

Environmental Health Services Public Portal Instructions UNDERGROUND STORAGE TANKS

Before you begin, here are some useful TIPS:

1. Navigate between screens using the menu on the left hand column. Using the back arrow on your browser may cause some of your data to be lost.

2. The links/buttons respond to a single click. Clicking too quickly between links or clicking multiple links at one time may cause the system to crash and you will lose any unsaved data.

3. You can start and stop your data entry at any time, be sure to hit the "Save Changes" button at the bottom of each page before you log out.

4. The red asterisk * indicates a required field. You won't be able to save the form unless all

these fields have information entered.

5. Site maps need to be accurate and legible. If the map cannot be read, it will be rejected.

They do not need to be drawn by an architect or AutoCAD.

6. All the documents for upload should be saved as PDF. For further information or assistance please contact our office at (650) 372-6200.

START AT ehesubmit.smchealth.org



You must request a Username and Password before you can begin use of the Portal. Simply follow the link and complete the form and submit. Your Username and Password will be



e-mailed to you once we verify the information. You will not be able to enter information until you receive the confirmation e-mail from our office. We will try to respond in a timely fashion.

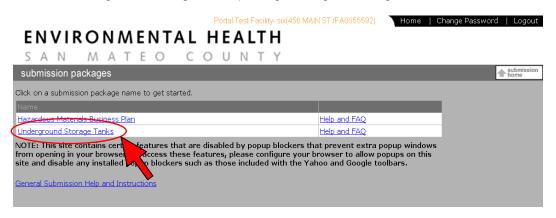
If you have not received a response within 4 business days, please call our office at (650) 372-6291. Use the box bellow to write down your information.

Username:	
Password:	

After you enter your username and Password and you should see the screen below. If you have multiple facilities within the County, you will see a list of all the sites here.

			Portal Test Facility-	six(456 MAIN	ST/FA0055502)	Home Change Password I
	ENVIRONMENTAL HEALTH					
Click on this link only if	Portal Home Page					
the information displayed in the table is incorrect. It will link to a	information. Change requ	uests will be pro	Qwner information in the table below cessed within 3-5 business days. Do can certify your submission by cicki	o not procee	d to the next step un	
form to request	Facility Name/DBA	Site Address	Facility Invoice Mailing Address	Owner	Annual Certification	
changes.	Portal Test Facility- six	456 MAIN ST	123 Test ST SAN MATEO, CA 94403	test owner	HMBP	Update Owner/DBA/Address
Click on this link to continue to the forms.	Fraceed to forms	•	then click the button below. e <i>Change Password</i> link at the top of	f the page.		

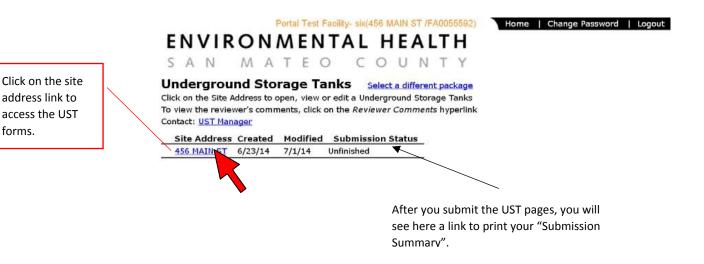
Click on "Underground Storage Tank" package to begin entering the tank information.



Rev. 08/22/2019



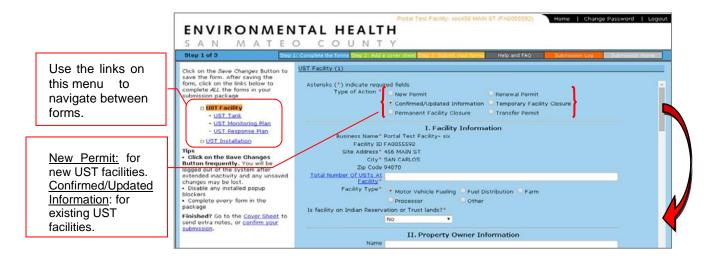
This next screen will show you the status of your submission. Initially, the status will show as "Unfinished". After you submit your UST forms, the new status will show as "Submitted".



STEP 1 OF 3: COMPLETE THE FORMS

I. UST Facility

The UST facility form has 8 required sections you need to complete. Scroll down to complete all the required information (*).





Section V requires you to upload a copy of your "UST Certification of Financial Responsibility". Select a Financial responsibility method and then upload the document.

Click "Upload" and follow the 3 steps to save your document.	Click on the Save Changes Button to save the form. After saving the form, click on the links blow to complete ALL the forms in your submission package • UST Facility • UST Instellation • UST Installation Tips • Click on the Save Changes Button frequently, You will be logged out of the system after denotivity and mactivity and may unsaved changes may be lost. • Disable onty.	UST Facility (1) V. Board of Equalization UST Storage Fee Account Number IY (TIC) H0.41=* 674589 Call the State Board of Equalization, Fuel Tax Division, if there are questions. Petroleum UST Financial Responsibility Indicate Method(s)* Self-Insured Letter of Credit Local Govt Mechanism Guarance State Fund & CPO Letter Surety Bond State Fund & CD UST Financial Responsibility - Other
	blockers - Complete every form in the package Finished? Go to the <u>Cover Sheet</u> to send extra notes, or <u>confirm your</u> <u>submission</u> .	 Provide a copy of your UST Certification of Financial Responsibility Documentation as required by your local regulator. Learn more about UST financial responsibility on the State Water Resources Control Board (SWRCB) <u>Financial Responsibility</u> site, and check with your local regulator for information on the Remat and information requirements needed. A single form may be provided for multiple tanks at a single facility, a sample form from the SWRCB is available <u>here</u>. UST Certification of <u>Open</u>

Section VI requires you to upload a copy of the "Owner Statement of Designated UST Operator Compliance".

Complete every form in the package Finished? Go to the <u>Covar Sheat</u> to send extra notes, or <u>Confirm</u> your addmission. VII. Applicant Signature Certification: Leartify that the information provided herein is true, accurate, and in full Complete certification: Leartify that the information provided herein is true, accurate, and in full Certification: Leartified* 07/15/2014 Name* Mark eterson Title* Owner Phone* 6501234867	Click "Upload" and follow the 3 steps to save your document.	package Finished? Go to the <u>Cover Sheet</u> to send extra notes, or <u>confirm your</u>	Certification: I certify that the information provided herein is true, accurate, and in full compliance with legal requirements. Date Certified 7/15/201 Name* Mark eterson Title* Phone* 6501234567	
			THE SUBMISSION IS NOT FINISHEDI Go to the Cover Sheet to send extra notes, Cont Cover Sheet Cover Sheet	

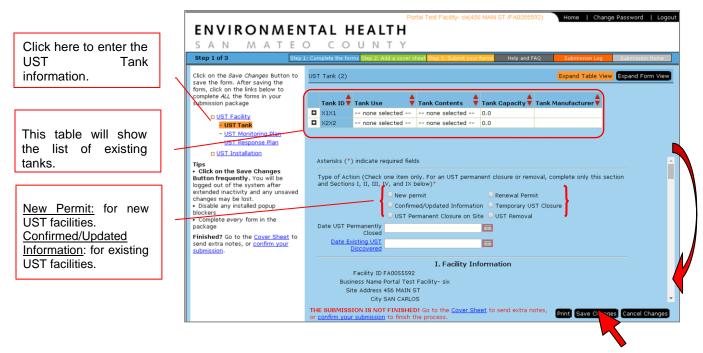
After you have entered all the required information click "Save Changes".



<u>II. UST Tanks</u>

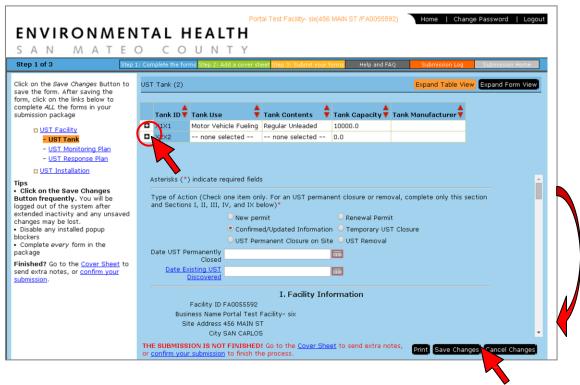
The UST tank forms will have the general information of the tanks that are registered with San Mateo County. You must complete all the required 9 sections for each tank.

Complete the information for the first tank and then **Save Changes**.



Once you have entered and saved the information for the **first tank**, click on the **"+"** symbol next to the Tank name to access the form for the next tank. Complete the required fields and save the information for the second tank.

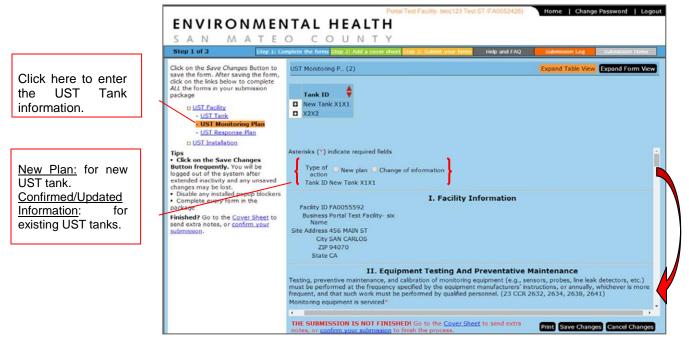




III. UST Monitoring Plan

You must enter one monitoring plan per UST. If you have changed the name of the tank on the UST Tank form, it won't be reflected on the monitoring plan forms until the plan is approved.

Complete the information for the first tank and then **Save Changes**.





Section III requires you to save a site map. If you are submitting a new map click on the first option and upload your map. If you have previously submitted your map, click on the second option.

Step 1 of 3 Step 1: C	omplete the forms Step 2: Add a cover sheet Step 3: Submit your form. Help and FAQ	Submission Log	Submission Home
Click on the Save Changes Button to ave the form. After saving the form, lick on the links below to complete 42, the forms in your submission ackage UST Facility <u>UST Facility</u> <u>UST Tank</u> <u>UST Response Plan</u> <u>UST Installation</u>	UST Monitoring P., (2)	Expand Table View	Expand Form View
Tips Click on the Save Changes Button frequently. You will be ogged out of the system after extended nactivity and any unsaved hanges may be lost. Disable any installed popup blockers Complete every form in the package	III. Monitoring Locations New site plot plan/map submitted with this plan (upload below) Site plot plan/map previously submitted. (23 CCR 2632, 2634) Upload Map Upload		
Finished? Go to the <u>Cover Sheet</u> to end extra notes, or <u>confirm your</u> ubmission.	IV. Tank Monitoring IS Performed Using The F Continuous electronic tank monitoring of annular (interstitial) space(s) or se and visual alarms. (23 CCR 2632, 2634, 2636) Secondary containment is Dry Liquid filled • Pressurized Under Vacuum		
	Manufacturer	Model #(s)	
	Panel		
	Leak Sensor		
	4		

Once you have entered and saved the information for the first tank, click on the "+" symbol next to the Tank name to access the form for the next tank. Complete the required fields and save the UST Monitoring Plan information for the second tank.

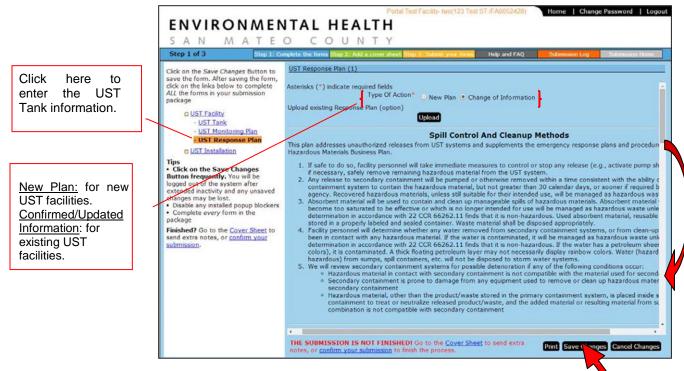
IV. UST Response Plan

Complete one UST Response Plan for your UST facility. Scroll down to complete all required fields and **Save Changes**.



Environmental Health Services Hazardous Materials Program (CUPA)

2000 Alameda de las Pulgas, Suite #100 San Mateo, CA 94403 Phone:(650) 372-6200 | Fax: (650) 627-8244 smchealth.org/cupa



IV. UST Installation

This Certification form must be submitted upon the completion of installation or upgrading of tanks and/or piping associated with a UST system. Installation or upgrading of multiple tank systems may be addressed on one form. Complete the form and save the changes.

If this is not applicable to you, skip this section.

STEP 2 OF 3: ADD A COVER SHEET

In this section you can advise us of any other information that may help us process your submittal. This section can be left blank if you don't have comments.

		Portal Test Facility- two(123 Test ST /FA0052428) Home Change Password Logout
	ENVIRO	ONMENTAL HEALTH
	SAN	MATEO COUNTY
	Step 2 of 3	Step 1: Complete the for Step 2: Add a cover shem, top 3: Submit your forms Help and FAQ Submission Log Submission Home
		Submission Cover Sheet: UST
Click here to		Cover Sheet Instructions
go to this step.		Sometimes you may wish to send extra notes regarding the forms being submitted, but can find no place on the forms themselves for such notes. The "submitter's Comments" field, on this cover sheet, provides a place for such notes. The cover sheet is submitted at the same time as the forms, and is stored together with the archived forms. Additional comments are not required for a submittal. Save your additional comments by clicking on the Save Comments button. To finish your submittad, dick on the Submit button at the bottom of this page.
		I. Attached Comments
		Cover Page Comments
Davis 00/00/0010		
Rev. 08/22/2019		
		Save Comments an Submit



STEP 3 OF 3: SUBMIT YOUR FORMS

Please review your submission to be sure the forms you completed match the count shown. Click on Confirm Submission to submit your forms.

p 3 of 3	Step 1: Comp	lete the forms	Step 2: Add a cov	ver sheet Step 3: Submit	your forms. Help and I	AQ Submission Log	Submission Hom
	Submission Cover St	heet: UST					
	You're almost done! this page. The submit	Review the co ssion recipient	ontents of your t will be notified	submission and click or of your submission via	the Confirm Submiss email.	ion button at the bottom of	
	I. Submission Iden	tification					
	Submission Contents From: To: Cover Sheet:	1:			123 Test ST /FA005242	8)	
	II. Form Contents						
	Form Name	Number of F	orms Minimum	Allowed Maximum Allo	wed		
	UST Facility	1	1	1			
	UST Installation	0	0	1			
	UST Tank	2	1	unlimited			
	UST Monitoring Plan UST Response Plan		1	unlimited 1			
	Last Submitted: Not	submitted					

Review Process:

We will review your submission and send you an acceptance or deficiency notice with needed corrections.

If you have any questions during this submittal process, please contact our office at (650) 372-6200 or contact us via e-mail at smcupa@smcgov.org.

For more information go to:

http://smchealth.org/electronicreporting