

## Owner Statements of Designated Underground Storage Tank (UST) Operator and Understanding of and Compliance with UST Requirements

Facility Name:	Facility ID #:
Facility Address:	Reason for Submitting this Form ( <i>Check One</i> ) <input type="checkbox"/> Change of Designated Operator <input type="checkbox"/> Update Certificate Expiration Date
Facility Phone #:	

### Designated UST Operator(s) for this Facility

**PRIMARY**

Designated Operator's Name:	Relation to UST Facility ( <i>Check One</i> )
Business Name ( <i>If different from above</i> ):	<input type="checkbox"/> Owner <input type="checkbox"/> Operator <input type="checkbox"/> Employee <input type="checkbox"/> Service Technician <input type="checkbox"/> Third-Party
Designated Operator's Phone #:	
International Code Council Certification #:	Expiration Date:

**ALTERNATE 1 (Optional)**

Designated Operator's Name:	Relation to UST Facility ( <i>Check One</i> )
Business Name ( <i>If different from above</i> ):	<input type="checkbox"/> Owner <input type="checkbox"/> Operator <input type="checkbox"/> Employee <input type="checkbox"/> Service Technician <input type="checkbox"/> Third-Party
Designated Operator's Phone #:	
International Code Council Certification #:	Expiration Date:

**ALTERNATE 2 (Optional)**

Designated Operator's Name:	Relation to UST Facility ( <i>Check One</i> )
Business Name ( <i>If different from above</i> ):	<input type="checkbox"/> Owner <input type="checkbox"/> Operator <input type="checkbox"/> Employee <input type="checkbox"/> Service Technician <input type="checkbox"/> Third-Party
Designated Operator's Phone #:	
International Code Council Certification #:	Expiration Date:

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) - (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 (Please Print):** \_\_\_\_\_

**SIGNATURE OF TANK OWNER:** \_\_\_\_\_

**DATE:** \_\_\_\_\_ **OWNER'S PHONE #:** \_\_\_\_\_

**NOTE:**

- 1) SUBMIT THIS COMPLETED FORM TO THE ALAMEDA COUNTY ENVIRONMENTAL HEALTH
- 2) NOTIFY THE LOCAL AGENCY OF ANY CHANGES TO THIS INFORMATION WITHIN 30 DAYS OF THE CHANGE.