

**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 TRANSFER OF 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: \_\_\_\_\_

Current Permit Number: \_\_\_\_\_

Updated Permit Number: \_\_\_\_\_

Transfer Fee: \$50

Type of Notification: (Check all that apply)

Change of Owner

Change of Operator

**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. 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) _____ |   |

**VI. FINANCIAL RESPONSIBILITY (Check all that apply)**

- |                                  |                  |                                      |
|----------------------------------|------------------|--------------------------------------|
| Commercial Insurance             | Letter of Credit | Surety Bond                          |
| Financial Test of Self Insurance | Surety Bond      | Other Method Allowed (Specify) _____ |
| Guarantee                        | Surety Bond      | 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.

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

Tank Number	Tank No.____	Tank No.____	Tank No.____	Tank No.____	Tank No.____
1. Date of Transfer					
2. Date of Installation (month/year)					
3. Estimated Capacity (gallons)					
Compartmentalized? Yes/No					
Estimated compartment capacity (gallons)					
Manifolded? Yes/No					
4. Substance Stored					
A. Gasoline (specify product grade)					
B. Diesel					
C. Gasohol (including ethanol blends) Specify product grade					
D. Kerosene					
E. Used Oil / Waste Oil					

