

**Public Protection Cabinet Department of Housing, Buildings and Construction Division of Fire Prevention - Hazardous Materials** 500 Mero Street, First Floor Frankfort, Kentucky 40601-5405 Telephone: (502) 573-1702 Fax: (502) 573-1695

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

\_\_\_\_ Permit No.: \_ \_\_\_\_\_ Amount Paid: \_\_\_\_\_

For Official Use Only

Approved By: \_\_\_\_\_ Date Approved: \_\_\_\_\_

CITY

) TELEPHONE NUMBER

**Installation Site** 

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

STREET ADDRESS

CITY STATE

)

TELEPHONE NUMBER

UST AGENCY INTEREST NUMBER (EXISTING SITES ONLY)

**Installation Contractor** 

**Certified Individual** 

**Owner of Tanks** 

OWNER/OPERATOR/COMPANY NAME

STREET ADDRESS

STATE

ZIP CODE

COUNTY

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			
			Tland		

ZIP CODE

COUNTY

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 SiteAdding new tank(s) at existing siteRepair (Tank / Piping)Reconfiguration of existing pipingReplacing an existing tankInstall Automatic Tank GaugeInstall Under-Dispenser ContainmentFlex connector replacementInstall STP / Transition SumpInstall Corrosion ProtectionFlexible piping replacementInstall STP / Transition SumpOther (Specify):							
1. Tank Information -							
TANK TYPE CODES01Double Wall Steel, Sti-P302Double Wall, FRP03Double Wall Steel, Fiberglass Clad06Other (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: $\Box$ Yes $\Box$ 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)
b)
c)
d)
e)
f)

g)

h)

i) j)

TANK #	4:
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Tank Type:	Compartmented: $\Box$ Yes $\Box$ 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)		
<b>TANK #5:</b>			
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)		
Depth of bedding beneath tanks:	inches		
Amount of backfill surrounding tanks:	inches		
Type of bedding and backfill: $\Box$ Sand	Pea Gravel Crushed Rock		
Distance from tanks to nearest property	line: feet		
Distance from tanks to nearest structure	foundation: feet		
Distance from tank fill pipe to nearest b	uilding opening: feet		
Type of cover over tanks and thickness:			
□ inches of backfill a	and inches of $\Box$ Asphalt $\Box$ Concrete		
$\Box$ 36 inches of soil			
$\Box$ 24 inches of soil (non-traffic area	as only)		
Will the tanks be subject to floatation?	$\Box$ Yes $\Box$ No		
If yes, indicate method of anchoring	g: 🗆 Deadmen 🛛 Overburden 🔅 Pad		
What will the distance be from the anch	oring device to the tank? inches		
Are the tanks siphoned below the produ	-		
If yes, which products are siphoned	·		

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2.	Piping Information -					
a)						
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 ( <b>repairs only</b> ):					
1)	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:					
	$\Box$ Level $\Box$ 1/8 inches per foot $\Box$ 1/4 inches per foot $\Box$ 1/2 inches per foot					
0)	) If suction piping is used indicate location of check valve:  Tank Dispenser					
p)	If pressurized pipe is used will approved leak detectors be used? $\Box$ Yes $\Box$ 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):					
- 7	Automatic Tank Gauging (repairs only) Make and Model:					
	□ Statistical Inventory Reconciliation ( <b>repairs only</b> ) Vendor and Method:					
	□ Interstitial Monitoring: □ Manual (repairs only) □ Electronic					
	□ Manual Tank Gauging (valid only for tanks <2001 gallons)					

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□ Interstitial Monitoring: □ Manual (repairs only)

- □ Line Tightness Testing (**repairs only**)
- c) Tank overfill protection will consist of:

#### Pressurized Systems

- □ Ball Float Valve Length: \_\_
- □ Automatic Shutoff Device (Overfill Drop Tube)
- $\Box$  Audible High Level Alarm (90% tank capacity)
- d) Tank cathodic protection will consist of (**repairs only**):  $\Box$  STI-P3  $\Box$  Impressed Current
- 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)

□ Electronic

Suction Systems

Automatic Shutoff Device (Overfill Drop Tube)

□ Field Installed

□ Audible High Level Alarm (90% tank capacity)

- 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?  $\Box$  Thread On  $\Box$  Welded
- k) Will a hydrostatic test of the spill catch basins be performed to ensure liquid-tightness?  $\Box$  Yes  $\Box$  No
- 1) Will the spill catch basins be equipped with a drain plug?  $\Box$  Yes  $\Box$  No
  - If yes, will the spill catch basins drain into the tank?  $\Box$  Yes  $\Box$  No
- m) Will the spill catch basin lids be marked in accordance with API Specification 1637?  $\Box$  Yes  $\Box$  No
- n) Will an approved liquid-tight fill port cap be installed on the fill port?  $\Box$  Yes  $\Box$  No
- o) Will all turbine sumps and transition sumps be liquid-tight?  $\Box$  Yes  $\Box$  No
- p) Will a hydrostatic test of all sumps be performed to ensure liquid-tightness?  $\Box$  Yes  $\Box$  No
- q) Will sump sensors be installed in the turbine sumps to monitor for releases?  $\Box$  Yes  $\Box$  No
  - If yes, what type of sensor will be used?  $\Box$  Float Sensor  $\Box$  Liquid Sensor  $\Box$  Other \_\_\_\_
- w) Will dispensers be installed with liquid-tight Under-Dispenser Containment (UDC)?  $\Box$  Yes  $\Box$  No

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3.	E.P.A. Required Equipment (Continued) –					
x)	) Will a hydrostatic test of the UDC be performed to ensure liquid-tightness? $\Box$ Yes $\Box$ No					
y)	Will sump sensors be installed in the UDC to monitor for releases? $\Box$ Yes $\Box$ No					
	If yes, what type of sensor will be used?  Float Sensor Liquid Sensor Other					
4.	Fuel Dispensing System -					
a)	Dispenser(s) Make:					
b)						
c)						
d)						
e)	If the facility is to operate unattended, will the amount of fuel dispensed be limited per transaction? $\Box$ Yes $\Box$ No					
	If yes, how will it be limited and to what amounts?					
Γ	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 overfill 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 500 Mero Street, First Floor 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 InspectorBadge #D

Date

Comments: \_\_\_\_\_

HazMat 38-08 Revised 5/2020

# 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.