

Coordination #

STORAGE TANK SITE-SPECIFIC INSTALLATION PERMIT APPLICATION PART I

All required information must be typed or legibly printed in the spaces provided herein:
 This form must be fully and accurately completed.

I. FACILITY BACKGROUND INFORMATION

- ☐ New Facility ☐ Existing Regulated Aboveground Storage Tanks at Facility
☐ Existing Facility (Enter Storage Tank Facility ID No. below)

II. TANK OWNER/BUSINESS INFORMATION

Owner Name _____

Phone No. (____) _____

III. FACILITY INFORMATION

Storage Tank Facility ID NO. _____

Facility Name _____

Phone No. (____) _____

IV. PROPOSED TANK SYSTEM INFORMATION

Tank Type		Substance	Substance	Capacity	Fee
AST	UST	Name	CAS No.	(Gallons)	
<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	_____	_____
<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	_____	_____
<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	_____	_____

V. TOTAL FEE FOR THIS APPLICATION (see instructions): \$ _____

VI. CERTIFICATION OF GENERAL REQUIREMENTS FOR SITE SPECIFIC INSTALLATION PERMITS

Please acknowledge the following requirements by placing your initials in front of the requirements listed below.

- _____ I certify that the tank handling and inspection activities performed on the tank system(s) listed in this application will be performed by Department certified individuals.
- _____ I certify that the storage tank system(s) listed in this application will be in compliance with applicable administrative, technical and operational requirements of subchapter E, F or G.
- _____ I have notified the municipality and county in which the tank(s) will be located and have attached proof of this notification to this application.
- _____ I have submitted to the Department's Regional Storage Tank Section: ☐ a new SPR Plan; ☐ revisions to an existing SPR Plan, on _____.
- _____ I have included a description of the company structure and identified related companies owning or operating storage tanks in Pennsylvania.
- _____ Applicant agrees to notify the Department's Regional Storage Tank Section within 30 days of receiving notification that mining activities will occur beneath the storage tank site.

I certify under penalty of law that I have personally examined and that I am familiar with the information submitted in this application and all attached documents. I certify under penalty of law as provided in 18 PA C.S.A. Section 4904 (relating to unsworn falsification to authorities), the information provided in this application is true, accurate, and complete to the best of my knowledge and belief.

Typed Name

Signature

Title

Date

Phone

DEP Use Only

Date Rec'd _____ Fee Submit (yes/no) _____
 Date Adm. Cmpl't. _____ Adm. Reviewer Init. _____
 Date Tech. Rev. _____ Tech. Reviewer Init. _____
 Date Approval _____
 Date Ret. Applicant _____

eFACTS INFORMATION

APS ID _____
 Client ID _____
 Authority ID _____
 Program ID (Permit #) _____

**STORAGE TANK
SITE-SPECIFIC INSTALLATION PERMIT APPLICATION
PART II**

TANK OWNER/BUSINESS NAME: _____

FACILITY NAME: _____

Please acknowledge the following requirements by placing a yes or no in front of the requirements listed below.

1. Mapping requirements for site specific installation permits

- _____ Plot Plan attached meeting requirements §245.233
 _____ Latitude and Longitude must be shown on the plot plan for each proposed tank location(s).
 _____ Copy of the 7¹/₂ minute USGS map attached showing proposed tank location(s).

2. Siting

Floodplain:

- _____ All or part of the tank system or facility is located in the 100-year floodplain or records show that this site has been inundated by flood waters.
 If the answer is yes, answer the following: _____ This site was used for industrial purposes prior to August 5, 1989.

Wetlands

- _____ All or part of the tank system or facility is located in a wetland.
 If the answer is yes, answer the following: _____ A Chapter 105 permit has been obtained

3. Geological Considerations

- _____ All or part of the tank system or facility location has been deep mined.
 If the answer is yes, answer the following:
 _____ An assessment is provided showing the degree of and potential for surface subsidence and include the methods to be used to stabilize the tank system.
 _____ Applicant assures that minerals providing surface support will not be mined as long as the facility stores regulated substances.
 _____ All or part of the tank system or facility is underlain by carbonate bedrock limestone. If yes, provide information on and an assessment of the prevalence of solution channels and the potential for sinkholes. Include the methodology that will be used to stabilize the tank system's foundation.
 _____ There are other geological features at the tank system site that have a potential to affect the tank system integrity. If yes, provide a geological assessment and methods to be used to stabilize the tank system foundation.

4. Environmental Assessment

The environmental assessment determines the potential impact of this facility on the environment, public health and public safety. Please provide an explanation of your investigation to determine whether the proposed tank(s) are located near or pose any potential threat to each of the areas listed below. The explanation of the investigations in each area must include the source of the information, the date the information was valid, the extent of the investigation and the findings. When a potential threat exists, provide detailed information and analysis of the threat and the proposed mitigation measures that will protect the environment.

- A. A community water supply.
- B. A private water supply.
- C. Wetlands.
- D. Critical or unique wildlife habitats or is located within an area which supports an endangered, threatened or rare plant or animal.
- E. Historical or archaeological sites.
- F. Recreational parks and forests, natural areas or environmental centers.
- G. A waterway designated as a Pennsylvania Scenic River or a waterway included in the National Wild and Scenic River System.
- H. Prime farmland or an agriculture security area.
- I. A Special Protection Watershed as designated in Chapter 93.



PROFESSIONAL CERTIFICATION

Storage Tank Site-Specific Installation Permit Application Part II – Siting Requirements – Geological Considerations

Facility Name: _____

Registered Professional

By affixing my seal to this application (document), I am certifying that the information is true and correct. I further certify I am licensed to practice in the Commonwealth of Pennsylvania and that it is within my professional expertise to verify the correctness of the information.

(Name of Professional)

(Signature)

Signed and sealed this day _____, _____

SEAL