



Mariposa County Health Department

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Public Health
Prevent. Promote. Protect.

APPLICATION FOR A PERMIT TO INSTALL, UPGRADE, OR REPAIR UNDERGROUND STORAGE TANK

FOR AGENCY USE ONLY

DATE REC'D: _____ INSTALLATION AUTHORITY# _____ BY: _____

RECEIPT #: _____ FEE: _____ BY: _____

CERS ID# _____

INSTRUCTIONS

1. This is a consolidated Application for the Mariposa County Health Department
2. This application is valid for six (6) months from the date of application.
3. Two copies of drawings must be submitted.
4. All fees must be submitted with this application (each tank compartment is considered a separate tank).
5. Each tank, or compartment, even if identical, must have a separate UST tank form completed.

Install Upgrade—Including Piping Upgrade—No-Piping* Repair** Spill Container Only

Number of Compartments _____

* Upgrade-No Piping: Includes UDC installation or sump installation.

** Repair: Includes replacement of the leak detection console or the repair of a leaking pipe.

ASSESSORS PARCEL NUMBER _____

CONTRACTOR COMPANY NAME _____ PHONE _____

CONTRACTOR ADDRESS _____

CITY _____ ZIP _____ LIC # _____ CLASSIFICATIONS _____

CONTRACTOR SIGNATURE _____ DATE _____

PRINT NAME _____

FACILITY NAME _____ FIRE DISTRICT _____

FACILITY ADDRESS _____ CITY _____ ZIP _____

OWNER NAME _____ PHONE _____

OWNER ADDRESS _____ CITY _____ ZIP _____

OWNER MAILING ADD _____ CITY _____ ZIP _____

1. This document shall be completed & submitted to the EHS along with site specific drawings and supporting forms.
2. In the table below, check the box for any component that will be **installed, replaced or modified**. List the manufacturer name and specific model number for each piece of **new** equipment. If an item is not applicable to this project, check the “N/A” box.
3. For a list of items that must be included in the site specific drawings refer to the “Drawings & Parts List” document.
4. **Each item marked yes must be depicted in the site specific drawings.**

Agency Use Only	Equipment	Will be replaced, repaired or installed?	If yes, list the Name of Equipment Manufacturer (for the new equipment only)	If yes list the Model Number (for the new equipment only)
	Tank(s)	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> N/A	<input type="checkbox"/> N/A
	Primary Product Pipe	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> N/A	<input type="checkbox"/> N/A
	Secondary Product Pipe	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> N/A	<input type="checkbox"/> N/A
	Primary Vapor Return Pipe	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> N/A	<input type="checkbox"/> N/A
	Secondary Vapor Return Pipe	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> N/A	<input type="checkbox"/> N/A
	Primary Vent Pipe	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> N/A	<input type="checkbox"/> N/A
	Secondary Vent Pipe	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> N/A	<input type="checkbox"/> N/A
	Product Sumps, tophats, and tophat lids.	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> N/A	<input type="checkbox"/> N/A
	Fill Sumps, tophats, and tophat lids.	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> N/A	<input type="checkbox"/> N/A
	Manway lids for sumps.	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> N/A	<input type="checkbox"/> N/A
	Under Dispenser Containment	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> N/A	<input type="checkbox"/> N/A
	Leak Detection Console	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> N/A	<input type="checkbox"/> N/A
	Tank Interstitial Space Sensor	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> N/A	<input type="checkbox"/> N/A
	Product Sump Sensor	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> N/A	<input type="checkbox"/> N/A
	Fill Sump Sensor	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> N/A	<input type="checkbox"/> N/A
	Low Point or Vapor Pot Sensor	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> N/A	<input type="checkbox"/> N/A
	UDC Sensor or Float	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> N/A	<input type="checkbox"/> N/A

In-Tank Probe (e.g. ATG)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	<input type="checkbox"/> N/A
External Overfill Alarm	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	<input type="checkbox"/> N/A
Drop Tube or Drop Tube with Overfill Device	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	<input type="checkbox"/> N/A
Ball Float Valves	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	<input type="checkbox"/> N/A
Ball Valves	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	<input type="checkbox"/> N/A
Extractor Tees	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	<input type="checkbox"/> N/A
Flex Connectors	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	<input type="checkbox"/> N/A
Flex Connector Boots	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	<input type="checkbox"/> N/A
Vent Transition Containment Sump	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	<input type="checkbox"/> N/A
Line Leak Detector	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	<input type="checkbox"/> N/A
Penetration Fittings (pipe & conduit)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	<input type="checkbox"/> N/A
Pipe Centralizer or Spacer	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	<input type="checkbox"/> N/A
Shear Valves (product & vapor)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	<input type="checkbox"/> N/A
Dispenser Hoses	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	<input type="checkbox"/> N/A
Dispensers	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	<input type="checkbox"/> N/A
Dispenser Hose Break - Away Connectors	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	<input type="checkbox"/> N/A
Dispenser Nozzles	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	<input type="checkbox"/> N/A
Spill Containment & Lids	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	<input type="checkbox"/> N/A
Test and Reducer Boots	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	<input type="checkbox"/> N/A
Turbines	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	<input type="checkbox"/> N/A
Vent Caps	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	<input type="checkbox"/> N/A
Remote Fill Primary Pipe	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	<input type="checkbox"/> N/A
Remote Fill Secondary Pipe	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	<input type="checkbox"/> N/A
Low Point Or Transition Sump	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	<input type="checkbox"/> N/A
VPH System & Sensors <small>(Veeder-Root, Beadreau etc.)</small>	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	<input type="checkbox"/> N/A
EVR Phase II Vapor Recovery Equipment	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	<input type="checkbox"/> N/A
Other	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	<input type="checkbox"/> N/A

GENERAL INFORMATION (FOR ALL APPLICATIONS)

REASON FOR UPGRADE OR REPAIR:

- UPGRADE OR REPAIR TO MEET CURRENT STATE/FEDERAL REQUIREMENTS
- PIPING SYSTEM FAILURE
- OTHER, BRIEFLY DESCRIBE:

ESTIMATED STARTING DATE _____ ESTIMATED COMPLETION _____

DISTANCE OF UST(S) FROM NEAREST WELL _____ FEET (minimum distance shall be 100 ft.)

DEPTH TO USABLE GROUND WATER (IF KNOWN) _____

TYPE OF SYSTEM: PRESSURE SUCTION SAFE SUCTION GRAVITY
 EMERGENCY GENERATOR

SCOPE OF WORK (DESCRIBE THE COMPONENTS THAT WILL BE MODIFIED, INSTALLED OR REPLACED):

I) FOR UST INSTALLATIONS:

A) MONITORING EQUIPMENT:

NAME OF THE COMPANY THAT WILL INSTALL, CALIBRATE & PROGRAM THE MONITORING EQUIPMENT: _____

ADDRESS: _____ PHONE #: _____

CONTRACTORS LICENSE NUMBER AND CLASSIFICATION: _____

NAMES OF PERSONNEL EMPLOYED BY THIS CONTRACTOR WHO ARE CERTIFIED BY THE MANUFACTURER TO INSTALL, CALIBRATE & PROGRAM THIS MAKE/MODEL OF MONITORING EQUIPMENT: _____

- **ATTACH A COPY OF MONITORING SYSTEM MANUFACTURER'S TRAINING CERTIFICATION [FOR THE EMPLOYEE THAT WILL PERFORM THE INSTALLATION & PROGRAMMING].**

B) OTHER CERTIFICATIONS

- **ATTACH A PHOTOCOPY OF MANUFACTURER TRAINING CERTIFICATE FOR THE TANK, PIPE AND ALL OTHER UST COMPONENTS THAT WILL BE INSTALLED, REPLACED OR REPAIRED.**

- **ATTACH A PHOTOCOPY OF THE ICC INSTALLER CERTIFICATION FOR THE PERSON THAT WILL BE ON SITE SUPERVISING ALL UST WORK.**

C) ENHANCED LEAK DETECTION (ELD):

NAME OF COMPANY THAT WILL PERFORM THE ELD TEST: _____

ADDRESS: _____ PHONE: _____

- **ATTACH A PROGRAM OF ENHANCED LEAK DETECTION** (FROM THE COMPANY THAT WILL PERFORM THE ELD TEST). THE PROGRAM MUST INCLUDE MAXIMUM DISTANCES BETWEEN THE PROBES/CONDUIT AND THE UST SYSTEM.

D) VACUUM, PRESSURE OR HYDROSTATIC SYSTEM (VPH):

INDICATE WHAT TYPE OF CONTINUOUS VPH MONITORING WILL BE UTILIZED FOR:

- | | | | |
|--------------------------------------|------------|--------------|-----------------|
| ● THE UST INTERSTICE | ___ VACUUM | ___ PRESSURE | ___ HYDROSTATIC |
| ● THE PRODUCT PIPE INTERSTICE | ___ VACUUM | ___ PRESSURE | ___ HYDROSTATIC |
| ● THE VAPOR RECOVERY PIPE INTERSTICE | ___ VACUUM | ___ PRESSURE | ___ HYDROSTATIC |
| ● THE VENT PIPE INTERSTICE | ___ VACUUM | ___ PRESSURE | ___ HYDROSTATIC |
| ● THE TURBINE SUMP INTERSTICE | ___ VACUUM | ___ PRESSURE | ___ HYDROSTATIC |
| ● THE FILL SUMP INTERSTICE | ___ VACUUM | ___ PRESSURE | ___ HYDROSTATIC |
| ● THE VENT BOX INTERSTICE | ___ VACUUM | ___ PRESSURE | ___ HYDROSTATIC |

II) FOR UPGRADES AND APPLICABLE REPAIRS:

A) MONITORING EQUIPMENT:

NAME OF THE COMPANY THAT WILL INSTALL, CALIBRATE & PROGRAM THE MONITORING

EQUIPMENT: _____

ADDRESS: _____ PHONE #: _____

LICENSE NUMBER AND CLASSIFICATION: _____

NAMES OF PERSONNEL EMPLOYED BY THIS CONTRACTOR WHO ARE CERTIFIED BY THE MANUFACTURER TO INSTALL, CALIBRATE & PROGRAM THIS MAKE/MODEL OF MONITORING EQUIPMENT: _____

- **ATTACH A COPY OF MONITORING SYSTEM MANUFACTURER’S CERTIFICATION** (FOR THE EMPLOYEE THAT WILL PERFORM THE INSTALLATION & PROGRAMMING).

B) OTHER CERTIFICATIONS

- **ATTACH A PHOTOCOPY OF MANUFACTURER TRAINING CERTIFICATE FOR THE TANK, PIPE AND ALL OTHER UST COMPONENTS THAT WILL BE INSTALLED, REPLACED OR REPAIRED.**

- **ATTACH A PHOTOCOPY OF THE ICC INSTALLER CERTIFICATION FOR THE PERSON THAT WILL BE ON SITE SUPERVISING ALL UST WORK.**

C) SAMPLING:

COMPANY NAME, ADDRESS AND PHONE NUMBER THAT WILL PERFORM SOIL AND OR WATER SAMPLING: _____

NAME, ADDRESS, PHONE NUMBER AND CA STATE CERTIFICATION NUMBER FOR THE LAB THAT WILL PERFORM THE ANALYSIS ON THE SOIL AND OR WATER SAMPLES: _____

THE OWNER OR HIS AGENT SHALL BE RESPONSIBLE FOR CONTRACTING WITH AN INDEPENDENT, QUALIFIED THIRD PARTY TO COLLECT SAMPLES. THE OWNER OR HIS AGENT SHALL HAVE THE SAMPLES ANALYZED AT A STATE APPROVED ANALYTICAL LABORATORY FOR PRODUCT CONSTITUENTS AS REQUIRED BY MCHD. BRASS, STAINLESS STEEL, OR TEFLON TUBES SHALL BE USED TO TAKE SOIL SAMPLES. GLASS CONTAINERS (I.E., VOLATILE ORGANIC ANALYSIS BOTTLES) SHALL BE USED TO TAKE WATER SAMPLES. OTHER SAMPLING ARRANGEMENTS SHALL BE APPROVED IN ADVANCE BY MCHD ON A CASE BY CASE BASIS. THE OWNER OR HIS AGENT SHALL

BE RESPONSIBLE FOR MAKING ALTERNATIVE ARRANGEMENTS IN ADVANCE WITH MCHD VIA AN APPROVED WRITTEN REQUEST. SAMPLING PERSONNEL SHALL BE ON SITE AT THE TIME OF THE SAMPLING INSPECTION.

III) OWNER ACKNOWLEDGEMENT

I DECLARE THAT TO THE BEST OF MY KNOWLEDGE THE STATEMENTS AND INFORMATION PROVIDED ARE CORRECT AND TRUE. I UNDERSTAND THAT INFORMATION, IN ADDITION TO THAT PROVIDED IN THIS APPLICATION, MAY BE NEEDED IN ORDER TO OBTAIN A PERMIT FROM THE MCHD AND THAT NO WORK IS TO BEGIN ON ANY PORTION OF THE UST SYSTEM OR THE UST LEAK DETECTION SYSTEM UNTIL THE AUTHORITY TO CONSTRUCT LETTER (PERMIT) IS ISSUED.

I UNDERSTAND THAT ANY CHANGES IN DESIGN, MATERIALS OR EQUIPMENT WILL **VOID** MY AUTHORITY TO CONSTRUCT (PERMIT) **IF PRIOR APPROVAL IS NOT OBTAINED.**

I UNDERSTAND THAT ANY INSPECTION APPOINTMENTS MUST BE ESTABLISHED WITH THE MCHD AT LEAST TWO WORKING DAYS (48 HOURS) IN ADVANCE.

TANK OWNER'S SIGNATURE _____ DATE _____
PRINTED NAME _____ PHONE _____
TITLE _____

NOTE: A COPY OF AN AUTHORIZED SIGNATORS FORM MUST BE ON FILE WITH THE MCHD IF AN INDIVIDUAL IS SIGNING FOR THE TANK OWNER.

NO UST CONSTRUCTION ACTIVITIES CAN PROCEED PRIOR TO ISSUANCE OF AN 'AUTHORITY TO CONSTRUCT' LETTER (PERMIT) BY THE MCHD. THE 'AUTHORITY TO CONSTRUCT' LETTER WILL BE ADDRESSED TO THE OWNER AND IDENTIFY THE CONTRACTOR. IT WILL LIST INSPECTION SCHEDULING AND SITE SPECIFIC CONSTRUCTION REQUIREMENTS.

IV) ADDITIONAL ITEMS:

• FOR ALL APPLICATIONS SUBMIT (EXCEPT REPAIR OF DAMAGED PIPE):

- A UST WRITTEN MONITORING PLAN.
- TWO SETS OF DRAWINGS (REFER TO THE "DRAWINGS AND PARTS LIST" DOCUMENT FOR THE ITEMS TO BE INCLUDED).
- IF A SUBCONTRACTOR IS UTILIZED TO WORK ON THE UST SYSTEM
- THE NAME, ADDRESS, PHONE NUMBER, AND CONTRACTORS LICENSE NUMBER MUST BE SUBMITTED WITH THIS APPLICATION.

• FOR INSTALLATION APPLICATIONS SUBMIT:

- A CERTIFICATE OF FINANCIAL RESPONSIBILITY.
- A HAZARDOUS MATERIALS BUSINESS PLAN.

THIS PAGE FOR AGENCY USE ONLY

UPGRADE & REPAIR SAMPLING NOTES

Site Name: _____

Date: _____

Site Address: _____

Inspector: _____

Sampler Name: _____ Company Name: _____

Address & Phone Number: _____

Laboratory Name, Address & Phone: _____

N



Analysis

Required:

**MARIPOSA COUNTY ENVIRONMENTAL HEALTH SERVICES
UNDERGROUND STORAGE TANK
CERTIFICATION OF INSTALLATION / MODIFICATION**

(One form per project.)

I. FACILITY INFORMATION

FACILITY ID # (Agency Use Only) 1.

BUSINESS NAME (Same as FACILITY NAME or DBA – Doing Business As) 3.

BUSINESS SITE ADDRESS 103. CITY 104

II. INSTALLATION / MODIFICATION PROJECT DESCRIPTION

TYPE OF PROJECT (Check all that apply) 483a.	WORK AUTHORIZED UNDER PERMIT 483b. (Number or Date):
<input type="checkbox"/> 1. TANK INSTALLATION OR REPLACEMENT <input type="checkbox"/> 2. PIPING INSTALLATION OR REPLACEMENT <input type="checkbox"/> 3. SUMP INSTALLATION OR REPLACEMENT <input type="checkbox"/> 4. UNDER DISPENSER CONTAINMENT INSTALLATION OR REPLACEMENT <input type="checkbox"/> 5. OTHER	

DESCRIPTION OF WORK BEING CERTIFIED: 483c

III. CONTRACTOR INFORMATION

NAME OF CONTRACTOR WHO PERFORMED INSTALLATION / MODIFICATION 482a.

CONTRACTOR LICENSE # 482b. ICC CERTIFICATION # 482c.

IV. CERTIFICATION

I certify that the information provided herein is true, accurate, and that the following conditions have been satisfied:

- The installer has met the requirements set forth in 23 CCR §2715, subdivisions (g) and (h).
- The underground storage tank, any primary piping, and any secondary containment was installed according to applicable voluntary consensus standards and any manufacturer’s written installation instructions.
- All work listed in the manufacturer’s installation checklist has been completed.
- The installation has been inspected and approved by the local agency, or if required by the local agency, inspected and certified by a registered professional engineer having education and experience with underground storage tank system installations.

SIGNATURE OF TANK OWNER OR OWNER’S AGENT	DATE 484.	PHONE 487. ()
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CERTIFIER’S NAME (print) 485	CERTIFIER’S TITLE: 486.
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NAME OF CERTIFIER’S EMPLOYER (DBA) 488	CERTIFIER’S RELATIONSHIP TO TANK OWNER 489.
	<input type="checkbox"/> 1. TANK OWNER <input type="checkbox"/> 2. TANK OPERATOR <input type="checkbox"/> 3. CONTRACTOR <input type="checkbox"/> 4. PROPERTY OWNER <input type="checkbox"/> 5. OTHER AUTHORIZED AGENT OF TANK OWNER

UST Certification of Installation / Modification Form Instructions

This Certification form must be submitted upon the completion of installation or upgrading of tanks and/or piping associated with a UST system. Installation or upgrading of multiple tank systems may be addressed on one form. The UST owner or an authorized representative of the owner must complete this form. (Note: Numbering of these instructions follows the UPCF data element numbers on the Certification form.)

1. FACILITY ID NUMBER – This space is for agency use only.
3. BUSINESS NAME – Enter the complete Facility Name.
103. BUSINESS SITE ADDRESS – Enter the street address of the facility, including building number, if applicable. This address must be the physical location of the facility. Post office box numbers are not acceptable.
104. CITY – Enter the city or unincorporated area in which the facility is located.
- 482a. NAME OF CONTRACTOR WHO PERFORMED INSTALLATION / MODIFICATION – Enter the name of the contractor who performed the work as registered with the Contractors State License Board (CSLB).
- 482b. CONTRACTOR LICENSE # – For the contractor named above, enter the license number assigned by the Contractors State License Board (license information is available online at www.cslb.ca.gov).
- 482c. ICC CERTIFICATION # – Enter the International Code Council (ICC) “UST Installation/Retrofitting” certification number possessed by the contractor.
- 483a. TYPE OF PROJECT – Check the appropriate box(es) to indicate the type of work performed. Address each system component individually (i.e., for installation of a complete motor vehicle fueling UST system, check boxes 1 through 4).
- 483b. WORK AUTHORIZED UNDER PERMIT (Number or Date) – Enter the number of the permit issued by the local agency, or if no permit number, the date the permit or project approval was issued for the work being certified.
- 483c. DESCRIPTION OF WORK BEING CERTIFIED – In the space provided, briefly describe the work performed. Include the number and type of UST systems installed or upgraded and the scope of work (e.g., “Installation of piping sumps and under dispenser containment, and replacement of product and vapor recovery piping associated with one 12,000 gallon regular unleaded and one 8,000 gallon premium unleaded motor vehicle fuel tank.”).

SIGNATURE OF TANK OWNER OR OWNER’S AGENT – The tank owner or an authorized agent of the owner shall sign in the space provided. This signature certifies that the signer believes that all the information submitted is true and accurate.

484. DATE CERTIFIED – Enter the date the form was signed.
485. CERTIFIER’S NAME – Enter the full printed name of the person signing the form.
486. CERTIFIER’S TITLE – Enter the title of the person signing the form.
487. PHONE – Enter the phone number of the person signing the certification. Include the area code and any extension number.
488. NAME OF CERTIFIER’S EMPLOYER – Enter the name (DBA) of the employer of the person signing the form. If the tank owner is an individual, and the owner signs the Certification, note “N/A” (Not Applicable) in this space.
489. CERTIFIER’S RELATIONSHIP TO TANK OWNER – Check the appropriate box to indicate the nature of the relationship between the person signing the form and the tank owner.