



**COUNTY OF RIVERSIDE COMMUNITY HEALTH AGENCY
DEPARTMENT OF ENVIRONMENTAL HEALTH**

Underground Storage Tank Plan Check Application

PLAN CHECK NUMBER _____

Application for review of underground storage tank installation, upgrade, modification and/or repair plans. Applicant is to submit four complete sets of plans with an attached material/equipment list for each construction site. All fees are payable at the time the plans are submitted with this application.

FACILITY NAME	FACILITY ADDRESS	CITY	ZIP	PHONE NUMBER
NAME OF OWNER	OWNER ADDRESS	CITY	ZIP	PHONE NUMBER
NAME OF OPERATOR	OPERATOR ADDRESS	CITY	ZIP	PHONE NUMBER
NAME OF CONTRACTOR	CONTRACTOR ADDRESS	CITY	ZIP	PHONE NUMBER
NAME OF ENGINEER/ARCHITECT	ENGINEER/ARCHITECT ADDRESS	CITY	ZIP	PHONE NUMBER

SCOPE OF WORK: (CHECK ALL THAT APPLY)

<input type="checkbox"/> NEW INSTALLATION <u>or</u>	<input type="checkbox"/> OTHER (Describe below)
<input type="checkbox"/> UPGRADE <input type="checkbox"/> INSTALLATION OF DISPENSER CONTAINMENT. <input type="checkbox"/> INSTALLATION OF DOUBLE-WALL PIPING. <input type="checkbox"/> INSTALLATION OF SUMP AROUND TURBINE/FILL.	
<input type="checkbox"/> MODIFICATION <input type="checkbox"/> INSTALLATION OF ELECTRONIC IN-LINE LEAK DETECTOR WITH POSITIVE SHUT-DOWN OF TURBINE. <input type="checkbox"/> INSTALLATION OF A NEW MONITORING SYSTEM OR COMPONENT. <input type="checkbox"/> INSTALLATION OF SPILL CONTAINER. <input type="checkbox"/> INSTALLATION OF OVERFILL PROTECTION.	<input type="checkbox"/> REPAIR (Describe below)

SITE INFORMATION:

NUMBER OF TANK SYSTEMS	CONTENTS OF TANK(S)	TYPE OF MONITORING
ESTIMATED CONSTRUCTION START DATE	ESTIMATED CONSTRUCTION COMPLETION DATE	
APPLICANT NAME (PRINT)	APPLICANT SIGNATURE	DATE

FAILURE TO COMPLETE MANDATED WORK IN SPECIFIED TIME FRAME MAY RESULT IN FURTHER ENFORCEMENT ACTION

***PLEASE MAKE CHECK PAYABLE TO COUNTY OF RIVERSIDE**

FOR OFFICE USE ONLY

Amount Attached \$ _____

FACILITY # _____

Transaction No. _____