



HMCD Use Only

PLAN REVIEW

- Approved for HazMat Compliance
- Disapproved
- Approved With Revisions Noted

BY: _____ DATE: _____
 FA: _____ SR: _____

EQUIPMENT LIST FOR ABOVEGROUND STORAGE TANK SYSTEMS

For Use Within the Cities of Los Altos Hills, Monte Sereno, Saratoga, and in Unincorporated Areas of Santa Clara County.

I. General Information

One completed copy of this form must be submitted to the Hazardous Materials Compliance Division (HMCD) along with the Hazardous Materials Construction Permit Application, cut sheets/specifications, and drawings.

II. Project Location

Facility Name: _____
 Site Address: _____ City: _____

III. Equipment Information

In the table below, *provide the manufacturer name and specific model number* for each type of equipment to be installed. If an item is existing or not applicable *to this project*, check the appropriate box in the “Name of Equipment Manufacturer” column. Manufacturers’ cut sheets/specifications showing listings (e.g., UL) and other applicable technical information for *all equipment to be installed* shall be submitted with this form.

Equipment Type	Name of Equipment Manufacturer	Specific Model No(s).	HMCD Use Only
Vaulted Aboveground Tank	<input type="checkbox"/> Existing; <input type="checkbox"/> N/A		<input type="checkbox"/>
Generator Belly Tank	<input type="checkbox"/> Existing; <input type="checkbox"/> N/A		<input type="checkbox"/>
Day Tank	<input type="checkbox"/> Existing; <input type="checkbox"/> N/A		<input type="checkbox"/>
Fire Pump Tank	<input type="checkbox"/> Existing; <input type="checkbox"/> N/A		<input type="checkbox"/>
Other Aboveground Tank	<input type="checkbox"/> Existing; <input type="checkbox"/> N/A		<input type="checkbox"/>
Tank Fill Spill Bucket or Containment Basin	<input type="checkbox"/> Existing; <input type="checkbox"/> N/A		<input type="checkbox"/>
Mechanical Overfill Prevention Valve	<input type="checkbox"/> Existing; <input type="checkbox"/> N/A		<input type="checkbox"/>
Overfill Prevention Audible & Visual Alarm Unit* (<i>near tank fill</i>)	<input type="checkbox"/> Existing; <input type="checkbox"/> N/A		<input type="checkbox"/>
Overfill Prevention (High Liquid) Sensor or Probe	<input type="checkbox"/> Existing; <input type="checkbox"/> N/A		<input type="checkbox"/>
Primary Product Pipe	<input type="checkbox"/> Existing; <input type="checkbox"/> N/A		<input type="checkbox"/>
Secondary Product Pipe	<input type="checkbox"/> Existing; <input type="checkbox"/> N/A		<input type="checkbox"/>
Piping Flex Connectors	<input type="checkbox"/> Existing; <input type="checkbox"/> N/A		<input type="checkbox"/>

