County of Santa Clara

Department of Environmental Health Hazardous Materials Compliance Division (HMCD) Hazardous Materials Program 1555 Berger Drive, Suite 300

San Jose, CA 95112-2716 (408) 918-3400; www.EHinfo.org/hazmat



	HM	CD Use Only		
/	PLAN REVIEW			
☐ Approved for HazMat Compliance				
k		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.

T. 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 Lo	cation	
	Facility Name:		
	Site Address:	City:	
TTT	Fauinment	t Information	

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	Existing; N/A		
Generator Belly Tank	Existing; N/A		
Day Tank	Existing; N/A		
Fire Pump Tank	Existing; N/A		
Other Aboveground Tank	Existing; N/A		
Tank Fill Spill Bucket or Containment Basin	Existing; N/A		
Mechanical Overfill Prevention Valve	Existing; N/A		
Overfill Prevention Audible & Visual Alarm Unit* (near tank fill)	Existing; N/A		
Overfill Prevention (High Liquid) Sensor or Probe	Existing; N/A		
Primary Product Pipe	Existing; N/A		
Secondary Product Pipe	Existing; N/A		
Piping Flex Connectors	Existing; N/A		

Equipment	List for	Aboveground	Storage	Tank Syste	ems - Page	2 of 2

Equipment Type	Name of Equipment Manufacturer	Specific Model No(s).	HMCD Use Only
Electronic Monitoring System Control Panel*	☐ Existing; ☐ N/A		
Tank Interstitial or Rupture Basin Leak Detection Sensor	Existing; N/A		
Piping Sump/Interstitial Leak Detection Sensor	Existing; N/A		
Dispenser Pan/Sump Leak Detection Sensor	Existing; N/A		
Dispenser	Existing; N/A		
Dispenser Secondary Containment Pan/Sump	Existing; N/A		
Dispenser Shear/Fusible Link Valve	Existing; N/A		
Anti-Siphon Device	Existing; N/A		

^{*} If a generator control panel serves as the unit that displays local audible & visual alarms, specify the panel manufacturer and model.