

ENVIRONMENTAL HEALTH – UNDERGROUND STORAGE TANK (UST) PROGRAM

UST Installation/Upgrade/Repair Permit Application

Submit this document with plans, equipment specifications, and fees (refer to fee schedule) to:

Southern Nevada Health District, Environmental Health – UST Program 280 S. Decatur Blvd., P.O. Box 3902 Las Vegas, NV 89127

Phone: (702) 759-0603 | Fax: (702) 759-1427

Keep a copy of this form available at the construction site.

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Facility Name:		Nevada Facility ID: 8-			
Facility Address:					
Owner Name:		Phon	Phone:		
Owner Address:					
Description of Work (Select all that Apply):					
☐ New UST System Installation (No	o. of Tanks:) ^{1,}	2			
☐ Piping Replacement	☐ Piping Repair		☐ Tank Repair		
☐ Leak Containment Sump Installation / Repair (☐ STP Sump ☐ UDC ☐ Other) ³					
☐ Spill Bucket Installation ☐ Dispe		☐ Dispenser R	nser Replacement		
☐ Other Repair or Equipment Retro	fit (Describe):				
Contractor must schedule tank set inspection, primary and secondary piping inspections (including hydrostatic tests of all sumps and UDCs), and final inspection with SNHD.					
² Additional information is required for new UST systems. Please complete the supplemental information table on page 2 of this form.					
³ Contractor must schedule a witnessed hydrostatic test with SNHD.					
	round piping, under	ground ancillary	installation, repair, upgrade, or closure equipment, and containment systems ried UST Handler.		
NDEP Certified Tank Handler:		NV C	NV Certified UTH #:		
Company Name:		Phor	e:		
Address:		·			

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Supplemental Information (Complete as Applicable):				
Tank Manufacturer:				
Piping Manufacturer:				
Leak Containment Sump Manufacturer:				
Under Dispenser Container (UDC) Manufacto	urer:			
Penetration/Entry Boot Manufacturer:				
Automatic Tank Gauge & Monitor Manufactu	rer:			
Line Leak Detector Manufacturer:				
Leak Sensor Manufacturer:				
Spill Bucket Manufacturer:				
Overfill Prevention Device Manufacturer:				
Nevada Certified Tank Tester:				
I hereby certify that the information provided on this form and all attached documentation is true, accurate, and complete to the best of my knowledge. I agree to contact SNHD at least 48 hours in advance of, and be on site for, inspection of all permitted services. Further, I understand that failure of an inspection may result in reinspection and an associated reinspection fee.				
Contractor Name	Signature	/ Date	<u> </u>	
Owner Name	Signature	Date		

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