



NORTHERN NEVADA PUBLIC HEALTH  
 ENVIRONMENTAL HEALTH SERVICES DIVISION  
 1001 East Ninth Street, Building B, Reno, Nevada 89512  
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 HealthEHS@NNPH.org

**Office Use Only**

Permit # \_\_\_\_\_  
 (Receipt #)  
 Date Paid \_\_\_\_\_  
 Cash/CC/Check \_\_\_\_\_  
 Amount Paid \_\_\_\_\_

**PERMIT APPLICATION FOR  
 UNDERGROUND STORAGE TANKS (UST)**

**Location of the Work to be Conducted**

**Facility Owner Information**

Facility Name:	Name:
Physical Address:	Mailing Address:
City, ST Zip:	City, ST Zip:
Phone:	Email:
Facility ID Number:	WCHD ID:
Date of Proposed Work:	
Licensed Certified Underground Tank Handler (UTH):	
UTH No.	Expiration Date:

**I am applying for a permit (check all that apply):** Description of Scope of Work: \_\_\_\_\_

Tank and/or Pipe Installation  
 Remodel, Upgrade or Repair\*  
 Decommissioning UST System  
      Closure by Removal  
      Closure in Place (fill inert)  
      Change in Service

\_\_\_\_\_

\_\_\_\_\_

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\_\_\_\_\_

\_\_\_\_\_

\* A determination on scope of work may be required to assess if provisions are subject to requirements of 2005 Energy Policy Act. See Northern Nevada Public Health UST personnel for additional details.

**I certify the information contained in this application is true and correct, and that I am authorized to request a permit for the proposed action(s). By signing below my signature is consent to inspection.**

**Permit Conditions (conditions listed on this Permit supersede all previous Permit conditions):**

- A: The permit holder must operate in full compliance with federal, state and local UST statutes, regulations, ordinances and codes.
- B: The permit holder must operate in accordance with the UST permit application and the approved plans, as submitted to the Washoe County Health District. Any changes to the approved application and/or the plans must be reviewed and approved by the Washoe County Health District prior to implementation.
- C: Washoe County Health District staff will conduct routine inspections of the permit holder's job site and reserves the right to enter the property at any time during hours of operation to review and evaluate UST installation/decommissioning activities and practices.
- D: This permit is not transferable.
- E: This permit may be suspended or revoked for failure to comply with any of the conditions specified.

**Applicant's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Title:  Owner  Licensed Installer  Representative of Licensed Installer/Remover  Other \_\_\_\_\_