

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 RENEWAL 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 No.: _____

Updated Permit No.: _____

Renewal Fee \$100

State Use Only

Date received: _____

Date entered into computer: _____

Data clerk's initials: _____

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. 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.

VI. 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 Installation (mo/year)					
2. Estimated Capacity (gallons)					
Compartmentalized? Yes/No					
Estimated compartment capacity (gallons)					
Manifolded? Yes/No					
3. Substance Stored					
A. Gasoline (Specify grade of product)					
B. Diesel					
C. Gasohol (Including ethanol blends) Specify grade of product					
D. Kerosene					
E. Used Oil / Waste Oil					
F. JP-4					
G. Non-Petroleum Hazardous Substance (CERCLA name and/or CAS #)					

Tank Number	Tank No.____	Tank No.____	Tank No.____	Tank No.____	Tank No.____
H. Mixture of Substances Please specify					
I. Other, please specify.					

Did you have any repairs since your last application? YES NO

If yes, please indicate the date of the repair and what action was taken:

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

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