

# 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 TRANSFER OF AN UNDERGROUND STORAGE TANK PERMIT

**Return completed form, at least 30 days prior to the proposed effective date of transfer, 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: \_\_\_\_\_

Reason for Transfer:     Change of Owner  
                                   Change of Operator

Transfer Fee \$50 (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: CURRENT OWNER OF TANK(S)

Owner Name (Corporation, Individual, Agency, or Other Entity) \_\_\_\_\_ Name of Owner or Owner's Duly Authorized Representative \_\_\_\_\_

Mailing Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

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

**Section III: PROSPECTIVE NEW OWNER OF TANK(S)**

Prospective New Owner Name (Corporation, Individual, Agency, or Other Entity) \_\_\_\_\_ Name of Prospective New Owner or Owner's Duly Authorized Representative \_\_\_\_\_

Mailing Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

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

**Section IV: PROSPECTIVE NEW OPERATOR OF TANK(S)  
(if the same as Section III, check here \_\_\_)**

Prospective New Operator Name (Corporation, Individual, Agency, or Other Entity) \_\_\_\_\_ Name of Prospective New 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 V: 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 VI: TYPE OF OWNER OR PROSPECTIVE NEW 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 VII: 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 VIII: 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 IX: 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 X and XI), and associated pipings; and
<input type="checkbox"/>	H. Indication of North/South direction.

**Section X: 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. Date or Proposed Date of Transfer					
2. Status of Tank (Mark only one)					
A. Currently in Use					
B. Temporarily Closed					
3. Date of Installation (mm/yyyy)					
4. Estimated Total Capacity of Tank (gallons)					
A. Compartmentalized? <b>Yes/No</b>					
Estimated Compartment Capacity (gallons)					
B. Tanks Manifolderd? <b>Yes/No</b>					
5. 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.					
6. Substance Compatible with Tank & Piping? <b>Yes/No</b>					
7. Tank (Mark all that apply)					
A. Manufacturer and Model					
i. Is this a co-structural tank? If <b>yes</b> , specify original tank manufacturer, make and model					
ii. Is this a structural tank? If <b>yes</b> , 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					
8. 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											
9. 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											
10. Spill Prevention Equipment											
A. Manufacturer and Model											
B. Estimated Capacity (gallons)											
11. 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											
12. 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 XI: 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 <i>(Provide ONLY if installation was on or after 8/9/2013)</i>	Under Dispenser Containment (UDC) Installed (Yes/No?)
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				

**Section XII: CURRENT OWNER CERTIFICATION AND CONSENT OF TRANSFER**  
**(Read and sign after completing all sections)**

I, the undersigned and current owner and/or owner's duly authorized representative of the facility, hereby consent to the transfer of the current permit to the prospective owner and/or operator effective on the proposed date or date of transfer noted in *Section X: Description of Existing Tank(s)* of this application.

Further, I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, including the current permit issued to the current permittee I am representing, 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.

\_\_\_\_\_  
 PRINTED Name of Current Owner or Owner's Duly Authorized Representative

\_\_\_\_\_  
 Official Title

\_\_\_\_\_  
 Signature of Current Owner or Owner's Duly Authorized Representative

\_\_\_\_\_  
 Date Signed

**Section XIII: PROSPECTIVE NEW OPERATOR CERTIFICATION AND  
ACKNOWLEDGMENT OF TRANSFER  
(Read and sign after completing all sections)**

I, the undersigned and the new operator or operator's duly authorized representative of the facility, hereby certify, and acknowledge full transfer of responsibility as the new permittee, 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.

\_\_\_\_\_  
PRINTED Name of Prospective New Operator or Operator's Duly Authorized Representative

\_\_\_\_\_  
Official Title

\_\_\_\_\_  
Signature of Prospective New Operator or Operator's Duly Authorized Representative

\_\_\_\_\_  
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 XIV: PROSPECTIVE NEW OWNER CERTIFICATION AND  
ACKNOWLEDGMENT OF TRANSFER  
(Read and sign after completing all sections)**

I, the undersigned and the new owner or owner's duly authorized representative, hereby certify, and acknowledge full transfer of responsibility as the new permittee, 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.

\_\_\_\_\_  
PRINTED Name of Prospective New Owner or Owner's Duly Authorized Representative

\_\_\_\_\_  
Official Title

\_\_\_\_\_  
Signature of Prospective New Owner or Owner's Duly Authorized Representative

\_\_\_\_\_  
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