANK	PIPE	TANK	PIPE	TANK	PIPE	TANK	PIPE
A. Manual tank gauging		NA		NA		NA		NA		NA
B. Tank tightness testing		NA		NA		NA		NA		NA
C. Inventory control		NA		NA		NA		NA		NA
D. Automatic tank gauging		NA		NA		NA		NA		NA
E. Vapor monitoring										
F. Groundwater monitoring										
G. Interstitial monitoring										
H. Statistical inventory reconciliation										
I. Automatic line leak detectors (Yes/No) If YES , specify type.	NA		NA		NA		NA		NA	
J. Line tightness testing	NA		NA		NA		NA		NA	
K. Other method approved by the Department. Please specify										

XII. DESCRIPTION OF DISPENSER AND UNDER DISPENSER CONTAINMENT
(Attach additional sheet if necessary.)

Dispenser Unit	Manufacturer of Dispenser	Dispenser Serial #	Under Dispenser Containment installed (Yes/No) - Installation Date
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			
11			
12			

XIII. OPERATOR'S CERTIFICATION (Read and sign after completing all sections)

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 immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete.

Name of operator or operator's authorized representative (Print or Type)	Official Title
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Signature	Date Signed
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Status of Signatory (Mark as appropriate)

- 1. Corporation: principal executive officer
 duly authorized representative
- 2. Partnership: general partner
- 3. Sole proprietorship: proprietor
- 4. Government entity: principal executive officer
 ranking elected official
 duly authorized employee

XIV. OWNER'S CERTIFICATION (Read and sign after completing all sections)

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 immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete.

Name of owner or owner's authorized representative (Print or Type)	Official Title
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Signature	Date Signed
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Status of Signatory (Mark as appropriate)

- 1. Corporation: principal executive officer
 duly authorized representative
 - 2. Partnership: general partner
 - 3. Sole proprietorship: proprietor
 - 4. Government entity: principal executive officer
 ranking elected official
 duly authorized employee
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