



**Public Protection Cabinet
Department of Housing, Buildings and Construction
Division of Fire Prevention - Hazardous Materials Section
500 Mero St 1st Fl NW
Frankfort, Kentucky 40601
Telephone: (502) 573-1702 Fax: (502) 573-1695**

**PERMIT APPLICATION TO INSTALL UNDERGROUND STORAGE TANKS
(UGST) FOR PETROLEUM PRODUCTS OR HAZARDOUS MATERIALS**

For Official Use Only

Permit No.: _____ Approved By: _____
Amount Paid: _____ Date Approved: _____

Installation Site

Owner of Tanks

NAME OF BUSINESS/COMPANY (D/B/A)

OWNER/OPERATOR/COMPANY NAME

STREET ADDRESS

STREET ADDRESS

CITY STATE ZIP CODE

CITY STATE ZIP CODE

()
TELEPHONE NUMBER COUNTY

()
TELEPHONE NUMBER COUNTY

UST AGENCY INTEREST NUMBER (EXISTING SITES ONLY)

Installation Contractor

Certified Individual

COMPANY NAME

NAME OF CERTIFIED CONTRACTOR

STREET ADDRESS

()
CELL PHONE NUMBER

CITY STATE ZIP CODE

CERTIFICATION NUMBER EXPIRATION DATE

() ()
BUSINESS TELEPHONE NUMBER FAX NUMBER

EMAIL ADDRESS



Type of Facility

- Commercial Private Use Government Heating Oil Bulk Plant

Other (Please Specify): _____

Installation Activities To Be Completed Under This Permit
(check all that apply):

- New Site
- Adding new tank(s) at existing site
- Repair (Tank / Piping)
- Reconfiguration of existing piping
- Replacing an existing tank
- Install Automatic Tank Gauge
- Install Under-Dispenser Containment
- Flex connector replacement
- Install STP / Transition Sump
- Install Corrosion Protection
- Flexible piping replacement
- Other (Specify): _____

1. Tank Information -

TANK TYPE CODES

- 01 Double Wall Steel, Sti-P3
- 02 Double Wall, FRP
- 03 Double Wall Steel, Fiberglass Clad
- 06 Other (Specify): _____

NOTE: If you are making repairs to a single-walled tank or piping, please use tank code 06 and write in the type of tank or piping being repaired.

TANK #1:

Tank Type: _____ Compartmented: Yes No **If yes, number of compartments: _____

Product(s) Content in Tank: _____ Tank Capacity: _____

Name of Tank Manufacturer: _____ Model of Tank: _____

Diameter of Tank: (Length) _____ x (Diameter) _____

TANK #2:

Tank Type: _____ Compartmented: Yes No **If yes, number of compartments: _____

Product(s) Content in Tank: _____ Tank Capacity: _____

Name of Tank Manufacturer: _____ Model of Tank: _____

Diameter of Tank: (Length) _____ x (Diameter) _____

TANK #3:

Tank Type: _____ Compartmented: Yes No **If yes, number of compartments: _____

Product(s) Content in Tank: _____ Tank Capacity: _____

Name of Tank Manufacturer: _____ Model of Tank: _____

Diameter of Tank: (Length) _____ x (Diameter) _____

TANK #4:

Tank Type: _____ Compartmented: Yes No **If yes, number of compartments: _____
Product(s) Content in Tank: _____ Tank Capacity: _____
Name of Tank Manufacturer: _____ Model of Tank: _____
Diameter of Tank: (Length) _____ x (Diameter) _____

TANK #5:

Tank Type: _____ Compartmented: Yes No **If yes, number of compartments: _____
Product(s) Content in Tank: _____ Tank Capacity: _____
Name of Tank Manufacturer: _____ Model of Tank: _____
Diameter of Tank: (Length) _____ x (Diameter) _____

TANK #6:

Tank Type: _____ Compartmented: Yes No **If yes, number of compartments: _____
Product(s) Content in Tank: _____ Tank Capacity: _____
Name of Tank Manufacturer: _____ Model of Tank: _____
Diameter of Tank: (Length) _____ x (Diameter) _____

- a) Depth of bedding beneath tanks: _____ inches
- b) Amount of backfill surrounding tanks: _____ inches
- c) Type of bedding and backfill: Sand Pea Gravel Crushed Rock
- d) Distance from tanks to nearest property line: _____ feet
- e) Distance from tanks to nearest structure foundation: _____ feet
- f) Distance from tank fill pipe to nearest building opening: _____ feet
- g) Type of cover over tanks and thickness:
 - _____ inches of backfill and _____ inches of Asphalt Concrete
 - 36 inches of soil
 - 24 inches of soil (non-traffic areas only)
- h) Will the tanks be subject to floatation? Yes No
If yes, indicate method of anchoring: Deadmen Overburden Pad
- i) What will the distance be from the anchoring device to the tank? _____ inches
- j) Are the tanks siphoned below the product line? Yes No
If yes, which products are siphoned: _____

2. Piping Information –

- a) Delivery Method: Pressurized Suction
- b) Type: Single-Wall Steel (**repairs only**) Single-Walled FRP (**repairs only**) Single-Walled Flex (**repairs only**)
 Double-Wall FRP Double-Wall Approved Non-metallic (Flexible Plastic)
- c) Name of Piping Manufacturer: _____
- d) Name of Piping Model: _____
- e) Indicate the service of the piping to be installed: Product Lines Vent Lines Stage II Vapor Recovery
- f) Will flexible connections be provided at every change of direction from the vertical to the horizontal and vice-versa?
 Yes No
- g) Type of flexible connections: Swing Joints Approved Flexible Connectors
- h) Are any vent lines manifolded? Yes No
If yes, which product lines have manifolded vents: _____
- i) Depth of piping: _____ inches
- j) Indicate type of bedding and backfill around piping: Sand Pea Gravel Crushed Rock
- k) If steel, type of pipe used (**repairs only**): Galvanized Black
- l) Indicate method of cathodic protection for steel piping (**repairs only**):
 Coated piping with Impressed Current system
System Designed by: _____ NACE # _____
 Field-Installed Cathodic Protection designed by a CP expert
System Designed by: _____ NACE # _____
- m) Indicate method of attaching sacrificial anode to piping: Cadweld Thermite Weld Mechanical Clamp
- n) Indicate degree of slope of piping:
 Level 1/8 inches per foot 1/4 inches per foot 1/2 inches per foot
- o) If suction piping is used indicate location of check valve: Tank Dispenser
- p) If pressurized pipe is used will approved leak detectors be used? Yes No
Leak Detector Type: Mechanical Electronic
- q) Will a remote fill be installed? Yes No
- r) Tank vent lines will terminate _____ feet above ground level.
- s) Steel pipe for product or vent lines will be: Schedule 40 Schedule 80
- t) Steel couplings for product or vent lines will be: Schedule 40 Schedule 80

3. E.P.A. Required Equipment –

a) Indicate method of leak detection for tanks (mark all that apply):

- Automatic Tank Gauging (**repairs only**) Make and Model: _____
- Statistical Inventory Reconciliation (**repairs only**) Vendor and Method: _____
- Interstitial Monitoring: Manual (**repairs only**) Electronic
- Manual Tank Gauging (valid only for tanks <2001 gallons)

b) Indicate method of leak detection for piping (mark all that apply):

- Electronic Line Leak Detector Make and Model: _____
- Mechanical Line Leak Detector Make and Model: _____
- Statistical Inventory Reconciliation (**repairs only**) Vendor and Method: _____
- Interstitial Monitoring: Manual (**repairs only**) Electronic
- Line Tightness Testing (**repairs only**)

c) Tank overfill protection will consist of:

Pressurized Systems

Suction Systems

- | | |
|--|--|
| <input type="checkbox"/> Ball Float Valve – Length: _____ | <input type="checkbox"/> Automatic Shutoff Device (Overfill Drop Tube) |
| <input type="checkbox"/> Automatic Shutoff Device (Overfill Drop Tube) | <input type="checkbox"/> Audible High Level Alarm (90% tank capacity) |
| <input type="checkbox"/> Audible High Level Alarm (90% tank capacity) | |

d) Tank cathodic protection will consist of (**repairs only**): STI-P3 Impressed Current Field Installed

e) Flex Connector Cathodic Protection will consist of:

- Coated/Wrapped with field-installed anode
- Not Applicable - Installed in a liquid-tight containment sump
- Not Applicable - Isolated by approved device such as jacket or boot (**repairs only**)

f) If a cathodic protection system will be installed, please answer the questions below:

- 1) How many anodes will be used? _____
- 2) What sizes and types are the anodes? _____
- 3) What structures will be protected? _____
- 4) What type of coating or wrapping will be used? _____

g) Number of observation wells to be placed in the excavation area: _____

h) Spill catch basin for tank fill pipe to be _____ gallons capacity.

Make and Model: _____

i) Spill catch basin's material of construction will be? Metallic Fiberglass Composite Plastics

j) How will the spill catch basins attach to the riser pipe? Thread On Welded

k) Will a hydrostatic test of the spill catch basins be performed to ensure liquid-tightness? Yes No

l) Will the spill catch basins be equipped with a drain plug? Yes No

If yes, will the spill catch basins drain into the tank? Yes No

3. E.P.A. Required Equipment (Continued) –

- m) Will the spill catch basin lids be marked in accordance with API Specification 1637? Yes No
- n) Will an approved liquid-tight fill port cap be installed on the fill port? Yes No
- o) Will all turbine sumps and transition sumps be liquid-tight? Yes No
- p) Will a hydrostatic test of all sumps be performed to ensure liquid-tightness? Yes No
- q) Will sump sensors be installed in the turbine sumps to monitor for releases? Yes No

If yes, what type of sensor will be used? Float Sensor Liquid Sensor Other _____

- w) Will dispensers be installed with liquid-tight Under-Dispenser Containment (UDC)? Yes No
- x) Will a hydrostatic test of the UDC be performed to ensure liquid-tightness? Yes No
- y) Will sump sensors be installed in the UDC to monitor for releases? Yes No

If yes, what type of sensor will be used? Float Sensor Liquid Sensor Other _____

4. Fuel Dispensing System -

- a) Dispenser(s) Make: _____
- b) Dispenser(s) Model: _____
- c) Service station activity to be: Full Serve Self Serve Split-Serve
- d) Will dispensers utilize a self-serve credit card or private card system? Yes No
- e) If the facility is to operate unattended, will the amount of fuel dispensed be limited per transaction? Yes No

If yes, how will it be limited and to what amounts? _____

Installation Requirements

- New UGST systems installed or systems changing from a non-regulated substance to a regulated substance after April 1, 2012, must be double-walled tanks and piping and be interstitially monitored in accordance with 401 KAR 42:020.
- All UGST's must be UL labeled.
- Tank fill pipes shall be properly identified.
- Drop tubes shall be installed in the fill pipes.
- For repairs, secondary containment shall provide for product piping.
- FRP and non-metallic piping shall be listed for use with alcohols and other oxygenated fuels. FRP/Approved Non-metallic (flexible piping) shall be properly installed per manufacturer's specifications.
- Pipe sealant shall be compatible with product to be used.
- Observation well pipe shall be slotted .020 inches. Observation wells shall extend two (2) feet below tanks. Observation wells shall be provided with cap(s) and properly identified access covers.
- All sumps containing product piping installed in conjunction with a UGST system installed after April 1, 2012 shall be liquid-tight and installed and maintained in accordance with 401 KAR 42:030.
- In accordance with 401 KAR 42:030, any spill buckets installed/replaced after April 1, 2012 must be double-walled, liquid-tight construction and compatible with the substance stored in the associated UST.
- Steel product piping and all portions of the underground storage tank system that routinely contain product shall be coated and cathodically protected.

- All piping runs when 100% of the piping run is replaced must be double-walled and interstitially monitored in accordance with 401 KAR 42:030.
- Dispensing units shall be UL listed for flammable liquids.
- All newly installed dispensers, where a dispenser did not previously exist, after April 1, 2012 must be have liquid-tight under dispenser containment (UDC) installed and maintained in accordance with 401 KAR 42:030.
- All dispensing devices shall be at least: 20 feet from fixed sources of ignition, 10 feet from property lines, and 10 feet from any building opening.
- Heating fuel dispensers shall be located on a different island than gasoline dispensers.
- Shear valves shall be properly installed and anchored on pressurized piping runs.
- Each end of dispenser island shall be provided with metal crash post barrier at least thirty (30) inches high.
- All dispensing areas to have signs conspicuously posted with wording "*No Smoking*", "*Stop Engines*", "*No Dispensing into Unapproved Containers*".
- The station shall have proper emergency cut-off switches that are conspicuously identified.
- Hose break-away devices shall be installed on all hoses dispensing Class I liquids.
- Each dispenser unit shut-off nozzle valve shall be automatically operated to stop flow upon reaching a full tank or when dropped on the pavement.
- Operating and emergency instructions be posted in accordance with NFPA 30A.
- All electrical wiring entering or leaving a Class I, Division 1 or 2 location shall comply with NFPA 70.
- All electrical installations be performed by a Kentucky licensed Electrician and inspected by a Kentucky Certified Electrical Inspector.
- Self-serve attendant shall have full view of entire dispensing area.
- If the facility is to operate unattended, the following requirements must be met:
 - 1) An approved communication device shall be provided to notify the local fire department.
 - 2) An approved oil/water separator shall be provided at the facility.
 - 3) An approved electrical disconnect device shall be accessible to patrons at the dispenser island.
 - 4) Emergency instructions shall be conspicuously posted in the dispenser area. The instructions shall incorporate the following or equivalent wording: "In case of fire or spill - Use emergency stop button & Report accident by calling (specify local fire number) on the phone. Report location."

Fee Schedule

Installation plan review fee of \$100.00 for the first tank and \$50.00 for each additional tank is required for this specialized review. Piping system plan review fee is \$100.00 (piping system includes valves, fill pipes, vents, leak detection, spill and overflow prevention, cathodic protection or associated components.) **The required fee must accompany your application for permit.** Your check or money order should be made payable to the "*Kentucky State Treasurer*". The name and location of the project must be indicated on the check or money order.

I, the undersigned, do hereby agree that this installation shall comply with all applicable requirements of the "Standards of Safety" promulgated in 815 KAR 10:060, 401 KAR Chapter 42 and all other applicable standards as required. All answers in this application are true and accurate to the best of my knowledge.

CONTRACTOR SIGNATURE

DATE

Note: Material list, site plan, specifications and check or money order shall accompany this document for approval. Please return completed permit application to the address listed below:

**Department of Housing, Buildings and Construction
Division of Fire Prevention
Hazardous Materials Section
101 Sea Hero Road, Suite 100
Frankfort, Kentucky 40601-5405**

For Official Use Only
APPROVAL BY THE HAZARDOUS MATERIALS SECTION

PROJECT NAME

IF THE NAME HAS CHANGED, WHAT WAS IT PREVIOUSLY CALLED

STREET ADDRESS

CITY

COUNTY

PERMIT NUMBER

This storage tank system was tested on _____ with satisfactory results.

The above listed permitted installation is found to have complied with the Kentucky Standards of Safety (815 KAR 10:060), 401 KAR Chapter 42, 815 KAR 30:060 and any other applicable standards as required.

Hazardous Materials Field Inspector

Badge #

Date

Comments: _____

Site Plan

A site plan showing dimensions of the area proposed to be used for the tank and/or piping, distances to the nearest property lines and the location and construction of any buildings.