

ANNA M. ROTH, RN, MS, MPH
HEALTH SERVICES DIRECTOR

RANDALL L. SAWYER
DEPUTY HEALTH DIRECTOR

MATTHEW S. KAUFMANN
DIRECTOR OF HAZARDOUS MATERIALS PROGRAMS



CONTRA COSTA HAZARDOUS MATERIALS PROGRAMS

4585 Pacheco Boulevard, Suite 100
Martinez, California 94553

Ph (925) 655-3200
Fax (925) 646-2073

ccchazmat@ccchealth.org
www.ccchealth.org/hazmat/

UNDERGROUND STORAGE TANK PERMIT APPLICATION

SITE ID: _____

SR#: _____

(office use only)

- Tank installation **\$4,753.00, \$514.00 each additional tank** (PE7314, PE7315)
- Monitoring system change plan review & inspection: **\$1028.00** (PE7328)
- Field installed cathodic protection: **\$1285.00** (PE7318)
- Upgrade tank lining: **\$2698.00, \$385.00 each additional tank** (PE7311, PE7312)
- Lining inspection: **\$1798.00, \$257.00 each additional tank** (PE7319, PE7320)
- Upgrade piping plus UDC/sumps: **\$3211.00, \$385.00 each additional tank** (PE7321, PE7322)
- Repair without piping (UDC & sumps): **\$899.00** (PE7323)
- Spill bucket replacement: **\$642.00** (PE7324)
- Replacement of existing UDC (includes tank/piping repair): **\$899.00** (PE7325)
- EVR Phase II / ISD (Cold Start): **\$771.00** (PE7329)

I. DESCRIPTION OF WORK: _____

II. SITE NAME & ADDRESS: _____

III. APPLICANT INFORMATION

BUSINESS NAME/CONTACT: _____

EMAIL OR FAX (TO RETURN APPROVED PERMIT): _____

APPLICANT PHONE: _____

CONTRACTOR (IF DIFFERENT FROM APPLICANT): _____

CONTRACTOR PHONE: _____

INSTRUCTIONS: Complete Sections I through III. Submit with appropriate fee, application form, and two sets of plans via fax or email to undergroundtanks@ccchealth.org. Your copy of the permit will be returned with approved plans. The permit must be kept on-site.

(office use only)

APPLICATION RECEIVED: _____ FEE PAID: \$ _____

DATE APPROVED: _____ BY: _____

DATE PLANS RETURNED: _____ INITIALS: _____



Revised August 2020