

Environmental Results Program

Compliance Certification Checklist
and
Forms Booklet

For

Underground Storage Tank Facilities



January 2010

State of Rhode Island
Department of Environmental Management
Office of Waste Management, UST Program
235 Promenade Street
Providence, RI 02908 (401) 222-2797
www.state.ri.us/dem

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1.0 2010 Compliance Certification Instructions

1.1 What is Compliance Certification?

In order to improve environmental protection at less cost to both government and business, underground storage tank (UST) facilities can now self-certify to the Department of Environmental Management (DEM) that they are complying with the environmental requirements that apply to their business. This new, common sense approach to regulation holds great promise for making it easier for UST facilities to meet - and surpass - Rhode Island's environmental regulations. This package, developed in conjunction with a group of UST facility representatives, contains the materials needed to complete and submit the compliance certification checklist. The accompanying workbook provides the information needed to help you understand and comply with state and federal environmental regulations. The entire package has two parts:

1. **Environmental Compliance Certification Workbook For Underground Storage Tank Facilities:** The Workbook explains the UST Regulations that apply to your facility, and how to make sure you are complying with them. The Workbook is designed to be used in conjunction with the accompanying Compliance Certification Checklist and can also be used as a reference for your facility. The Workbook provides information regarding best management practices and pollution prevention techniques that can help your facility minimize human health risks and environmental impacts while saving money.
2. **Compliance Certification Checklist and Accompanying Forms Booklet (This Booklet):** The checklist requires facility information (facility name, address, owner, etc.) and contains a series of compliance questions, which generally require "yes" or "no" answers about whether or not your facility is following the applicable environmental requirements. The checklist ends with a certification statement which must be signed by the facility owner and UST operator. The checklist begins on page 8 of this booklet. Also, two additional forms are provided as follows:
 - **2010 Non-Applicability Statement:** This statement is to be submitted only if you are not required to self-certify. See Chapter 1 of the Workbook to determine if you are eligible to file a Non-Applicability Statement (You may file this statement only if there are no regulated USTs at your facility.) If there are no regulated USTs at your facility, then complete this form and submit it to DEM. This form can be found on page 7 of this booklet.
 - **Return to Compliance Plan:** Complete the Return to Compliance Plan if your facility is not in compliance with a particular checklist item at the time of certification. The facility must detail its plans to address the particular items to bring them back into conformance with environmental regulations within a specified period of time. This form can be found on page 19 of this booklet. Two additional copies of this form are provided on pages 20 and 21.

1.2 Submission Timeline

Workbooks and checklists were mailed in January of 2010. **Certification Checklists** must be returned and postmarked by June 30, 2010. **Return to Compliance Plan** forms must also be submitted with the checklists on or before June 30, 2010. Facilities that submit **Return to Compliance Plan** forms will receive an additional 60-day grace period in which to bring their operations into compliance. Certification will take place every three years.

Questions and/or Comments can be directed to:

**Michele McCaughey, Program Coordinator
RI DEM Office of Customer & Technical Assistance
235 Promenade Street
Providence, RI 02908-5767
(401) 222-2797, x7269**

1.3 Do I Have to Certify?

Participation in the program is **mandatory**. Every facility that has a regulated underground storage tank is required to complete this booklet. If you have any questions regarding the status of your facility, please call us at (401) 222-2797.

1.4 How Do I Fill Out the Compliance Certification Forms?

1. **Read the accompanying Workbook** to understand your environmental responsibilities.
2. Make a copy of the **Compliance Certification Checklist** and any other necessary forms to use as working drafts (or download and print from the Internet at <http://www.state.ri.us/DEM/programs/benviron/assist/usterp/>).
3. Read the **Compliance Certification Checklist** and identify all the questions that apply to your facility. (You may not have to answer all of the questions on the checklist. If a certain question does not apply to your facility, you may skip that question and move to the next one.) Additional step-by-step instructions for the **Compliance Certification Checklist** are included in Section 1.8.
4. Walk through your facility with the checklist copy and identify all the questions where you are already in compliance and those where you will need to make changes to come into compliance. This step should be done **well** in advance of June 30, 2010.

5. If your facility will be out of compliance after June 30, 2010, be sure to submit a **Return to Compliance Plan** for each checklist item that you are not in compliance with.
6. Review your **Compliance Certification Checklist** for completeness. Once complete, copy your answers from the draft, make a copy of the completed certification checklist for your files, complete the **Certification Statement**, and submit the original signed copy of the **Compliance Certification Checklist** and **Certification Statement** to the DEM.

1.5 How Do I Submit a Compliance Certification?

You are required to complete all applicable forms in this Forms Booklet and submit them to the DEM on or before June 30, 2010. Mail or hand-deliver the completed certification forms to:

RI DEM Office of Customer and Technical Assistance
Underground Storage Tank Program, ERP
235 Promenade Street
Providence, RI 02908-5767

1.6 What Is Not Covered by the Compliance Certification?

The Compliance Certification is intended to review many environmental requirements. There may be other federal or local requirements or permits that apply to your facility such as building codes, fire codes, etc. that are not covered. You must still comply with these requirements.

1.7 What Does Participation in the Compliance Certification Program Entitle Your UST Facility To?

DEM: Compliance with environmental regulations is a requirement of all UST facilities. Participation in the Compliance Certification Program entitles your facility to the following incentives:

- reduced inspection priority by the DEM,
- the ability to correct environmental violations with fewer penalties,
- a comprehensive evaluation of your facility's compliance status, making you better prepared for a random or targeted inspection, and

- free technical assistance from the DEM's Office of Waste Management

Underground Storage Tank Program.

Note: Participation in the Compliance Certification Program does not guarantee that your facility will not be subject to a random inspection, or an inspection prompted by an employee or neighbor complaint. Both state and federal environmental and agencies have the authority to perform such inspections. These inspections can result in enforcement actions against your facility. Participation in this program will identify deficiencies and prepare your facility in the event of an inspection. Keep copies of your checklists to assist you in demonstrating compliance with applicable state and federal regulations.

1.8 Step-by-Step Instructions for Filling Out the Compliance Certification Checklist.

Non-Applicability Statement

If your facility does not have a regulated UST System that falls under this program, or if this package has been sent to you in error, please complete, sign and return to the DEM the 2010 **Non-Applicability Statement** found on page 7 of this booklet. If you have any questions regarding the status of your facility, please call us at (401) 222-2797.

Compliance Certification Checklist

The **Compliance Certification Checklist** questions provide the DEM with some background information about your UST facility and information about whether or not your facility is following the environmental protection standards and requirements that apply to it. The **Workbook** contains the information you will need to determine how to answer the questions. The checklist tells you where in the Workbook you can find information about the environmental requirements referred to in each question. The DEM strongly advises you to consult the Workbook before answering any questions. Most of the questions are "yes" or "no" questions about compliance with particular standards. If you are not in compliance with the requirement on the date you certify, you must complete a **Return to Compliance Plan** (described below) and submit it with the **Compliance Certification Checklist**.

Please note that it is your responsibility to keep your facility in compliance with environmental protection requirements at all times. You may be subject to enforcement action if you do not comply with the standards. There are some questions that ask whether you have been doing a routine activity for the past year, such as properly maintaining your equipment. Be sure to comply with the requirements throughout the year.

Certification Statement

The *Certification Statement* is a preprinted statement which says that the person signing the form:

- has reviewed it,
- believes the information being submitted is true, and
- understands that there may be serious consequences for submitting false information to DEM.

The statement must be signed by the UST owner and the UST operator, if they are separate individuals. The types of owners that are allowed to sign the statement are listed below the space for the signature. The person who signs the form must also print or type his/her name and title on the appropriate lines, date the form, and check the space next to the signatory authority, if applicable.

Return to Compliance Plan

- MAKE COPIES OF THIS FORM BEFORE YOU BEGIN -

If your facility is unable to comply with a standard at the time you certify, fill out this form. The form asks for the standard you are violating, what you plan on doing to comply, and when you will be in compliance with the requirement. Note that submittal of a **Return to Compliance Plan** form gives only an additional 60 days to come into compliance. A separate form is required each time your answer to a checklist question indicates that a **Return to Compliance Plan** is required. Three copies of a **Return to Compliance Plan** form can be found starting on page 19 of this booklet. If you need more forms, make the necessary number of copies, download and print copies from the Internet at <http://www.state.ri.us/DEM/programs/benviron/assist/usterp/>, or call us for additional copies at (401) 222-2797. Attach all **Return to Compliance Plan** forms to your completed **Compliance Certification Checklist** and mail or hand-deliver to DEM by June 30, 2010.

A Return to Compliance Plan Report, which contains documentation of all actions taken to return to compliance, must be submitted within 60 days of submittal of the Return to Compliance Plan form.

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Non-Applicability Statement

Underground Storage Tank Environmental Results Program

Instructions:

Complete Chapter 1 of the UST ERP Workbook to determine if your facility does not apply to the UST ERP. Complete this form **only** if you are not eligible for the UST ERP, which means that **all** of your USTs are exempted. If any of your USTs are regulated, then you are included in the UST ERP and you must fill out a Compliance Certification. Please save a copy of this statement for your records. If you have any questions, please contact the DEM.

Facility Information:

<hr/>		
Facility Name		
<hr/>		
<hr/>		<hr/>
Facility Street Address		City/Town
<hr/>	<hr/>	<hr/>
Zip Code	Phone Number	Fax Number
<hr/>	<hr/>	<hr/>
<hr/>		<hr/>
Contact Person		Title
<hr/>		
Number of USTs at your facility		

This facility is not eligible for the UST ERP Compliance Certification for the following

reason(s):

[Check all that apply]

- USTs at this facility are deferred from all requirements except for release response and corrective action requirements. **Make sure to read Chapter 1 of the workbook because**
- Indicate on the lines below the reason for deferral and number of USTs that are deferred for **there are certain requirements you must meet if your tank was installed after 1988.** this reason. (example: wastewater treatment tank system, 2 USTs)
- ☐ **USTs at this facility are not regulated.**
 - Indicate on the lines below the reason why the USTs are not regulated and number of USTs that are not regulated. (example: septic tank, 1 UST)
- ☐ **There are no USTs at this facility.**
 - Indicate the type of facility on the lines below.

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Note: Exclusion from the UST ERP does not relieve you of your responsibility to comply with the environmental requirements.

Signature

Date

Compliance Certification Checklist

Facility Profile and UST Facility Inspection Report

Facility Information

Facility Name:		UST Facility ID:	
Facility Street Address:			
City/Town:	State:	Zip:	
Contact Person:	Facility Telephone:		

Property Owner Information

Owner's Name:		
Owner's Street Address:		
City/Town:	State:	Zip:
Contact Person:	Telephone:	

Facility Operator Information ☐ Same As Property Owner

Operator's Name:		
Operator's Street Address:		
City/Town:	State:	Zip:
Contact Person:	Telephone:	

UST System Owner Information ☐ Same as Property Owner ☐ Same as Facility Operator

UST System Owner's Name:		
UST System Owner's Street Address:		
City/Town:	State:	Zip:
Contact Person:	Owner's Telephone:	

Inspector Information

Inspector's Company Name:		
Inspector's Company Street Address:		
City/Town:	State:	Zip:
Inspector's Name:		
Date of Inspection:	Telephone:	

Facility Classification (Check One)

<input type="checkbox"/> Gasoline Station	<input type="checkbox"/> Education/State	<input type="checkbox"/> City/Town Government
<input type="checkbox"/> Commercial	<input type="checkbox"/> Education/Town	<input type="checkbox"/> Farm
<input type="checkbox"/> Industrial	<input type="checkbox"/> Federal Government	<input type="checkbox"/> Non-profit Fire District
<input type="checkbox"/> Education/Private	<input type="checkbox"/> State Government	<input type="checkbox"/> Other (please specify)

Financial Responsibility (See Section 4.10 of the Workbook)

Does this facility plan on using the UST Fund Board for Financial Responsibility?		YES <input type="checkbox"/>	NO <input type="checkbox"/>
Does this facility have another mechanism of Financial Responsibility?		YES <input type="checkbox"/>	NO <input type="checkbox"/>
Insurer:			
Policy Number:		Policy Expiration Date:	
FR.1	Are you in compliance with the requirements for Financial Responsibility? (See requirements described in Section 4.10 of the ERP Workbook.)	Y / N	<input type="checkbox"/> If no, check here and submit a Return to Compliance Plan

SECTION A: UNDERGROUND STORAGE TANK PROFILE

	Tank ID Number	Tank #	Tank #	Tank #	Tank #	Tank #
A.1	Status of Tank (check one only for each tank) Currently in Use Temporarily Closed Abandoned in Place	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
A.2	Date of Installation (month and year)					
A.3	Capacity (gallons)					
A.4	Product Stored					
A.5	Tank Material of Construction (complete all that apply) Steel (Workbook Section 4.4)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
A.6	Fiberglass reinforced plastic (FRP) (Section 4.4)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
A.7	Steel tank with fiberglass/plastic jacket (Section 4.4)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
A.8	Other, please specify	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
A.9	Has the tank ever been repaired?	Y / N	Y / N	Y / N	Y / N	Y / N
A.10	Date tank was repaired					
A.11	Was the DEM notified of this repair?	Y / N	Y / N	Y / N	Y / N	Y / N
A.12	Specify if tank is single-walled (SW) or double-walled (DW)					
A.13	Is the tank used for an emergency generator?	Y / N	Y / N	Y / N	Y / N	Y / N
A.14	Is tank manifolded?	Y / N	Y / N	Y / N	Y / N	Y / N
A.15	If tank is manifolded, indicate which tank it is manifolded to.					
A.16	Is tank a compartment tank?	Y / N	Y / N	Y / N	Y / N	Y / N
A.17	Piping Material of Construction (complete all that apply) Fiberglass reinforced plastic (Section 4.5)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
A.18	Flexible plastic (Section 4.5)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
A.19	Coated and cathodically protected steel (Section 4.5)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
A.20	Copper	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
A.21	Other, please specify					
A.22	Has piping ever been repaired?	Y / N	Y / N	Y / N	Y / N	Y / N
A.23	Date piping was repaired					
A.24	Was the DEM notified of this repair?	Y / N	Y / N	Y / N	Y / N	Y / N
A.25	Specify if piping is single-walled (SW) or double-walled (DW)					
A.26	Piping Type (complete all that apply) "Safe" suction (check valve at dispenser sump) (Section 4.8)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
A.27	"U.S." suction (valve at tank) (Section 4.8)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
A.28	Pressure (submersible pump system) (Section 4.8)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
A.29	Other, please specify					
A.30	Have you Paid last Fall's Tank Invoice in full?	Y / N				
A.31	Site Diagram					

Draw a sketch of the facility (include roads, building, tanks and dispensers). Please number tanks and dispensers.

Instructions: Complete the following checklist to the best of your ability. Complete all questions that apply to your facility. Circle “Y” for yes; “N” for no. Refer to the specified sections of the Workbook for additional information on parts of the UST system. If an “N” response is indicated for any question that is written in *italics*, be sure to check the “RTC Plan Needed?” box on the far right, and complete and submit a Return to Compliance Plan to the DEM for that specific item.

SECTION B: TANK CORROSION PROTECTION

	Tank ID Number	Tank #	Tank #	Tank #	Tank #	Tank #	RTC Plan Needed?
B.1	<i>Do you have corrosion protection for each tank?</i> (refer to Workbook Section 4.4 to specify type below)	Y / N	Y / N	Y / N	Y / N	Y / N	<input type="checkbox"/>
B.2	Fiberglass Reinforced Plastic (FRP)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
B.3	Steel tank with fiberglass/plastic jacket	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
B.4	Interior liner	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
B.5	Date tank was lined						
B.6	<i>Did the tank pass its most recent liner inspection?</i>	Y / N	Y / N	Y / N	Y / N	Y / N	<input type="checkbox"/>
B.7	Date of the most recent liner inspection						
B.8	Impressed current cathodic protection (Section 4.6)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
B.9	Date of installation						
B.10	<i>Does the cathodic protection system operate continuously?</i>	Y / N	Y / N	Y / N	Y / N	Y / N	<input type="checkbox"/>
B.11	<i>Do you record the rectifier readings every 60 days and keep a log of these inspections?</i>	Y / N	Y / N	Y / N	Y / N	Y / N	<input type="checkbox"/>
B.12	Date of most recent inspection						
B.13	<i>Is the system tested every 2 years since installation and within 6 months of a repair?</i>	Y / N	Y / N	Y / N	Y / N	Y / N	<input type="checkbox"/>
B.14	Date of most recent test						
B.15	Company that conducted most recent test						
B.16	<i>Did the system pass its most recent test?</i>	Y / N	Y / N	Y / N	Y / N	Y / N	<input type="checkbox"/>
B.17	<i>Do you have records of all repairs, and test results?</i>	Y / N	Y / N	Y / N	Y / N	Y / N	<input type="checkbox"/>
B.18	Sacrificial Anodes (Section 4.6)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
B.19	Date of installation						
B.20	<i>Does the cathodic protection operate continuously?</i>	Y / N	Y / N	Y / N	Y / N	Y / N	<input type="checkbox"/>
B.21	<i>Is the system tested every 3 years since installation and within 6 months of a repair?</i>	Y / N	Y / N	Y / N	Y / N	Y / N	<input type="checkbox"/>
B.22	Date of most recent test						
B.23	Company that conducted most recent test						
B.24	<i>Did the system pass its most recent test?</i>	Y / N	Y / N	Y / N	Y / N	Y / N	<input type="checkbox"/>
B.25	<i>Do you have records of all repairs and test results?</i>	Y / N	Y / N	Y / N	Y / N	Y / N	<input type="checkbox"/>

SECTION C: TANK LEAK DETECTION

	Tank ID Number	Tank #	Tank #	Tank #	Tank #	Tank #	RTC Plan Needed?
C.1	<i>Do you have a leak detection method in place for each tank?</i> (complete all that apply below)	Y / N	Y / N	Y / N	Y / N	Y / N	<input type="checkbox"/>
C.2	Continuous Monitoring System	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
C.3	Manufacturer						
C.4	Model #						
C.5	Installation Date						
C.6	Are the employees who run, monitor, or maintain the release detection system aware of correct operating procedures?	Y / N					
C.7	<i>Is your leak detection system currently operating properly?</i>	Y / N					<input type="checkbox"/>
C.8	Automatic Tank Gauge (ATG) (Section 4.7.1) (required for single-walled tanks)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
C.9	Date (month/year) installed						
C.10	<i>Do you use the ATG to conduct monthly 0.2 gallon/hour leak rate tests?</i>	Y / N	Y / N	Y / N	Y / N	Y / N	<input type="checkbox"/>
C.11	<i>Did all of your 0.2 gallon/hour leak rate tests pass the most recent test?</i>	Y / N	Y / N	Y / N	Y / N	Y / N	<input type="checkbox"/>
C.12	<i>Do you have records of the last 36 months of leak detection tests?</i>	Y / N	Y / N	Y / N	Y / N	Y / N	<input type="checkbox"/>
C.13	<i>Do you have records of the last 36 months of ATG system checks?</i>	Y / N	Y / N	Y / N	Y / N	Y / N	<input type="checkbox"/>
C.14	<i>Was the ATG system calibrated and inspected in the past year?</i>	Y / N	Y / N	Y / N	Y / N	Y / N	<input type="checkbox"/>
C.15	Date of inspection						
C.16	Company that conducted inspection						
C.17	Interstitial Monitoring (required for double-walled tanks) (Section 4.7.2)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
C.18	<i>Do you continuously use interstitial monitoring to check for leaks?</i>	Y / N	Y / N	Y / N	Y / N	Y / N	<input type="checkbox"/>
C.19	<i>Do you have records of monthly system checks and repairs for the past 36 months?</i>	Y / N	Y / N	Y / N	Y / N	Y / N	<input type="checkbox"/>
C.20	<i>Has the continuous monitoring system been calibrated and inspected in the past year?</i>	Y / N	Y / N	Y / N	Y / N	Y / N	<input type="checkbox"/>
C.21	Company that conducted the test						
C.22	Tank Tightness Testing (required for single-walled tanks) (Section 4.7.3)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
C.23	<u>If</u> Tank does not have an ATG:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
C.24	<i>Do you have passing results of tank tightness tests for each of the past 5 years?</i>	Y / N	Y / N	Y / N	Y / N	Y / N	<input type="checkbox"/>
C.25	<u>If</u> Tank has an ATG and the tank was installed less than 20 years ago:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
C.26	<i>Do you have passing results of a tank tightness test conducted within the past 5 years?</i>	Y / N	Y / N	Y / N	Y / N	Y / N	<input type="checkbox"/>
C.27	<u>If</u> Tank has an ATG and the tank was installed more than 20 years ago:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
C.28	<i>Do you have passing results of a tank tightness test conducted every 2 years after the tank had been installed for 20 years?</i>	Y / N	Y / N	Y / N	Y / N	Y / N	<input type="checkbox"/>

	TANK LEAK DETECTION - CONTINUED	Tank #	Tank #	Tank #	Tank #	Tank #	RTC Plan Needed?
C.29	Inventory Control (Section 4.7.4)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
C.30	<i>Do you perform inventory control properly?</i> This includes: 1. Taking inventory and dispenser readings, and reconciling these readings at least once each day that fuel is added to or removed from the tank. 2. Reconciling fuel deliveries with delivery receipts by taking inventory readings before and after each delivery. 3. Reconciling all of your data at least once every 30 days. 4. Calculation of 1% flow-through plus 130 gallons.	Y / N	Y / N	Y / N	Y / N	Y / N	<input type="checkbox"/>
C.31	<i>Do you have records of the last 36 months of inventory control?</i>	Y / N	Y / N	Y / N	Y / N	Y / N	<input type="checkbox"/>
C.32	<i>Is the measuring equipment used capable of measuring to the nearest one-eighth inch over the entire height of the tank?</i>	Y / N	Y / N	Y / N	Y / N	Y / N	<input type="checkbox"/>
C.33	<i>Do you measure the water in the tank once every 30 days?</i>	Y / N	Y / N	Y / N	Y / N	Y / N	<input type="checkbox"/>

SECTION D: PIPING CORROSION PROTECTION

	Tank ID Number	Tank #	Tank #	Tank #	Tank #	Tank #	RTC Plan Needed?
D.1	<i>Do you have corrosion protection for the piping of each tank? (complete all that apply below)</i>	Y / N	Y / N	Y / N	Y / N	Y / N	<input type="checkbox"/>
D.2	Specify if piping is single-wall (SW) or double-wall (DW)						
D.3	Piping is fiberglass reinforced plastic or flexible non-metallic	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
D.4	Impressed current cathodic protection (Section 4.6)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
D.5	Date of installation						
D.6	<i>Does the cathodic protection system operate continuously?</i>	Y / N	Y / N	Y / N	Y / N	Y / N	<input type="checkbox"/>
D.7	<i>Do you inspect the rectifier every 60 days and keep a log of the amperage/voltage readings?</i>	Y / N	Y / N	Y / N	Y / N	Y / N	<input type="checkbox"/>
D.8	Date of most recent inspection						
D.9	<i>Is the cathodic protection system tested every 2 years since installation and within 6 months of a repair?</i>	Y / N	Y / N	Y / N	Y / N	Y / N	<input type="checkbox"/>
D.10	Date of most recent test						
D.11	Company that conducted last test						
D.12	<i>Did the cathodic protection system pass its most recent test?</i>	Y / N	Y / N	Y / N	Y / N	Y / N	<input type="checkbox"/>
D.13	<i>Do you have records of all repairs, and test results?</i>	Y / N	Y / N	Y / N	Y / N	Y / N	<input type="checkbox"/>
D.14	Sacrificial anodes (Section 4.6)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
D.15	Date of installation						
D.16	<i>Does the cathodic protection system operate continuously?</i>	Y / N	Y / N	Y / N	Y / N	Y / N	<input type="checkbox"/>
D.17	<i>Is the system tested every 3 years since installation and within 6 months of a repair?</i>	Y / N	Y / N	Y / N	Y / N	Y / N	<input type="checkbox"/>
D.18	Date of most recent test						
D.19	Company that conducted last test						
D.20	<i>Did the system pass its most recent test?</i>	Y / N	Y / N	Y / N	Y / N	Y / N	<input type="checkbox"/>
D.21	<i>Do you have records of all repairs, and test results?</i>	Y / N	Y / N	Y / N	Y / N	Y / N	<input type="checkbox"/>
	Ancillary Equipment Corrosion Protection (check all that apply)						
D.22	Flexible Connectors	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
D.23	Metallic	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
D.24	<i>Are metallic flexible connectors either cathodically protected OR isolated from contacting the earth?</i>	Y / N	Y / N	Y / N	Y / N	Y / N	<input type="checkbox"/>
D.25	Fiberglass reinforced plastic	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
D.26	Impressed current cathodic protection (Section 4.6)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
D.27	Sacrificial anodes (Section 4.6)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

PIPING CORROSION PROTECTION - CONTINUED		Tank #	Tank #	Tank #	Tank #	Tank #	RTC Plan Needed?
D.28	Other ancillary equipment corrosion protection, please specify	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
D.29	Swing Joints	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
D.30	Metallic	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
D.31	<i>Are metallic swing joints either cathodically protected OR isolated from contacting the earth?</i>	Y / N	Y / N	Y / N	Y / N	Y / N	<input type="checkbox"/>
D.32	Fiberglass reinforced plastic	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
D.33	Impressed current cathodic protection (Section 4.6)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
D.34	Sacrificial anodes (Section 4.6)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
D.35	Other, please specify	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
D.36	Other Equipment, please specify	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
D.37	Metallic	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
D.38	<i>Is other metallic equipment either cathodically protected OR isolated from the earth?</i>	Y / N	Y / N	Y / N	Y / N	Y / N	<input type="checkbox"/>
D.39	Fiberglass reinforced plastic	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
D.40	Impressed current cathodic protection (Section 4.6)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
D.41	Sacrificial anodes (Section 4.6)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

SECTION E: PIPING LEAK DETECTION

	Tank ID Number	Tank #	Tank #	Tank #	Tank #	Tank #	RTC Plan Needed?
E.1	<i>Do you have a release detection method in place for each piping run? (complete all that apply below)</i>	Y / N	Y / N	Y / N	Y / N	Y / N	<input type="checkbox"/>
E.2	Pressurized (Section 4.8.1)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
E.3	Specify type of line leak detectors (LLD) (mechanical or electronic)						
E.4	<i>Do you have records of passing LLD tests conducted annually for the last 3 years?</i>	Y / N	Y / N	Y / N	Y / N	Y / N	<input type="checkbox"/>
E.5	Date of last LLD test						
E.6	Company that conducted LLD test						
	If your piping is single-walled pressurized:						
E.7	<i>Have you conducted a tightness test within the past year and do you have passing results?</i>	Y / N	Y / N	Y / N	Y / N	Y / N	<input type="checkbox"/>
E.8	Date of most recent tightness test						
E.9	Company that conducted tightness test						
	If your piping is double-walled pressurized:						
E.10	<i>Do you continuously use interstitial monitoring to check for leaks?</i>	Y / N	Y / N	Y / N	Y / N	Y / N	<input type="checkbox"/>
E.11	<i>Do you have records of system checks and repairs for the past 36 months?</i>	Y / N	Y / N	Y / N	Y / N	Y / N	<input type="checkbox"/>
E.12	<i>Has the continuous monitoring system been calibrated and inspected in the past year?</i>	Y / N	Y / N	Y / N	Y / N	Y / N	<input type="checkbox"/>
E.13	Date of test						
E.14	Company that conducted the test						
E.15	Suction Piping (Section 4.8.2)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	If your piping is single-walled:						
E.16	<i>Have you conducted piping tightness tests 5, 8, 11, and 13 years after piping installation and annually thereafter?</i>	Y / N	Y / N	Y / N	Y / N	Y / N	<input type="checkbox"/>
E.17	<i>Do you have passing results for each of those years?</i>	Y / N	Y / N	Y / N	Y / N	Y / N	<input type="checkbox"/>
E.18	Date of most recent tightness test						
E.19	Company that conducted tightness test						

PIPING LEAK DETECTION - CONTINUED		Tank #	Tank #	Tank #	Tank #	Tank #	RTC Plan Needed?
E.20	If your piping is double-walled: <i>Do you continuously use interstitial monitoring to check for leaks?</i>	Y / N	Y / N	Y / N	Y / N	Y / N	<input type="checkbox"/>
E.21	<i>Do you have records of system checks and repairs for the past 36 months?</i>	Y / N	Y / N	Y / N	Y / N	Y / N	<input type="checkbox"/>
E.22	<i>Has the continuous monitoring system been calibrated and inspected in the past year?</i>	Y / N	Y / N	Y / N	Y / N	Y / N	<input type="checkbox"/>
E.23	Date of most recent calibration inspection/test						
E.24	Company that conducted test						

SECTION F: SPILL PREVENTION AND OVERFILL PROTECTION – TANK MAT AND VENT AREAS

	Tank ID Number	Tank #	Tank #	Tank #	Tank #	Tank #	RTC Plan Needed?
	Spill Buckets (Section 4.1)						
F.1	<i>Is the tank fill equipped with spill containment?</i>	Y / N	Y / N	Y / N	Y / N	Y / N	<input type="checkbox"/>
F.2	<i>Is the tank equipped with a spill containment device that is currently operational (i.e., free of cracks, holes, water, debris, and product)?</i>	Y / N	Y / N	Y / N	Y / N	Y / N	<input type="checkbox"/>
F.3	<i>Do you inspect spill buckets daily for wear, cracks, holes, water, debris and product?</i>	Y / N	Y / N	Y / N	Y / N	Y / N	<input type="checkbox"/>
F.4	<i>If you have an aboveground fill pipe, is it surrounded by impervious surface capable of containing spills of 3 gallons?</i>	Y / N	Y / N	Y / N	Y / N	Y / N	<input type="checkbox"/>
F.5	<i>Can spill buckets hold a minimum of 3 gallons?</i>	Y / N	Y / N	Y / N	Y / N	Y / N	<input type="checkbox"/>
F.6	<i>Are all fill pipes and/or fill box covers permanently labeled or marked to identify the substance stored?</i>	Y / N	Y / N	Y / N	Y / N	Y / N	<input type="checkbox"/>
F.7	<i>Is the tank equipped with a submerged fill drop tube?</i>	Y / N	Y / N	Y / N	Y / N	Y / N	<input type="checkbox"/>
F.8	Sumps (Section 4.8) Does the tank have containment sump(s)?	Y / N	Y / N	Y / N	Y / N	Y / N	<input type="checkbox"/>
F.9	Check all that apply: Tank top / piping collection	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
F.10	Piping transition	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
F.11	<i>Are the sumps free of water, debris and product?</i>	Y / N	Y / N	Y / N	Y / N	Y / N	<input type="checkbox"/>
F.12	<i>Do the sumps have sensors for continuous monitoring?</i>	Y / N	Y / N	Y / N	Y / N	Y / N	<input type="checkbox"/>
F.13	<i>Are the sensors upright and set at correct height?</i>	Y / N	Y / N	Y / N	Y / N	Y / N	<input type="checkbox"/>
F.14	<i>Are the sensors functioning properly?</i>	Y / N	Y / N	Y / N	Y / N	Y / N	<input type="checkbox"/>
F.15	<i>Are the sensors mounted properly?</i>	Y / N	Y / N	Y / N	Y / N	Y / N	<input type="checkbox"/>
F.16	<i>Are all entries (boots) sealed to prevent infiltration of water or release of product?</i>	Y / N	Y / N	Y / N	Y / N	Y / N	<input type="checkbox"/>
F.17	<i>Is the secondary piping test boot disconnected?</i>	Y / N	Y / N	Y / N	Y / N	Y / N	<input type="checkbox"/>
F.18	Overfill Protection (Section 4.3) <i>Do all of your tanks that receive greater than 25 gallons of product at a time have overfill protection that is operating properly?</i>	Y / N					<input type="checkbox"/>
F.19	<i>Do you have a qualified UST contractor periodically check your overfill protection device (i.e., overfill alarm, automatic shutoff device, ball float valve) to make sure it functions correctly?</i>	Y / N					<input type="checkbox"/>
F.20	Overfill Alarm (Section 4.3.1)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
F.21	<i>Is the device set to go off when the tank is 90% full?</i>	Y / N	Y / N	Y / N	Y / N	Y / N	<input type="checkbox"/>
F.22	<i>Is the alarm audible and visible to the delivery person?</i>	Y / N	Y / N	Y / N	Y / N	Y / N	<input type="checkbox"/>

	SPILL PREVENTION AND OVERFILL PROTECTION – CONTINUED	Tank #	Tank #	Tank #	Tank #	Tank #	RTC Plan Needed?
F.23	Automatic Shutoff Device (Section 4.3.2)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
F.24	<i>Is the device set to automatically shut off the delivery when the tank is 95% full?</i>	Y / N	Y / N	Y / N	Y / N	Y / N	<input type="checkbox"/>
F.25	Ball Float Valve (Section 4.3.3)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
F.26	<i>Is the ball float valve set to restrict product flow when the tank is 90% full?</i>	Y / N	Y / N	Y / N	Y / N	Y / N	<input type="checkbox"/>
F.27	Vent Alarm (Section 4.3.4)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
F.28	<i>Is the device set to alarm (stop whistling) when the tank is 90% full?</i>	Y / N	Y / N	Y / N	Y / N	Y / N	<input type="checkbox"/>
F.29	Stage I Vapor Recovery System (Section 5.1) Is Stage I vapor recovery required at your facility (See Workbook Sections 5.1 and 5.1.3)? If it is NOT required you may skip to Section G of this checklist.	Y / N					
F.30	Check box if Stage I vapor recovery is installed.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
F.31	Specify type of Stage I vapor recovery (coaxial or two point)						
F.32	<i>Is the Stage I vapor recovery system used during all gasoline refueling?</i>	Y / N	Y / N	Y / N	Y / N	Y / N	<input type="checkbox"/>
F.33	<i>Is the Stage I system inspected on a weekly basis?</i>	Y / N					<input type="checkbox"/>
F.34	<i>Are records of the Stage I system inspections maintained at the facility?</i>	Y / N					<input type="checkbox"/>
F.35	<i>Are all fill caps and gaskets in good condition?</i>	Y / N	Y / N	Y / N	Y / N	Y / N	<input type="checkbox"/>
F.36	<i>Are fills and adapters tight?</i>	Y / N	Y / N	Y / N	Y / N	Y / N	<input type="checkbox"/>
F.37	<i>For two point systems installed after 1997: Are Swivel/rotatable fill adapters installed?</i>	Y / N	Y / N	Y / N	Y / N	Y / N	<input type="checkbox"/>
F.38	<i>Is fill pipe equipped with a drop tube?</i>	Y / N	Y / N	Y / N	Y / N	Y / N	<input type="checkbox"/>
F.39	<i>Are drop tubes intact (not excessively dented and in position)?</i>	Y / N	Y / N	Y / N	Y / N	Y / N	<input type="checkbox"/>
F.40	<i>Does drop tube end within 6" of tank bottom?</i>	Y / N	Y / N	Y / N	Y / N	Y / N	<input type="checkbox"/>
F.41	<i>For two point systems: Is the drop tube gasket in good condition?</i>	Y / N	Y / N	Y / N	Y / N	Y / N	<input type="checkbox"/>
F.42	<i>For two point systems: Are drybreak caps and gaskets in good condition?</i>	Y / N	Y / N	Y / N	Y / N	Y / N	<input type="checkbox"/>
F.43	<i>Are all drybreaks sealing properly? (no vapor emissions)</i>	Y / N	Y / N	Y / N	Y / N	Y / N	<input type="checkbox"/>
F.44	<i>Proper vent valve?</i>	Y / N	Y / N	Y / N	Y / N	Y / N	<input type="checkbox"/>
F.45	Enter the vent valve pressure setting.						
F.46	<i>Is vapor lid in good condition?</i>	Y / N	Y / N	Y / N	Y / N	Y / N	<input type="checkbox"/>
F.47	<i>Is vapor lid color-coded orange?</i>	Y / N	Y / N	Y / N	Y / N	Y / N	<input type="checkbox"/>

SECTION G: SPILL CONTAINMENT – DISPENSER AREA

	DISPENSER ID NUMBER	Disp. #	Disp. #	Disp. #	Disp. #	Disp. #	Disp. #	RTC Plan Needed?
G.1	Is the dispenser equipped with a pan or sump?	Y / N	Y / N	Y / N	Y / N	Y / N	Y / N	
G.2	Is the pan or sump free of water, debris and product?	Y / N	Y / N	Y / N	Y / N	Y / N	Y / N	
G.3	Are all entries (boots) sealed to prevent infiltration of water or release of product?	Y / N	Y / N	Y / N	Y / N	Y / N	Y / N	
G.4	<i>Is the dispenser equipped with a functioning impact valve? (for pressurized piping)</i>	Y / N	Y / N	Y / N	Y / N	Y / N	Y / N	<input type="checkbox"/>
G.5	<i>Has the impact valve been tested with the last year?</i>	Y / N	Y / N	Y / N	Y / N	Y / N	Y / N	<input type="checkbox"/>
G.6	Date of most recent impact valve test							
G.7	<i>Is the dispenser equipped with a functioning check valve? (for suction piping)</i>	Y / N	Y / N	Y / N	Y / N	Y / N	Y / N	<input type="checkbox"/>

SPILL CONTAINMENT – DISPENSER AREA CONTINUED		Disp. #	Disp. #	Disp. #	Disp. #	Disp. #	Disp. #	RTC Plan Needed?
G.8	Stage II Vapor Recovery (Section 5.2) Is Stage II vapor recovery required at your facility (See Workbook Sections 5.2 and 5.2.4.1)? If Stage II vapor recovery is NOT required you may skip to Question G.37 of this checklist (Note: Recordkeeping and reporting requirements for Stage II regulations are required for all facilities).	Y / N						
G.9	Check box if Stage II vapor recovery is installed.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
G.10	Are system-appropriate Stage II operating instruction stickers posted?	Y / N	Y / N	Y / N	Y / N	Y / N	Y / N	<input type="checkbox"/>
G.11	Nozzles CARB certified?	Y / N	Y / N	Y / N	Y / N	Y / N	Y / N	<input type="checkbox"/>
G.12	Hoses CARB certified?	Y / N	Y / N	Y / N	Y / N	Y / N	Y / N	<input type="checkbox"/>
G.13	Breakaways CARB certified?	Y / N	Y / N	Y / N	Y / N	Y / N	Y / N	<input type="checkbox"/>
G.14	Swivels CARB certified?	Y / N	Y / N	Y / N	Y / N	Y / N	Y / N	<input type="checkbox"/>
G.15	Face plates/vapor escape guards intact?	Y / N	Y / N	Y / N	Y / N	Y / N	Y / N	<input type="checkbox"/>
G.16	Hoses intact?	Y / N	Y / N	Y / N	Y / N	Y / N	Y / N	<input type="checkbox"/>
G.17	Hose retractors intact (vapor balance)?	Y / N	Y / N	Y / N	Y / N	Y / N	Y / N	<input type="checkbox"/>
G.18	Nozzle check valves operating?	Y / N	Y / N	Y / N	Y / N	Y / N	Y / N	<input type="checkbox"/>
G.19	Nozzle spouts tight?	Y / N	Y / N	Y / N	Y / N	Y / N	Y / N	<input type="checkbox"/>
G.20	Nozzle bellows intact?	Y / N	Y / N	Y / N	Y / N	Y / N	Y / N	<input type="checkbox"/>
G.21	Clamps in place on bellows (Vapor Balance)?	Y / N	Y / N	Y / N	Y / N	Y / N	Y / N	<input type="checkbox"/>
G.22	Hoses not contacting ground (Vapor Balance)?	Y / N	Y / N	Y / N	Y / N	Y / N	Y / N	<input type="checkbox"/>
G.23	Ten (10”) loop or less (Vapor Balance)?	Y / N	Y / N	Y / N	Y / N	Y / N	Y / N	<input type="checkbox"/>
G.24	Liquid removal device in hose (Vapor Balance)?	Y / N	Y / N	Y / N	Y / N	Y / N	Y / N	<input type="checkbox"/>
G.25	Are any nozzles out of service/tagged out?	Y / N	Y / N	Y / N	Y / N	Y / N	Y / N	<input type="checkbox"/>
G.26	Stage II Vapor Recovery Training, Inspections and Recordkeeping Has at least one employee at the facility attended a Stage II training session applicable to the Stage II system in place at the facility?	Y / N						<input type="checkbox"/>
G.27	Is documentation of the Stage II system training maintained at the facility?	Y / N						<input type="checkbox"/>
G.28	Is the Stage II system inspected on a weekly basis?	Y / N						<input type="checkbox"/>
G.29	Are records of Stage II system inspections maintained at the facility?	Y / N						<input type="checkbox"/>
G.30	Are all defective parts of the Stage II system found during weekly inspections removed from service until they are repaired or replaced?	Y / N						<input type="checkbox"/>
G.31	Stage II Vapor Recovery Testing Are the following tests performed on the Stage II system on an annual basis?	Y / N						<input type="checkbox"/>
G.32	- Leak test	Y / N						<input type="checkbox"/>
G.33	- Vapor space tie test	Y / N						<input type="checkbox"/>
G.34	- Ten-gallon per minute test	Y / N						<input type="checkbox"/>
G.35	Is an air to liquid ratio test performed annually (vacuum assist systems only)?	Y / N						<input type="checkbox"/>
G.36	Is a Liquid Blockage Test performed on the Stage II System once every 3 years?	Y / N						<input type="checkbox"/>
G.37	Are records of all Stage II vapor recovery testing maintained at the facility?	Y / N						<input type="checkbox"/>

SECTION H: CORRECT FILLING PROCEDURES

			RTC Plan Needed?
H.1	Do you observe the entire fuel delivery process while being prepared to stop the flow of fuel from the truck to the tank at any time and/or respond to any unusual condition, leak, spill, which may occur during delivery? (Section 4.2)	Y / N	

SECTION I: GROUNDWATER MONITORING WELLS AND TANK PAD OBSERVATION WELLS

			RTC Plan Needed?
I.1	Number of groundwater monitoring wells at the facility		
I.2	Number of tank pad observation wells at the facility		
I.3	<i>Is each well labeled to identify it as either a groundwater monitoring well or a tank pad observation well?</i>	Y / N	<input type="checkbox"/>
I.4	<i>Is each well equipped with a road box and a locking gripper cap?</i>	Y / N	<input type="checkbox"/>
I.5	<i>Is each well equipped with a pipe that is NOT screened to the top?</i>	Y / N	<input type="checkbox"/>
I.6	<i>Is each well cap closed tightly and locked?</i>	Y / N	<input type="checkbox"/>
I.7	<i>Is the area surrounding the well cap dry and free of standing water?</i>	Y / N	<input type="checkbox"/>
I.8	<i>Do you have records of groundwater monitoring well checks for the past 3 years?</i>	Y / N	<input type="checkbox"/>

SECTION J: SUSPECTED OR CONFIRMED RELEASES (Section 4.9)

			RTC Plan Needed?
J.1	Do you keep a list of emergency contacts and make sure everyone at your UST facility is familiar with the list of contacts?	Y / N	
J.2	Have you recently reviewed your emergency procedures and list of emergency contacts to be sure the information is current?	Y / N	
J.3	Do you have response supplies readily available for use in the event that a spill or overfill occurs?	Y / N	
J.4	<i>Did you appropriately respond to and report all suspected or confirmed release? (This includes responding to a suspected problem due to a failed release detection result.) If you did not have a release, answer YES to this question.</i>	Y / N	<input type="checkbox"/>

SECTION K: TEMPORARILY CLOSED TANKS (Section 4.11)

	Tank ID Number	Tank #	Tank #	Tank #	Tank #	RTC Plan Needed?
K.1	Date taken out of service (Month/Day/Year)					
K.2	<i>Less than 1" of product in the tank?</i>	Y / N	Y / N	Y / N	Y / N	<input type="checkbox"/>
K.3	<i>If 1" or more of product in tank, are you complying with leak detection requirements?</i>	Y / N	Y / N	Y / N	Y / N	<input type="checkbox"/>
K.4	<i>All fill lines capped and secured?</i>	Y / N	Y / N	Y / N	Y / N	<input type="checkbox"/>
K.5	<i>All suction lines pumped?</i>	Y / N	Y / N	Y / N	Y / N	<input type="checkbox"/>
K.6	<i>Vent lines open?</i>	Y / N	Y / N	Y / N	Y / N	<input type="checkbox"/>
K.7	<i>Are you complying with corrosion protection requirements?</i>	Y / N	Y / N	Y / N	Y / N	<input type="checkbox"/>

Certification Statement

Underground Storage Tank Environmental Results Program

Note: Complete all required Return to Compliance Plan forms before signing this statement!

I _____, as the UST owner(s) attest,

- 1) That I/we have personally examined and am/are familiar with the information contained in this submittal, including any and all documents accompanying this certification statement;
- 2) That, based on my/our inquiry of those individuals responsible for obtaining the information, the information contained in this submittal is, to the best of my/our knowledge, true, accurate and complete;
- 3) That I/we am/are fully authorized to make this attestation on behalf of this facility;
- 4) That _____ is/are the Operator(s) of this facility. I have discussed the division of duties with the operator(s). I understand that the Department of Environmental Management may pursue either the owner, operator or both for any violations of the Rules and Regulations For Underground Storage Facilities Used For Petroleum Products and Hazardous Materials, where owner/operator is mentioned.
- 5) I/we am/are aware that there are significant penalties for submitting false information.

Owner's Signature: _____ **Date:** _____

Printed Name: _____ **Title:** _____

Owner's Signature: _____ **Date:** _____

Printed Name: _____ **Title:** _____

Source of Signatory Authority (check one):

If a Corporation: President _____ Secretary _____ Treasurer _____
Vice President (If authorized by corporate vote) _____
Representative of the above (If authorized by corporate vote and if responsible for over all operation of the facility.) _____

If a Partnership: General Partner _____ If a Sole Proprietorship: Proprietor _____

If owner and operator are separate individuals, Operator must also sign:

I/we as the operator(s) of the Facility attest that I/we am/are fully authorized by the Facility owner(s) to sign this certification statement. I acknowledge that I am the operator of this facility. I have discussed the division of duties with the owner(s) and clearly understand my/our responsibilities. I/we understand that the Department of Environmental Management may pursue either the owner, operator or both for any violations of the Rules and Regulations For Underground Storage Facilities Used For Petroleum Products and Hazardous Materials, where owner/operator is mentioned. I/we am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

Operator's Signature: _____ **Date:** _____

Printed Name: _____

Operator's Signature: _____ **Date:** _____

Printed Name: _____

Return to Compliance Plan

Underground Storage Tank Environmental Results Program

- ✓ Complete a separate Return to Compliance Plan for **EACH** compliance question/answer that requires one. (Attach to your Certification Checklist and return with entire package.)
- ✓ Only submit a Return to Compliance Plan for violations that you were unable to correct BEFORE certifying.
- ✓ Completing this form does not relieve the facility of its affirmative responsibility to operate in compliance with applicable regulations. Failure to operate in full compliance with the applicable regulations may result in enforcement actions that include fines or penalties.

Facility Contact Information

Facility Name

Facility Street Address

City/Town

Zip Code

Contact Person

Phone Number

Return to Compliance Information

1. What is the Compliance Question number for which you are reporting noncompliance? ____
2. How many USTs at your facility does the non-compliance apply to? _____
3. Which USTs (please list the UST numbers consistent with the numbers you used in the certification checklist) are not in compliance? _____
4. What is the specific violation (reference the workbook section number in which the requirement is explained and a description of the requirement)?
 - a) Workbook section number: _____
 - b) Brief description of the requirement:

5. What action will you take to return to compliance?

A Return to Compliance Plan Report, which contains documentation of all actions taken to return to compliance, must be submitted within 60 days of submittal of the Return to Compliance form.

6. Return to compliance date: _____ (month/day/year)

Return to Compliance Plan

Underground Storage Tank Environmental Results Program

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