

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 • <https://health.hawaii.gov/ust/>

APPLICATION FOR RENEWAL OF AN UNDERGROUND STORAGE TANK PERMIT

Return completed form, at least 180 days prior to the expiration of the existing permit, to:

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

DOH Facility ID Number: _____

Current Permit Number: _____

Renewal Fee \$100 (Make check payable to the "State of Hawaii")

State Use Only

Date Application Received: _____

Date Permit Fee Paid: _____

Date Application Completed: _____

Updated Permit Number: _____

Comments: _____

Section 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 #1 (w/ area code)

Location Phone #2, if any (w/ area code)

Location Fax, if any (w/ area code)

Section II: OWNER OF TANK(S)

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

Name of Owner or Owner's Authorized Representative

Mailing Address

City

State

Zip Code

Phone Number (w/ area code)

Alternative Phone Number (w/ area code)

E-mail Address

Section III: OPERATOR OF TANK(S) (if the same as Section II, check here ___)

Operator Name (Corporation, Individual, Public Agency, or Other Entity) _____ Name of Operator or Operator's Authorized Representative _____

Mailing Address _____ City _____ State _____ Zip Code _____

Phone Number (w/ area code) _____ Alternative Phone Number (w/ area code) _____ E-mail Address _____

Section IV: CONTACT PERSON IN CHARGE OF TANK(S)

Name _____ Company Name _____ Job/Position Title _____

Mailing Address _____ City _____ State _____ Zip Code _____

Phone Number (w/ area code) _____ Alternative Phone Number (w/ area code) _____ E-mail Address _____

Section V: TYPE OF OWNER

<input type="checkbox"/>	Federal Government (Military)	<input type="checkbox"/>	Federal Government (Non-Military)	<input type="checkbox"/>	State Government
<input type="checkbox"/>	Local Government	<input type="checkbox"/>	Marketer	<input type="checkbox"/>	Non-Marketer

Section VI: TYPE OF FACILITY (Select the appropriate facility description)

<input type="checkbox"/>	Airline	<input type="checkbox"/>	Contractor	<input type="checkbox"/>	Petroleum Distributor	<input type="checkbox"/>	Service Centers/Auto Repair/Maintenance
<input type="checkbox"/>	Auto Dealership	<input type="checkbox"/>	Farm	<input type="checkbox"/>	Police Station	<input type="checkbox"/>	Trucking/Transporter
<input type="checkbox"/>	Baseyard	<input type="checkbox"/>	Fire Station	<input type="checkbox"/>	Residential	<input type="checkbox"/>	Utilities
<input type="checkbox"/>	Car Rental	<input type="checkbox"/>	Gas Station	<input type="checkbox"/>	Resort/Hotel	<input type="checkbox"/>	Wastewater Treatment Plants
<input type="checkbox"/>	Cleaner/Laundromat	<input type="checkbox"/>	Golf Course	<input type="checkbox"/>	School	<input type="checkbox"/>	Wholesaler/Retailer
<input type="checkbox"/>	Communication Sites	<input type="checkbox"/>	Hospital	<input type="checkbox"/>	Other (explain)		

Section VII: FINANCIAL RESPONSIBILITY (Check all that apply)

<input type="checkbox"/>	Commercial Insurance	<input type="checkbox"/>	Letter of Credit	<input type="checkbox"/>	Local Government Bond Rating Test
<input type="checkbox"/>	Financial Test of Self Insurance	<input type="checkbox"/>	Surety Bond	<input type="checkbox"/>	Other Method Allowed (specify):
<input type="checkbox"/>	Guarantee	<input type="checkbox"/>	Trust Fund	<input type="checkbox"/>	Exempt: State Agency 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.

Section VIII: UPDATED LOCATION MAP AND FACILITY DRAWING

1. 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.

2. 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:

<input type="checkbox"/>	A. The property boundaries of the facility;
<input type="checkbox"/>	B. Identification of streets, roads, and nearby bodies of water;
<input type="checkbox"/>	C. Identification of nearby facilities;
<input type="checkbox"/>	D. Tax Map Key (TMK) numbers;
<input type="checkbox"/>	E. Location of buildings at the facility;
<input type="checkbox"/>	F. The approximate dimensions of the property boundaries and major buildings;
<input type="checkbox"/>	G. Location of all USTs and dispenser systems (identified by number/s consistent with the tank & dispenser system numbers in Sections IX and X), and associated pipings; and
<input type="checkbox"/>	H. Indication of North/South direction.

Section IX: DESCRIPTION OF EXISTING TANK(S) OR TANK SYSTEM(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 Closed					
2. Date of Installation (mm/yyyy)					
3. Estimated Total Capacity of Tank (gallons)					
A. Compartmentalized? Yes/No					
Estimated Compartment Capacity (gallons)					
B. Tanks Manifolderd? Yes/No					
4. Substance Stored (Mark only one)					
A. Gasoline, specify product grade					
B. Diesel					
C. Gasohol (Including ethanol blends), specify product grade					
D. Kerosene					
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 & Piping? Yes/No					
6. Tank (Mark all that apply)					
A. Manufacturer and Model					
i. Is this a co-structural tank? If yes , specify original tank manufacturer, make and model					
ii. Is this a structural tank? If yes , specify original tank manufacturer, make and model					
B. Underwriters Laboratory (UL) Number					

C. Primary Containment Material or Single-Walled Tank (Mark only one)					
i. Fiberglass reinforced plastic					
ii. Steel					
iii. Other, please specify.					
D. Secondary Containment Material (Mark only one)					
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 (UL) Number					
C. Primary Containment Material or Single-Walled Piping (Mark only one)					
i. Fiberglass reinforced plastic					
ii. Flex piping					
iii. Steel					
iv. Other, please specify					
D. Secondary Containment Material (Mark only one)					
i. Fiberglass reinforced plastic					
ii. Flex piping					
iii. Lined trench					
iv. Other, please specify					
v. None					

E. Corrosion Protection (except fiberglass reinforced plastic piping)										
i. Fiberglass coated steel										
ii. Impressed current system										
iii. Sacrificial anode system										
iv. Corrosion expert determination										
v. Other, please specify										
8. Method of Product Dispensing (Mark only one)										
A. Unsafe Suction (valve at tank)										
B. Safe Suction (no valve at tank)										
C. Pressure										
D. Not Applicable										
9. Spill Prevention Equipment										
A. Manufacturer and Model										
B. Estimated Capacity (gallons)										
10. Overfill Prevention Equipment (Mark all that apply)										
A. Automatic shutoff device (flapper) Make and Model										
B. Overfill alarm Make and Model										
C. Ball float valve Make and Model										
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 (mechanical or electronic)	NA		NA		NA		NA		NA	
J. Line tightness testing	NA		NA		NA		NA		NA	
K. Other method approved by the Department. Please specify										

Section X: DESCRIPTION OF DISPENSER/S AND UNDER DISPENSER CONTAINMENT/S
(Attach additional sheet if necessary)

Dispenser Unit #	Dispenser Unit Manufacturer, Make or Model	Dispenser Unit Serial #	Dispenser System Installation Date (Provide ONLY if installation was on or after 8/9/2013)	Under Dispenser Containment (UDC) Installed (Yes/No?)
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				

Section XI: 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.

PRINT Name of Operator or Operator's Authorized Representative

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

Section XII: 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.

PRINT Name of Owner or Owner's Authorized Representative

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