

# 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 GovernmentFederal Government (Non-Military)  
MarketerState 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._____
<b>1. Status of Tank (Mark only one)</b>					
A. Currently in Use					
B. Temporarily Out of Use					
<b>2. Date of Installation (month/year)</b>					
<b>3. Estimated Capacity (gallons)</b>					
A. Compartmentalized? Yes/No					
Estimated compartment capacity (gallons)					
B. Manifolder? Yes/No					
<b>4. Substance Stored</b>					
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. _____
E. Used Oil/Waste Oil					
F. JP-4					
G. Non-Petroleum Hazardous Substance (CERCLA name and/or CAS #)					
H. Mixture of Substances (Please specify)					
I. Other, please specify.					
5. Substance Compatible with Tank and Piping? Yes/No					
6. Tank (Mark all that apply)					
A. Manufacturer and Model					
B. Underwriters Laboratory No.					
C. Primary Containment Material or Single-Walled Tank					
i. Fiberglass reinforced plastic					
ii. Steel					
iii. Other, please specify.					
D. Secondary Containment Material					
i. Fiberglass reinforced plastic					
ii. Steel					
iii. Other, please specify.					
iv. None					
E. Corrosion Protection (except Fiberglass reinforced plastic tanks)					
i. Fiberglass coated steel					
ii. Double-walled steel					
iii. Impressed current system					
iv. Sacrificial anode system					
v. Corrosion expert determination					
vi. Other, please specify.					
7. Piping					
A. Manufacturer and Model					
B. Underwriters Laboratory No.					

Tank Number	Tank No. _____	Tank No. _____	Tank No. _____	Tank No. _____	Tank No. _____
<b>C. Primary Containment Material or Single-Walled Piping</b>					
i. Fiberglass reinforced plastic					
ii. Flex piping					
iii. Steel					
iv. Other, please specify.					
<b>D. Secondary Containment Material</b>					
i. Fiberglass reinforced plastic					
ii. Flex piping					
iii. Lined trench					
iv. Other, please specify.					
v. None					
<b>E. Corrosion Protection (except fiberglass reinforced plastic piping)</b>					
i. Fiberglass coated steel					
ii. Impressed current system					
iii. Sacrificial anode system					
iv. Corrosion expert determination					
v. Other, please specify.					
<b>8. Method of Product Dispensing</b>					
A. Unsafe Suction (valve at tank)					
B. Safe Suction (no valve at tank)					
C. Pressure					
D. Not Applicable					
<b>9. Spill prevention equipment</b>					
A. Manufacturer and Model					
B. Capacity (gallons)					
<b>10. Overfill prevention equipment</b>					
A. Automatic shutoff device (flapper) Make and Model					
B. Overfill alarm Make and Model					
C. Ball float valve Make and Model					

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 <b>YES</b> , 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\_\_\_\_\_  
Signature\_\_\_\_\_  
Date Signed

Status of Signatory (Mark as appropriate)

- |    |                      |   |
|----|----------------------|---|
| 1. | Corporation:         | principal executive officer<br>duly authorized representative                       |
| 2. | Partnership:         | general partner   |
| 3. | Sole proprietorship: | proprietor  |
| 4. | Government entity:   | principal executive officer<br>ranking elected official<br>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\_\_\_\_\_  
Signature\_\_\_\_\_  
Date Signed

Status of Signatory (Mark as appropriate)

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