

UNDERGROUND STORAGE TANK SYSTEM

OWNER STATEMENTS OF DESIGNATED UST OPERATOR AND UNDERSTANDING OF AND COMPLIANCE WITH UST REQUIREMENTS

Authority Cited: Title 23, Div. 3, Ch. 16 California Code of Regulations (CCR)

Facility Name: <input style="width: 95%;" type="text"/>	Facility Phone: <input style="width: 95%;" type="text"/>
Facility Site Address: <input style="width: 95%;" type="text"/>	Facility ID#: FA <input style="width: 100px;" type="text"/>
REASON FOR SUBMITTING THIS FORM (<i>check one</i>): <input type="checkbox"/> Change of Designated Operator <input type="checkbox"/> Update of ICC Certification Expiration Date(s)	

Primary Designated UST Operator for This Facility	
Designated Operator's Name: <input style="width: 95%;" type="text"/>	RELATION TO UST FACILITY (<i>Check One</i>):
Business Name (<i>If different from above</i>): <input style="width: 95%;" type="text"/>	<input type="checkbox"/> Owner <input type="checkbox"/> Employee <input type="checkbox"/> Operator
Designated Operator's Phone #: <input style="width: 95%;" type="text"/>	<input type="checkbox"/> Third-Party <input type="checkbox"/> Service Technician
International Code Council Certification #: <input style="width: 95%;" type="text"/>	Expiration Date: <input style="width: 150px;" type="text"/>

ALTERNATE 1 DESIGNATED UST OPERATOR FOR THIS FACILITY (<i>Optional</i>)	
Designated Operator's Name: <input style="width: 95%;" type="text"/>	RELATION TO UST FACILITY (<i>Check One</i>):
Business Name (<i>If different from above</i>): <input style="width: 95%;" type="text"/>	<input type="checkbox"/> Owner <input type="checkbox"/> Employee <input type="checkbox"/> Operator
Designated Operator's Phone #: <input style="width: 95%;" type="text"/>	<input type="checkbox"/> Third-Party <input type="checkbox"/> Service Technician
International Code Council Certification #: <input style="width: 95%;" type="text"/>	Expiration Date: <input style="width: 150px;" type="text"/>

ALTERNATE 2 DESIGNATED UST OPERATOR FOR THIS FACILITY (<i>Optional</i>)	
Designated Operator's Name: <input style="width: 95%;" type="text"/>	RELATION TO UST FACILITY (<i>Check One</i>):
Business Name (<i>If different from above</i>): <input style="width: 95%;" type="text"/>	<input type="checkbox"/> Owner <input type="checkbox"/> Employee <input type="checkbox"/> Operator
Designated Operator's Phone #: <input style="width: 95%;" type="text"/>	<input type="checkbox"/> Third-Party <input type="checkbox"/> Service Technician
International Code Council Certification #: <input style="width: 95%;" type="text"/>	Expiration Date: <input style="width: 150px;" type="text"/>

ALTERNATE 3 DESIGNATED UST OPERATOR FOR THIS FACILITY (<i>Optional</i>)	
Designated Operator's Name: <input style="width: 95%;" type="text"/>	RELATION TO UST FACILITY (<i>Check One</i>):
Business Name (<i>If different from above</i>): <input style="width: 95%;" type="text"/>	<input type="checkbox"/> Owner <input type="checkbox"/> Employee <input type="checkbox"/> Operator
Designated Operator's Phone #: <input style="width: 95%;" type="text"/>	<input type="checkbox"/> Third-Party <input type="checkbox"/> Service Technician
International Code Council Certification #: <input style="width: 95%;" type="text"/>	Expiration Date: <input style="width: 150px;" type="text"/>

I certify that, for the facility indicated at the top of this page, the individual(s) listed above will serve as Designated UST Operator(s). The individual(s) will conduct and document monthly facility inspections and annual facility employee training in accordance with California Code of Regulations, Title 23, Section 2715(c) through (f). Furthermore, I understand and am in compliance with the requirements (statutes, regulations, and local ordinances) applicable to underground storage tanks.

Name of Tank Owner: <input style="width: 95%;" type="text"/>	Owner's Phone #: <input style="width: 95%;" type="text"/>
Signature of Tank Owner: _____	Date: _____

Instructions

1. Report the name(s) of the Designated UST Operator(s) as registered with the International Code Council (ICC)
2. Submit this completed form to the Yolo County Environmental Health Department via **CERS** (<http://cers.calepa.ca.gov>)
3. **Notify the local agency of any changes to this information within 30 days of change.**