| SERVICES (This form m  | Application for Permit to Operate<br>(For Use With All Systems Except Field Constructed or Airport Hydrant Systems)<br>UST Management Division<br>(This form may be used to comply with SC UST Regulation 280.23(b)) |  |   |  |
|--|--|--|---|--|
| I. REGISTRAT   | ION AND SITE INFO  | RMATION  |   |  |
|  |  |  |   |  |
| Facility Name  |  | SCDES Permit Identi  | fication Number   |  |
| Physical Street Address City   | County   | -<br>Facility Telephone Nu   | Facility Telephone Number                               |  |
|  | ANK INFORMATION  |  |   |  |
| Tank Number (list each compartment separately)   |  |  |   |  |
| Capacity (gallons)   |  |  |   |  |
| Serial Number of Tank  |  |  |   |  |
| Construction Material (check one)  | anual sector   |  |   |  |
| Fiberglass-Reinforced Plastic (FRF   | ?)   |  |   |  |
| Steel-FRP Composit   | e  |  |   |  |
| Steel-Polyurethan  | e  |  |   |  |
| Other (specify   | 0  |  |   |  |
| Containment (check one)  |  |  |   |  |
| Double Wall-Brin   | e  |  |   |  |
| Double Wall-Vacuur   | n  |  |   |  |
| Double Wall-Dr   | у  |  |   |  |
| Other (specify   | )  |  |   |  |
| Is the tank information provided identical to the information su<br>Tank Manufacturer:<br>Were any tanks or compartments manifolded? Yes [ ] No [  |  |  |   |  |
| If yes, indicate which tanks/compartments were manifolded_   |  |  |   |  |
|  | LLATION PROCEDU  |  |   |  |
| All underground storage tank systems must be installed and or<br>instructions and industry standards. Please indicate which stat<br>[] American Petroleum Institute Publication 1615, "Installatio<br>[] Petroleum Equipment Institute Publication RP100, "Record<br>[] Petroleum Equipment Institute Publication RP1000, "Record<br>[] National Fire Protection Association Publication 30, " Flam<br>[] National Fire Protection Association Publication 30(a), " Constant of the Pub | ndard(s) was used to ove<br>on of Underground Petrole<br>mmended Practices for In<br>ommended Practices for I<br>nmable and Combustible  | rsee the tank system installa<br>eum Storage Systems."<br>stallation of Underground Li<br>nstallation of Marina System<br>Liquids Code." | ation (check all that apply):<br>quid Storage Systems." |  |
|  |  | -  |   |  |
| SCDES, UST Management Division, 2600 Bull Street, Columi   | bia, SC 29201, PHONE (8  | 803) 898-0 <mark>589 FAX (803) 8</mark> 9  | 98-0673 www.des.sc.gov                                  |  |
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# IV. TANK INSTALLATION INFORMATION

| Backfill/Overburden:   |   |  |  |
|--|---|--|--|
|  | , free-flowing, non-corrosive inert material that is free of debris, rock or other organic<br>ished rock (no larger than ½ inch), or pea gravel (no larger than ¾ inch). <b>NOTE: You</b><br>th this application. |  |  |
| Type of backfill used: Sand [ ] Pea Gravel [ ] Crushed R               | Rock [ ] Other [ ]  |  |  |
|  | uired):   |  |  |
| Was backfill tamped under lower quadrant of tanks to fill any          |   |  |  |
| If sand backfill was used, was it compacted to ensure adequ            | quate support of tank and prevent settlement? Yes [ ] No [ ]  |  |  |
| If yes, indicate the method of compaction that was                     | If yes, indicate the method of compaction that was used: Sand-Slurry Method [ ] Mechanical [ ] Other (specify):   |  |  |
| Are tanks located in a traffic area? Yes [ ] No [ ]                    |   |  |  |
| If yes, how much overburden was used? (choose of                       | e one)  |  |  |
| [ ] At least 2.5 feet of compacted backfill and 6 i                    | ວ inches of asphalt paving  |  |  |
| [ ] At least 1.5 feet of compacted and 8 inches of reinforced concrete |   |  |  |
| If no, how much overburden was used? (choose on                        | one)  |  |  |
| [ ] At least 2 feet of compacted backfill                              |   |  |  |
| [ ] At least 1 foot of compacted backfill plus 4 in                    | inches of reinforced concrete   |  |  |
| Does concrete or asphalt extend to at least one foot beyond            | nd the tank outline? Yes [ ] No [ ]   |  |  |
| Tank Condition:  |   |  |  |
| Was there a pressure change of greater than +/- 5" Hg betw             | tween shipping and installation? Yes [ ] No [ ]   |  |  |
| If yes, were repairs made? Yes [ ] No [ ]                              |   |  |  |
| Was there any damage to the tank(s) during installation? Ye            | Was there any damage to the tank(s) during installation? Yes [ ] No [ ]   |  |  |
| If yes, was the damage repaired? Yes [ ] No [ ]                        |   |  |  |
| Excavation Dimensions:   |   |  |  |
| Indicate the horizontal clearance for the following (at least 1)       | 12 inches is required for steel tanks or 18 inches for fiberglass tanks):   |  |  |
| Excavation walls:  | Other tanks:  |  |  |
| Were the side walls of the excavation sloped or shored? Ye             |   |  |  |
| Does the distance from the top of the tank to final grade exc          | xceed tank diameter for steel or composite tanks? Yes [ ] No [ ]  |  |  |
| Does the distance from the top of the tank to final grade exc          | xceed 7 feet for fiberglass tanks? Yes [ ] No [ ]   |  |  |
| Anchoring System:  |   |  |  |
| Was water encountered during installation? Yes [ ] No [                | Was an anchoring system used? Yes [ ] No [ ]  |  |  |
| If yes, indicate the system that was used:                             |   |  |  |
| V.I  | . PIPING INFORMATION  |  |  |
| Product Line (list each product line separately)                       |   |  |  |
| Material of Construction (check one)                                   |   |  |  |
| Flexible   |   |  |  |
| Fiberglass Reinforced Plastic (FRP)<br>Other (Specify)                 |   |  |  |
| Containment (check one)  |   |  |  |
| Double Wall  |   |  |  |
| Other (specify)  |   |  |  |
| Example: Compatible chase pipe   |   |  |  |
|  |   |  |  |
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| V. PIPIN   | G INFORMATIO  | ON (CONTIN        | ŲED)             |                     | Mary TABASA            |
|--|---|-------------------|------------------|---------------------|------------------------|
| Pumping System (check one per product line)  |   |                   |                  |                     |                        |
| Pressurized  |   |                   |                  |                     |                        |
| Suction – Foot/Angle Valve   |   |                   |                  |                     |                        |
| Indicate location:<br>Suction – Vertical Check Valve   |   |                   |                  |                     |                        |
| Suction - Ventical Check Valve   |   |                   |                  |                     |                        |
| Other (Specify)  |   |                   |                  |                     |                        |
| Is the piping information provided identical to the information provid |   | N                 | Model:           |                     |                        |
| Any lines manifolded? Yes [ ] No [ ] If yes, please list   | lines that were ma  | nifolded:         |                  |                     |                        |
|  | G INSTALLATI  | ON INFORM         | ATION            |                     |                        |
| Backfill/Overburden:   |   |                   |                  |                     |                        |
| The backfill should be a clean, washed well-granulated materials. Examples of accepted materials are sand, cr must attach a receipt indicating delivery of backfill w  | ushed rock (no lar  | rger than ½ inch  |                  |                     |                        |
| Type of backfill to be used: Sand [ ] Pea Gravel [ ] Co  | rushed Rock [ ] (   | Other [ ]         |                  |                     |                        |
| Indicate the amount of spacing used for the following:   |   |                   |                  |                     |                        |
| Below all piping: Above all piping:  | Betwe   | en piping and si  | idewalls (minim  | um of 6 inches):    |                        |
| Between adjacent piping (minimum of twice the  |   |                   |                  |                     |                        |
| If sand backfill was used, was it compacted to ensure add  |   |                   |                  |                     |                        |
| If yes, please indicate the method of compaction   |   |                   |                  |                     | specify):              |
| Is piping located in a traffic area? Yes [ ] No [ ]  |   |                   |                  |                     |                        |
| if yes, how much overburden was used?  |   |                   |                  |                     |                        |
| [ ] At least 6 inches of compacted backfill and  | l additional backfill   | plus enough pa    | ving to equal 18 | 8 inches of materia | al from the top of the |
| piping to the bottom of the grade  |   |                   | 0                |                     |                        |
| If no, how much overburden was used?   |   |                   |                  |                     |                        |
| [ ] At least 2 feet of compacted backfill  |   |                   |                  |                     |                        |
|  | <ul> <li>At least 2 leet of compacted backfill</li> <li>At least one foot of compacted backfill plus 6 inches of reinforced concrete</li> </ul> |                   |                  |                     |                        |
|  |   |                   |                  |                     |                        |
| Piping Condition:  |   |                   |                  |                     |                        |
| Was there any damage to the piping during installation?  |   |                   |                  |                     |                        |
|  |   |                   |                  |                     |                        |
| If yes, was the damage repaired? Yes [ ] No [  | 1   |                   |                  |                     |                        |
| Excavation   |   |                   |                  |                     |                        |
| Is all piping sloped to at least 1/8 of an inch per foot from  | the dispenser(s) t  | to the tank(s)? Y | /es[]No[]        |                     |                        |
| If no, supply written manufacturer approval or re  |   |                   |                  |                     |                        |
| Does the piping pass over the tank(s) at any point? Yes  | -   |                   |                  |                     |                        |
| Are all product lines located in the same trench? Yes [  |   |                   |                  |                     |                        |
|  |   | duit etc) and the | nining? Vec I    | 1 No [ ]            |                        |
| Was sufficient clearance allowed between other structure (water lines, conduit, etc) and the piping? Yes [] No [] Was the trench cleared of debris and obstructions prior to backfilling? Yes [] No []   |   |                   |                  |                     |                        |
| was the trench cleared of debris and obstructions prior t  | Juackining fes [  |                   |                  |                     |                        |
| CODEC LICE Management Division 2000 Dull OL  | olumbia CC 2020   |                   | 000 0500 EAX     | (902) 809 0072      |                        |
| SCDES, UST Management Division, 2600 Bull Street, C  | olumbia, SC 2920  | 1, PHONE (803)    | 244 6860-969     | (003) 898-0673 M    | ww.des.sc.gov          |

|  | ITION, OVERFILL PREVENT                   | ION, AND OTHER EQUIPMENT                                     |
|--|---|--|
| Spill Prevention Equipment:                        |   |  |
|  |   | Capacity:  |
| Type of spill prevention equipment being insta     |   | -  |
| If double wall spill prevention is being installed |   |  |
|  |   |  |
| Surface mounded to channel water away from         | the spill prevention equipment? Yes       | s[] No[]   |
|  |   |  |
| Overfill Prevention Equipment:                     |   |  |
| Drop Tube Shut Off Valve [ ] Alarm [ ] (           |   |  |
|  |   | ·  |
| Do the drop tubes extend to within 6 inches of     |   | E ()   |
|  |   |  |
| If yes, was the secondary method installe          | a so as not to impact the functionality   |  |
| Tank Top Sumps:                                    |   |  |
|  | Model                                     | ·  |
| Type of containment installed: Single Wall [       |   |  |
| If double wall containment was installed, will the | •••                                       | Yes[]No[]  |
|  |   |  |
| Were all entry and exit points confirmed to be     |   |  |
|  |   | y wall of a dispenser sump does not constitute release       |
| detection for the piping. You must also incorpo    |   |  |
|  |   |  |
| Under Dispenser Containment:                       |   |  |
| Manufacturer:                                      | Model                                     | ·  |
| Type of under dispenser containment installed      |   |  |
| If double wall under dispenser containment wa      | as installed, will the interstice be mon  | itored monthly? Yes [ ] No [ ]                               |
| If yes, please indicate the monthly monito         | ring method to be used:                   |  |
| Were all entry and exit points confirmed to be     | tight and secure? Yes [ ] No [ ]          |  |
| NOTE: The monthly monitoring of the inters         | tice between the primary and seco         | ndary wall of a dispenser sump does not constitute release   |
| detection for the piping. You must also incorpo    | prate monthly interstitial monitoring for | or the piping.   |
| Transition Sumpo                                   |   |  |
| Transition Sumps:                                  |   |  |
| Were transition sumps installed? Yes [ ] No        | • •                                       |  |
| If yes, indicate the location on the as built      | •   | $r_{\rm c}$ the nining becomes observe round? Yes [1] No [1] |
| For energency generators/mannas. Is a trans        | nion sump installed at the point when     | e the piping becomes aboveground? Yes [ ] No [ ]             |
| Vapor Recovery:                                    |   |  |
| Was Stage 1 vapor recovery installed? Yes [        | ] No [ ]                                  |  |
| If yes, indicate which tanks:                      |   |  |
|  |   |  |
| SCDE S, UST Management Division, 2600 B            | ull Street, Columbia, SC 29201, PHQ       | NE (803) 898-0589 FAX (803) 898-0673 www.des.sc.gov          |

#### VIII. RELEASE DETECTION

Double Wall systems must use interstitial monitoring as the primary method for tank and line release detection. When considering your installation, you must decide whether you will be installing a closed system, open system, or a Department approved combination. Please see the descriptions of the requirements for each below. The system that you choose will be inspected for compliance with the requirements listed prior to issuing a permit to operate. In addition, per SC UST Regulation 280.40(a)(4), you must provide certification that your release detection methods used meet the required standards as set forth by the manufacturer.

#### Open System

Submersible turbine pump sump (STP)- the piping interstice must be open at the low point sump of the piping run, with a sump sensor being installed at the lowest point of the containment sump.

**Under dispenser containment (UDC)-** all interstice access points are open without any obstructions. Monthly visual monitoring or sensor monitoring would be allowed on all sumps because the open access points allow liquid to flow freely from sump to sump reaching the lowpoint sump sensor, typically located at the STP.

#### **Closed System**

Submersible turbine pump sump (STP)- the piping interstice must be open at the low point sump of the piping run, with a sump sensor being installed at the lowest point of the containment sump.

Under dispenser containment (UDC)- all interstice access points are closed and are continuous throughout the entire piping run with a sump sensor properly installed at the lowest point of each containment sump. Crossover tubing may be utilized to maintain interstice continuity. Leaks from the buried portions of the piping will be forced under pressure to the low point STP sump via the continuous piping interstice for detection. Because this system isolates other secondary containment sumps (dispenser and transition sumps) from the low point sump, typically at the STP, sensors are required to detect a leak before it exceeds the capacity of any sump.

| Release Detection  | Tank(s)   | Real and the second second  | Piping  |  |
|--|---|---|---|--|
| Interstitial Monitoring<br>with Secondary<br>Containment<br>Indicate type of system<br>(you must choose one):<br>Open [ ]<br>Closed [ ]<br>Department Approved<br>Combination [ ]<br>NOTE: Please also<br>indicate the sensor<br>locations as<br>applicable on your<br>attached site map for<br>review and approval. | Tank Sensor<br>Manufacturer:<br><br>Tank Sensor<br>Model: | At Dispensers<br>All interstices are open:<br>Yes [ ] No [ ] N/A [ ]<br>Indicate if visual monitoring or<br>sensors is being used:<br>OR<br>All interstices are closed but<br>continuous:<br>Yes [ ] No [ ] N/A [ ]<br>If sensor(s) are used, are they<br>connected to an ATG:<br>Yes [ ] No [ ] N/A [ ]<br>If sensors are used, are they<br>equipped with positive shut off?<br>Yes [ ] No [ ] N/A [ ]<br>Is an audible alarm being used?<br>Yes [ ] No [ ] N/A [ ]<br>Dispenser Sensor Manufacturer:<br>Dispenser Sensor Model: | At Tank Top<br>Does the STP sensor<br>connect to ATG?<br>Yes [ ] No [ ] N/A [ ]<br>Is positive shut off being<br>used?<br>Yes [ ] No [ ] N/A [ ]<br>Sensor Manufacturer:<br>Sensor Model: | Line Leak Detectors<br>Type of Line Leak Detector:<br>Electronic [ ] Mechanical [ ]<br>Manufacturer:<br>Model:<br>Was a high flow STP installed?<br>Yes [ ] No [ ]<br>If yes, please indicate one of the<br>leak detection options below:<br>Line leak detector on STP (in<br>leak detector port):<br>Yes [ ] No [ ] N/A [ ]<br>Electronic line leak detector in-<br>line: Yes [ ] No [ ] N/A [ ]<br>In-line mechanical line leak<br>detector, sump sensor at lowest<br>point of liquid tight containment<br>sump AND positive shutdown of<br>STP:<br>Yes [ ] No [ ] N/A [ ] |
|  | ent Division 2600 B                                       | ull Street. Columbia. SC 29201. PH0   | NE (803) 808 0589 EAY (8)   | In-line mechanical line leak<br>detector, sump sensor at lowest<br>point of liquid tight containment<br>sump AND visual or audible<br>alarm<br>Yes [] No [] N/A []   |

#### IX. INSTALLATION CERTIFICATION

All owners and operators must ensure that one or more of the following methods of certification, testing, or inspection was used.

[ ] The installer is certified by tank and piping manufacturers. Name of installer:\_\_\_\_\_\_

Contact person, email address and telephone number:

Associated certifications:

- [ ] The installation has been inspected and certified by a SC registered professional engineer with education and experience in underground storage tank system installation (attach report).
- [ ] The correct notification requirements have been followed and the installation has been inspected and approved by a representative of the UST Management Division.
- [ ] All work listed in the manufacturer's installation checklists has been completed.

#### X. SUPPLEMENTAL INFORMATION

Tank and piping manufacturers' installation checklists attached? Yes [ ] No [ ]

Testing results for tanks, lines, leak detectors, sensors, spill prevention equipment, overfill prevention equipment, piping interstice, and containment sumps attached on an acceptable form? Yes [] No [] NOTE The spill prevention and containment sump testing conducted at installation satisfies the requirements outlined in 280.35. The next test

will be due 3 years from the initial test date.

Was tank testing completed at 90 or 95% capacity, as applicable? Yes [ ] No [ ]

"As-Built" map with all UST system components attached? Yes [ ] No [ ]

NOTE: The As built map should contain the following: structures, roads, dispensers, entire piping runs, sensor locations as applicable, and transition sums as applicable.

Was product introduced to ballast the tanks? Yes [ ] No [ ]

If yes, was the required written notification received prior to the introduction of the product into the tanks? Yes [] No []

If yes, were daily stick readings taken until such time as interstitial monitoring was operational? Yes [] No []

#### If yes, please attach stick readings to this application review.

Current financial responsibility documentation on file? Yes [ ] No [ ]

Phase 1 and 2 installation inspections have been conducted by the UST Division? Yes [ ] No [ ]

Receipt showing proof of correct backfill delivery for tanks and piping attached? Yes [ ] No [ ]

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| XI. NOTES OR ADDITIONAL INFORMATION   |
|---|
|   |
|   |
|   |
|   |
|   |
|   |
| XII. CERTIFICATION I certify under penalty of law that I have personally examined and am familiar with the information submitted  |
| herein and all attached documents, and that based on my inquiry of those individuals responsible for obtaining the information and installing the UST system, I believe that the submitted information is true, accurate, and complete. |
| Name of tank owner or owner's authorized representative (print) Title   |
|   |
| Signature Date  |
|   |
| Name of installer (print) Title   |
|   |
| Signature Date  |
| XIII. State Use Only  |
| Date Permit to Operate Application Received:  |
| Phase 1 and 2 completed: Yes [ ] No [ ]   |
| Phase 3 Scheduled: Yes [ ] No [ ]   |
| Name of contact person with whom the Phase 3 was scheduled:   |
| Date of Phase 3:  |
| Person Conducting Phase 3 installation Inspection:  |
| Issues noted during Phase 3: Yes [ ] No [ ] If yes indicate issues found:   |
| Date Permit to Operate is approved:   |
| SCDES, UST Management Division, 2600 Bull Street, Columbia, SC 29201, PHONE (803) 898-0589 FAX (803) 898-0673 www.des.sc.gov  |



# Application for a Permit to Operate for Underground Storage Tanks (USTs)

### **General Information:**

The primary purpose of this form is to obtain sufficient information that allows for the issuance of a Permit to Operate a UST system. State regulations require owners of USTs that plan on storing regulated substances submit this application and receive approval prior to beginning the operation of a UST system.

Please read the instructions carefully prior to completing the form. Please type or print in ink. Also, please be sure that you have signatures in ink.

### Who must complete this form?

Any person who proposes to install a new tank must apply for a Permit to Operate and possess this permit prior to the operation of the tank system.

### What USTs are included?

An UST system is defined as any one or combination of tanks that is used to contain an accumulation of regulated substances, and whose volume (including connected underground piping) is 10 percent or more beneath the ground. Regulated USTs store petroleum or hazardous substances. This includes UST systems with field-constructed tanks and airport hydrant fuel distribution systems.

## When and Who to Notify?

Any owner that wishes to operate a regulated UST system must submit this application to the Permitting Coordinator prior beginning operation. Please allow sufficient time for Departmental review and approval of the permit application. An invoice for the registration fee, as authorized by the State Underground Petroleum Environmental Response Bank (SUPERB), will be issued at the time that a UST system is ballasted with fuel or at the time the Permit to Operate is issued, whichever is earliest. *Note:* It is a violation of South Carolina Underground Storage Tank Control Regulations 61-92, Part 280 to operate an UST system without an approved Permit to Operate .

## What Tanks are Excluded from these Requirements?

- Tanks removed from the ground prior to January 1, 1986;
- Farm or residential tanks of 1,100 gallons or less used to store motor fuel for noncommercial purposes;
- Tanks storing heating oil for use on the premise being stored;
- Septic tanks;

- Certain pipeline facilities regulated under Chapters 601 and 603 of Title 49;
- · Surface impoundments, pits, ponds, or lagoons;
- Storm water or wastewater collection systems;
- Flow-through process tanks;
- Liquid traps or associated gathering lines directly related to oil or gas production and gathering operations;
- Tanks on or above the floor of underground areas, such as basements or tunnels;
- Tanks with a capacity of 110 gallons or less;
- Wastewater treatment tank systems;
- UST systems containing radioactive materials that are regulated under the Atomic Energy Act of 1954;
- UST systems that are part of an emergency generator system at nuclear power generation facilities regulated by the Nuclear Regulatory Commission under 10 CFR part 50.

## What Substances are Covered?

These requirements apply to USTs containing petroleum or certain hazardous substances. Petroleum includes gasoline, used oil, diesel fuel, crude oil, or any fraction thereof which is liquid at standard conditions of temperature and pressure (60 degrees F and 14.7 pounds per square inch absolute). Hazardous substances are those found in Section 101 (14) of the Comprehensive Environmental Response Compensation and Liability Act (CERCLA) of 1980 with the exception of those substances regulated as hazardous waste under Subtitle C of the Resource Conservation and Recovery Act (RCRA).

## Instructions for Completing the Permit to Operate Application:

I. <u>Registration and Site Information</u>: Enter the name, physical street address (including county), telephone number and permit identification number of the facility where the tank(s) are located.

II. <u>Tank Information</u>: Complete the all applicable boxes within the table which include capacity, serial number(s) of the tanks, construction material and type of secondary containment type. Because construction and installation details may vary for individual tanks, a column for up to five tanks has been provided. It is required that you designate a number for each individual tank that was installed. You must also check yes or no to indicate that the information is identical to the Permit to Install application. If you mark no, please provide an explanation in the Additional Information section.Indicate whether tanks/compartments are manifolded

III. <u>Installation Procedures:</u> Complete the empty boxes or spaces as indicated. **Note:** You must choose at least one standard that used for the installation process.

IV. <u>Tank Installation Information</u>: Complete all subsections(Backfill/Overburden, Tank Condition, Excavation Dimensions and Anchoring System) by completing the empty boxes or spaces, as applicable.

V. <u>Piping Information</u>: Complete all applicable boxes within the table which include construction material, secondary containment and pumping system. The design, construction, and installation details may vary for individual piping runs so a column for each individual piping run (up to five) has been provided. Please ensure that you complete the questions regarding manufacturer and model. Indicate if any of the lines are manifolded. If so, provide the line numbers. You must also check yes or no to indicate that the information is identical to the Permit to Install application. If you mark no, please provide an explanation in the Additional Information section.

<u>VI. Piping Installation Information</u>: Complete all subsections(Backfill/Overburden, Piping Condition, and Excavation Dimensions) by filling in the empty boxes or spaces, as applicable.

VII. <u>Spill Prevention, Overfill Prevention, and Other Equipment:</u> Complete the blanks as indicated regarding the manufacturer and model and secondary containment of all spill, overfill prevention, tank top sumps, under dispenser containment equipment and transition sumps (if applicable). Indicate if vapor recovery was installed.

VIII. <u>Release Detection</u>: Interstitial monitoring is the only method allowed for tank release detection. You must review the definitions of open and closed systems and then check the type of system that was installed. You will then need to answer specific questions within the table that apply to your chosen type of system. For piping release detection, line leak detectors are required in conjunction with interstitial monitoring so you must indicate the type and location of the leak detector as well as the manufacturer and model. Be sure to complete the section on high flow systems, if applicable.

IX. Installation Certification: Complete the empty boxes or spaces as indicated.

X. <u>Supplemental Information</u>: Attach all required supplemental information. Indicate that the information has been attached by checking the appropriate boxes. A Permit to Operate will not be issued without the associated supplemental information.

XI. Notes or Additional Information: Fill in the blanks as needed.

XII. <u>Certification</u>: The application must be signed by the owner or an authorized representative of the facility.

#### **Office Mechanics and Filing:**

After completing the form, send the application and associated supplemental information to:

UST Permitting Coordinator 2600 Bull Street Columbia, SC 29201

This application becomes a part of the permanent file.

<u>Retention Schedule</u>: Forms will be retained within DHEC's electronic records for a period of 13 years after tanks are permanently closed.

<u>Contact Information</u>: Please contact the Permitting Coordinator at (803) 898-0587 for further information.