



Ventura County Environmental Health Division  
 800 S. Victoria Ave., Ventura CA 93009-1730  
 TELEPHONE: 805/654-2813 or FAX: 805/477-1595  
 Internet Web Site Address: [www.ventura.org/rma/envhealth](http://www.ventura.org/rma/envhealth)

UST Plans may be submitted electronically to: [ustplanchek@ventura.org](mailto:ustplanchek@ventura.org)

## UNDERGROUND HAZARDOUS MATERIAL STORAGE TANK MODIFICATION OR REPAIR PERMIT APPLICATION

APPLICANT - INSTRUCTIONS & INFORMATION TO COMPLETE	FOR OFFICE USE ONLY
1. Briefly describe the Modification ____ and/or repair ____ to be performed per this application: _____ _____ _____	Received by _____ Date _____ Amount Received \$ _____ Receipt # _____ Check # _____ SR # _____ PE # _____ AR # _____ INV # _____ <input type="checkbox"/> Plans Submitted Electronically
2. Attach with this application scaled plans (at least three sets) that include: <ul style="list-style-type: none"> <li>a. Plot Plan – (Max. size: 11x17 inches) site location, site structures, existing, and proposed UST systems (tanks, piping, dispenser, etc.) (See UST Mod/Repair Guidelines and Top Ten Planchek Errors - separate documents.)</li> <li>b. Plan and description of proposed work. Include manufacturer, type, and model for all proposed parts and alternate parts.</li> <li>c. Electronic plans must be in Portable Document Format (PDF) and have a scaled size of 11x17 inches.</li> </ul>	Approved ____ Not Approved ____ Permit Issued By _____ Date Issued _____ Expiration Date _____ Final Inspection _____
3. If necessary, attach State CUPA facility and tank forms ( <b>Forms must reflect the proposed modifications and/or repairs</b> ).	
4. If necessary, attach Monitoring/Response Plans ( <b>Forms must reflect the proposed modifications and/or repairs</b> ).	
5. Owner/operator agreement (If UST Owner and Operator are not the same entity)	
6. Provide copy of contractor license card (with expiration date) and worker's compensation insurance certificate.	
_____ Applicant Signature	_____ Date
	_____ INSPECTOR

**APPLICANT TO COMPLETE ALL BOXES. (The application will not be approved if the application form is incomplete.)**

TANK LOCATION (Number, Street, City)		DBA (Doing Business As)
TANK OWNER	CONTACT NAME	TELEPHONE
MAILING ADDRESS (Number, Street, City, Zip)		
TANK OWNER EMAIL ADDRESS:		
OPERATOR (If same as tank owner, write same)	CONTACT NAME	TELEPHONE
MAILING ADDRESS (Number, Street, City, Zip)		
CONTRACTOR (Owner/Building must complete a declaration form.)	CONTACT NAME	TELEPHONE
CONTRACTOR LICENSE #	CLASSIFICATIONS	EXPIRATION DATE
MAILING ADDRESS (Number, Street, City, Zip)		EMAIL ADDRESS
WORKMEN'S COMPENSATION INSURANCE COMPANY		TELEPHONE
<b>SEE ATTACHED FOR ADDITIONAL CONDITIONS OF APPROVAL</b>		

**SEE REVERSE FOR STANDARD CONDITIONS OF APPROVAL**

**STANDARD CONDITIONS OF APPROVAL FOR MODIFICATION OR REPAIR  
OF THE UNDERGROUND HAZARDOUS MATERIALS STORAGE TANK**

1. UST Modifications or Repair Permit are required by the Ventura County Ordinance Code, Article 1.2, Sections 4522 and 4523. All modifications or repairs must conform to applicable statute, regulations, and local policies.
2. All modifications and repairs must be installed per the approved Site Plan. Any changes must be approved by UST Plan Check prior to installation. **Ventura County Environmental Health Division (EHD) does not accept AS-BUILT PLANS.**
3. Soil and/or groundwater sampling will be required when removing or repairing any product line, tank, dispenser/dispenser containment, etc. EHD requires the use of EPA Method 5035 for soil sampling of volatile organic material. Provide a sampling report within 30 days of sampling - include: test results, sample location plan, chain of custody, and details on sampling. **NO GLASS JARS FOR SOIL SAMPLES.**
4. All suspected or confirmed unauthorized releases must be verbally reported to the EHD within twenty four (24) hours of discovery and a written report must be submitted to EHD within five (5) working days (California Health and Safety Code, Chapter 6.7, Section 25295). If contamination is detected, the permit will be suspended until EHD determines that continuing work will not interfere or inhibit contamination mitigation. Failure to report an unauthorized release will result in immediate work stoppage and may result in permit suspension or revocation.
5. EHD must inspect all installed parts; hydrostatic testing of all sumps; certification of the leak detection system; pressure, slope, and soap of all piping; and verification of cathodic protection.
6. PRIOR to the final inspection, EHD must receive all required tank and/or piping integrity test results (hard copy).
7. Maintain a copy of the permit and stamped site plans at the site.
8. **Inspections are scheduled on a first-come-first-served basis (calling at least 72 hours in advance is strongly recommended). Missed appointments or failed inspections will result in additional fees. The permit fee covers 5.0 hours of project time. All time in excess of 5.0 hours will be billed at an hourly rate at the completion of the project.**
9. Final inspection requires compliance with all statute, regulations, and local policies. This includes all required paperwork, electronic leak detection certification, and training. Failure to comply will result in a re-inspection.
10. See Conditions of Approval attached to permit for additional site-specific requirements.

**THE FACILITY UST PERMIT TO OPERATE IS SUSPENDED UPON  
IMPLEMENTATION OF THE APPROVED MODIFICATION/REPAIR PERMIT.  
EHD APPROVAL IS REQUIRED FOR UST REOPERATION.**