



Permit-to-Install/Plan Approval Application

Underground Storage Tank Remediation

FOR AGENCY USE ONLY

Application Number: _____	Date Received: / /
---------------------------	--------------------------

Applicant:
Facility Owner:
Application/Plans Prepared by:
Project Name:

1. Has Ohio EPA’s Division of Emergency and Remedial Response (DERR) declared this to be an emergency?

Yes No If **Yes**, date of emergency: / /

Ohio EPA Inspector: _____

2. Describe the horizontal and vertical extent of contamination:

3. List effluent receiving stream or municipality owning the sanitary sewer:

4. Wastewater Treatment System Status

a. Installed Yes No Date: / / b. Operational Yes No Date: / /

c. Length of time that the remediation system will be in operation: _____

d. Official who will manage and/or operate the treatment system:

Name: _____

Title: _____ Phone: () -

e. Describe measures to be employed to ensure that the system will function under adverse weather conditions and security measures to be taken to control unauthorized access:

10. Surge Tank Design Criteria

a. Surge tank capacity: Volume = _____ gallons Detention time = _____ hours

b. How will the transfer pump be activated? _____

c. Type of transfer pump: _____

Manufacturer: _____

Model: _____

Pump Capacity: _____ gpm TDH: _____ feet

Pump motor: _____ HP RPM: _____

11. Activated Carbon Column Design Criteria

a. Number of activated carbon columns: _____

b. Capacity of the columns: _____ pounds of activated carbon/column

c. Breakthrough time of carbon columns (show calculations on a separate sheet): _____

d. Will any other methods be used to determine the breakthrough time? Please explain.

e. What steps will be taken to replace the activated carbon columns when the breakthrough is detected?
Will the existing second column replace the first and a virgin column replaces the second? Please explain.

f. Where will the sample port(s) be located? _____

g. Will the spent carbon be recycled? Yes No If **Yes**, by whom? _____
Otherwise, please explain how the spent carbon will be disposed.

h. Will a lower explosive level (LEL) monitor alarm system be installed? Yes No

12. General Treatment System Design Information

a. Control panel to indicate treatment system status? Yes No

b. If the system is deactivated by the level alarm in the surge tank, the free product alarm in the separation tank and/or the LEL monitor, what will be the procedure for restarting the system?

c. Please provide a brief explanation of how flow through the system will be controlled if analog/digital instruments are not used.

d. Flow totalizer provided? Yes No (if **Yes**, fill in information below)

Manufacturer: _____

Operating Range: _____ Model: _____

13. If the system includes air strippers, has Ohio EPA or the local air authority been contacted to obtain an air permit? Yes No N/A

14. Has a National Pollutant Discharge Elimination System (NPDES) application been filed with Ohio EPA? Yes No

If **Yes**, date filed: ___ / ___ / ___ Permit Numbers: OH _____

15. Submittals:

This application must include the following unless otherwise directed by Ohio EPA:

- Four copies of the detail plans.
- Two copies of the Application including Form A, pertinent B & C form(s), and antidegradation addendum (if applicable)

16. The foregoing data is a true statement of facts pertaining to this underground storage tank remediation site.

Date: ___ / ___ / ___ Signed: _____ P.E.

Plans prepared by: _____