

Environmental Results Program

Compliance Certification Checklist and
Forms Booklet

For

Underground Storage Tank Facilities



January 2016

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

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1.0 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 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:** 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 9 of this booklet. Also, three additional forms are provided as follows:
 - **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 form 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 22 of this booklet.
 - **Return to Compliance Final Report:** Complete the Return Final Report form for each item listed in the Return to Compliance form. The Return to Compliance Final Report must list the corrective action taken and the date that your facility returned to compliance. This form can be found on page 23 of this booklet.

1.2 Submission Timeline

Workbooks and checklists will be made available for download, in February of 2016, at the following Internet address:

<http://www.dem.ri.gov/programs/customertech/ust-environmental-results.php>.

Please make sure you download the 2016 version which includes new regulatory requirements. **Certification Checklists** must be returned and postmarked by June 30, 2016. **Return to Compliance Plan** forms must also be submitted with the checklists on or before June 30, 2016. Facilities that submit **Return to Compliance Plan** forms will receive an additional 60-day grace period in which to bring their operations into compliance and to submit the **Return to Compliance Final Report**. 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) 222-6822, 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 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.dem.ri.gov/programs/customertech/ust-environmental-results.php>).
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, 2016.

5. If your facility will be out of compliance after June 30, 2016, 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.
7. Submit the **Return to Compliance Final Report** listing the corrective action taken and the date that your facility returned to compliance for each non-compliance issue listed in the Return to Compliance form within 60 days of the submittal date of the **Compliance Certification Checklist**.

1.5 How Do I Submit a Compliance Certification?

You are **required** to complete all applicable forms in the Forms Booklet and submit them to the DEM on or before June 30, 2016. Mail or hand-deliver the completed certification forms to:

RI DEM Office of Customer and Technical Assistance
UST Environmental Results Program
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?

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

- The ability to correct environmental violations with fewer penalties,
- A comprehensive evaluation of your facility's compliance status, making you better prepared for a routine compliance inspection by the Underground Storage Tank

Program, and

- Free technical assistance from the DEM's Office of Customer & Technical Assistance.

Note: The Office of Compliance and Inspection and the Underground Storage Tank program perform routine compliance inspections at all properties containing regulated USTs on a regular basis, and participation in the Compliance Certification Program does not exclude your facility from these inspections. Additional inspections may be performed if leaks or irregularities are suspected, or as the result of complaints from the public. Both state and federal environmental agencies have the authority to perform such inspections. If serious violations are observed during an inspection, enforcement action, including financial penalties and delivery prohibitions may be instituted. Participation in this program will help to identify deficiencies before they become serious violations and help to prepare the operators and the facility for a compliance 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 **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**.

Note: 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. If you need more forms, you can make the necessary number of copies or download and print copies from the Internet at www.dem.ri.gov/programs/customertech/ust-environmental-results.php or you can call us at (401) 222-6822. Attach all **Return to Compliance Plan** forms to your completed **Compliance Certification Checklist** and mail or hand-deliver to DEM by June 30, 2016.

A **Return to Compliance Final 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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2016 Non-Applicability Statement Underground Storage Tank Environmental Results Program

Instructions:

Review Chapter 1 of the UST ERP Workbook to determine if the UST ERP does not apply to your facility. 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:

Facility Name		
_____		_____
Facility Street Address		City/Town
_____	_____	_____
Zip Code	Phone Number	Fax Number
_____		_____
Contact Person		Title

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 there are certain requirements you must meet if your tank was installed after 1988.)
 - Indicate on the lines below the reason for deferral and number of USTs that are deferred for 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.

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

Signature

Date

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2016 Compliance Certification Checklist
Facility Profile and Underground Storage Tank
(UST) 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 (person conducting facility compliance inspection)

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

Facility Classification (Check One)

<input type="checkbox"/> Gasoline Station	<input type="checkbox"/> Education/Private	<input type="checkbox"/> Federal Government	<input type="checkbox"/> Farm
<input type="checkbox"/> Commercial	<input type="checkbox"/> Education/State	<input type="checkbox"/> State Government	<input type="checkbox"/> Non-profit Fire District
<input type="checkbox"/> Industrial	<input type="checkbox"/> Education/Town	<input type="checkbox"/> City/Town 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	NO
Does this facility have another mechanism of Financial Responsibility?		YES	NO
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 #				
A.1	Status of Tank (check one only for each tank) Currently in Use Temporarily Closed Not in Use	<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"/>				
A.6	Fiberglass reinforced plastic (FRP) (Section 4.4)	<input type="checkbox"/>				
A.7	Steel tank with fiberglass/plastic jacket (Section 4.4)	<input type="checkbox"/>				
A.8	Other, please specify	<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 to store fuel for an emergency generator?	Y / N	Y / N	Y / N	Y / N	Y / N
A.14	Is the tank manifolded (siphoned)?	Y / N	Y / N	Y / N	Y / N	Y / N
A.15	If the tank is manifolded, indicate which tank it is manifolded to.					
A.16	Is the 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"/>				
A.18	Flexible plastic (Section 4.5)	<input type="checkbox"/>				
A.19	Coated and cathodically-protected steel (Section 4.5)	<input type="checkbox"/>				
A.20	Copper	<input type="checkbox"/>				
A.21	Other, please specify	<input type="checkbox"/>				
A.22	Has the piping ever been repaired?	Y / N	Y / N	Y / N	Y / N	Y / N
A.23	Date the 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 the 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"/>				
A.27	“U.S.” suction (check valve at tank) (Section 4.8)	<input type="checkbox"/>				
A.28	Pressurized (submersible pump system) (Section 4.8)	<input type="checkbox"/>				
A.29	Other, please specify	<input type="checkbox"/>				
A.30	Have you paid last fall’s tank registration invoice in full?	Y / N				
A.31	Site Diagram					

Draw a sketch of the facility (include roads, buildings, 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 a “N” response is indicated for any question that is written in *italics*, then 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 #	RTC Plan Needed?				
B.1	<i>Is the tank protected against corrosion? Fill out the section below to describe how compliance has been met. (refer to Workbook Section 4.4)</i>	Y / N	Y / N	Y / N	Y / N	Y / N	<input type="checkbox"/>
B.2	Constructed of Fiberglass Reinforced Plastic (FRP)	<input type="checkbox"/>					
B.3	Constructed of steel with a fiberglass/ or plastic jacket	<input type="checkbox"/>					
B.4	Interior liner	<input type="checkbox"/>					
B.5	Date the 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"/>					
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 the 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 the most recent test						
B.15	Company that conducted the 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"/>					
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 the most recent test						
B.23	Company that conducted the 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 #	RTC Plan Needed?				
C.1	<i>Do you have a leak detection method in place for each tank? (complete all that apply below)</i>	Y / N	Y / N	Y / N	Y / N	Y / N	<input type="checkbox"/>
C.2	Continuous Monitoring System	<input type="checkbox"/>					
C.3	Manufacturer						
C.4	Model #						
C.5	Installation Date						
C.6	<i>Are the employees who run, monitor, or maintain the release detection system aware of correct operating procedures?</i>			Y / N			<input type="checkbox"/>
C.7	<i>Is your leak detection system currently operating properly?</i>			Y / N			<input type="checkbox"/>
C.8	<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"/>

	TANK LEAK DETECTION - CONTINUED	Tank #	RTC Plan Needed?				
C.9	<i>Has the continuous monitoring system been inspected, calibrated and tested within the last year?</i>	Y / N	Y / N	Y / N	Y / N	Y / N	<input type="checkbox"/>
C.10	Date of the inspection						
C.11	Company that conducted the inspection						
C.12	Automatic Tank Gauge (ATG) (required for single-walled tanks only) (Section 4.7.1)	<input type="checkbox"/>					
C.13	<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.14	<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.15	<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.16	Interstitial Monitoring (required for double-walled tanks only) (Section 4.7.2)	<input type="checkbox"/>					
C.17	<i>Is an interstitial space electronic monitoring system installed?</i>	Y / N	Y / N	Y / N	Y / N	Y / N	<input type="checkbox"/>
C.18	<i>Is the interstitial space electronic monitoring system continuously operating to check for leaks?</i>	Y / N	Y / N	Y / N	Y / N	Y / N	<input type="checkbox"/>
C.19	Tank Interstitial Space Tightness Test (required for double-walled tanks with a “dry” interstitial space) (Section 4.7.4)	<input type="checkbox"/>					
C.20	<i>For DRY interstitial space tanks that have been installed > 20 years: Has the interstitial space passed a tightness test within the past 2 years?</i>	Y / N	Y / N	Y / N	Y / N	Y / N	<input type="checkbox"/>
C.21	Date of the most recent tightness test						
C.22	Company that conducted the tightness test						
C.23	Tank Tightness Testing (required for single-walled tanks) (Section 4.7.3)	<input type="checkbox"/>					
C.24	<u>If</u> Tank has an ATG and the tank was installed less than 20 years ago:	<input type="checkbox"/>					
C.25	<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.26	Date of the most recent tightness test						
C.27	Company that conducted the tightness test						
C.28	<u>If</u> Tank has an ATG and the tank was installed more than 20 years ago:	<input type="checkbox"/>					
C.29	<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> Note: Single-walled tanks installed for 30 years shall have a tightness test performed annually beginning in 2015, and all single-walled tanks shall be permanently closed in accordance with the schedule outlined in Section 4.13.	Y / N	Y / N	Y / N	Y / N	Y / N	<input type="checkbox"/>
C.30	Date of the most recent tightness test						
C.31	Company that conducted the tightness test						

	TANK LEAK DETECTION - CONTINUED	Tank #	RTC Plan Needed?				
C.32	Inventory Control (Section 4.7.4)	<input type="checkbox"/>					
C.33	<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 the 1% flow-through plus 130 gallons.	Y / N	Y / N	Y / N	Y / N	Y / N	<input type="checkbox"/>
C.34	<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.35	<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.36	<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 #	RTC Plan Needed?				
D.1	<i>Is the product pipeline protected against corrosion? Use the section below to describe how compliance has been met.</i>	Y / N	Y / N	Y / N	Y / N	Y / N	<input type="checkbox"/>
D.2	Piping is fiberglass reinforced plastic or flexible non-metallic	<input type="checkbox"/>					
D.3	Impressed current cathodic protection (Section 4.6)	<input type="checkbox"/>					
D.4	Date of installation						
D.5	<i>Does the cathodic protection system operate continuously?</i>	Y / N	Y / N	Y / N	Y / N	Y / N	<input type="checkbox"/>
D.6	<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.7	Date of the most recent inspection						
D.8	<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.9	Date of the most recent test						
D.10	Company that conducted the last test						
D.11	<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.12	<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.13	Sacrificial anodes (Section 4.6)	<input type="checkbox"/>					
D.14	Date of installation						
D.15	<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.16	Date of the most recent test						
D.17	Company that conducted the last test						
D.18	<i>Did the system pass its most recent test?</i>	Y / N	Y / N	Y / N	Y / N	Y / N	<input type="checkbox"/>
D.19	<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.20	Flexible Connectors	<input type="checkbox"/>					
D.21	<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.22	Impressed current cathodic protection (Section 4.6)	<input type="checkbox"/>					
D.23	Sacrificial anodes (Section 4.6)	<input type="checkbox"/>					
D.24	Date of the most recent cathodic test						
D.25	Company that conducted the last test						

	PIPING CORROSION PROTECTION - CONTINUED	Tank #	RTC Plan Needed?				
D.26	<i>Did the equipment pass its most recent test?</i>	Y / N	Y / N	Y / N	Y / N	Y / N	<input type="checkbox"/>
D.27	<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.28	Swing Joints	<input type="checkbox"/>					
D.29	<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.30	Impressed current cathodic protection (Section 4.6)	<input type="checkbox"/>					
D.31	Sacrificial anodes (Section 4.6)	<input type="checkbox"/>					
D.32	Date of the most recent cathodic test						
D.33	Company that conducted the last test						
D.34	<i>Did the equipment pass its most recent test?</i>	Y / N	Y / N	Y / N	Y / N	Y / N	<input type="checkbox"/>
D.35	<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.36	Other Equipment, please specify	<input type="checkbox"/>					
D.37	<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.38	Impressed current cathodic protection (Section 4.6)	<input type="checkbox"/>					
D.39	Sacrificial anodes (Section 4.6)	<input type="checkbox"/>					
D.40	Date of the most recent cathodic test						
D.41	Company that conducted the last test						
D.42	<i>Did the equipment pass its most recent test?</i>	Y / N	Y / N	Y / N	Y / N	Y / N	<input type="checkbox"/>
D.43	<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 E: PIPING LEAK DETECTION

	Tank ID Number	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	Continuous Monitoring System	<input type="checkbox"/>					
E.3	Manufacturer						
E.4	Model #						
E.5	Installation Date						
E.6	<i>Are the employees who run, monitor, or maintain the release detection system aware of the correct operating procedures?</i>			Y / N			<input type="checkbox"/>
E.7	<i>Is your leak detection system currently operating properly?</i>			Y / N			<input type="checkbox"/>
E.8	<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"/>
E.9	<i>Has the continuous monitoring system been inspected, calibrated, and tested within the last year?</i>	Y / N	Y / N	Y / N	Y / N	Y / N	<input type="checkbox"/>
E.10	Date of the inspection						
E.11	Company that conducted the inspection						
E.12	Pressurized Piping (Section 4.8.1)	<input type="checkbox"/>					
E.13	Specify type of line leak detector (LLD) (mechanical or electronic)						
E.14	If your piping is single-walled pressurized with <u>mechanical</u> LLD (see Section 4.13 for the permanent closure of single-wall piping systems):	<input type="checkbox"/>					
E.15	<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.16	Date of the last LLD test						
E.17	Company that conducted the LLD test						

	PIPING LEAK DETECTION - CONTINUED	Tank #	RTC Plan Needed?				
E.18	<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.19	Date of the most recent tightness test						
E.20	Company that conducted the tightness test						
E.21	If your piping is single-walled pressurized with <u>electronic LLD</u> (see Section 4.13 for the permanent closure of single-wall piping systems):	<input type="checkbox"/>					
E.22	<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.23	Date of the last LLD test						
E.24	Company that conducted the LLD test						
E.25	<i>Has the LLD performed a 0.1 gallon per hour leak pressure test within the past year?</i>	Y / N	Y / N	Y / N	Y / N	Y / N	<input type="checkbox"/>
E.26	<i>Is a printout available to verify the most recent LLD pressure test?</i>	Y / N	Y / N	Y / N	Y / N	Y / N	<input type="checkbox"/>
E.27	If your piping is double-walled pressurized:	<input type="checkbox"/>					
E.28	Is your LLD “electronic” or “mechanical”?						
E.29	<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.30	Date of the last LLD test						
E.31	Company that conducted the last LLD test						
E.32	<i>Is an interstitial space electronic monitoring system installed?</i>	Y / N	Y / N	Y / N	Y / N	Y / N	<input type="checkbox"/>
E.33	<i>Is the interstitial monitoring system continuously operating to check for leaks?</i>	Y / N	Y / N	Y / N	Y / N	Y / N	<input type="checkbox"/>
E.35	<u>If</u> Double-walled pressurized piping system was installed 20 years ago or more:	<input type="checkbox"/>					
E.36	<i>Do you have passing results of a test for tightness on the interstitial space of the piping’s walls performed when the piping system had been installed for 20 years and every 2 years thereafter?</i>	Y / N	Y / N	Y / N	Y / N	Y / N	<input type="checkbox"/>
E.37	Date of the most recent tightness test						
E.38	Company that conducted the most recent tightness test						
E.39	Suction Piping (Section 4.8.2)	<input type="checkbox"/>					
E.40	“U.S.” suction (check valve at tank)	<input type="checkbox"/>					
E.41	“Safe” suction (check valve at pump)	<input type="checkbox"/>					
E.42	If your piping is single-walled suction (see Section 4.13 for the permanent closure of single-wall piping systems):	<input type="checkbox"/>					
E.43	<i>Have you conducted piping tightness tests at 5, 8, 11, and 13 years after piping installation and annually thereafter (every 2 years thereafter for “European” or “Safe” suction systems)?</i> Note: When a “European” or “safe” suction system has been installed for a period of 20 years, a line tightness test shall be performed annually beginning in 2015.	Y / N	Y / N	Y / N	Y / N	Y / N	<input type="checkbox"/>
E.44	<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.45	Date of the most recent tightness test						
E.46	Company that conducted the tightness test						
E.47	If your piping is double-walled suction:	<input type="checkbox"/>					
E.49	<i>Is an interstitial space electronic monitoring system installed?</i>	Y / N	Y / N	Y / N	Y / N	Y / N	<input type="checkbox"/>
E.50	<i>Is the interstitial space electronic monitoring system continuously operating to check for leaks?</i>	Y / N	Y / N	Y / N	Y / N	Y / N	<input type="checkbox"/>

PIPING LEAK DETECTION - CONTINUED		Tank #	RTC Plan Needed?				
E.51	If Double-walled suction piping system was installed 20 years ago or more:	<input type="checkbox"/>					
E.52	Do you have passing results of a test for tightness on the interstitial space of the piping's walls performed when the piping system had been installed for 20 years and every 2 years thereafter?	Y / N	Y / N	Y / N	Y / N	Y / N	<input type="checkbox"/>
E.53	Date of the most recent tightness test						
E.54	Company that conducted the tightness test						

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

	Tank ID Number	Tank #	RTC Plan Needed?				
F.1	Spill Containment Basins (Section 4.1) <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 spill containment basin 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 containment basins weekly after deliveries 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>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.6	<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.7	Sumps (Section 4.8) <i>Does the tank have containment sump(s)?</i>	Y / N	Y / N	Y / N	Y / N	Y / N	<input type="checkbox"/>
F.8	Check all that apply: Tank top / piping collection	<input type="checkbox"/>					
F.9	Piping transition	<input type="checkbox"/>					
F.10	<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.11	<i>Do the sumps have sensors for continuous monitoring?</i>	Y / N	Y / N	Y / N	Y / N	Y / N	<input type="checkbox"/>
F.12	<i>Are the sensors upright and 1" from the bottom?</i>	Y / N	Y / N	Y / N	Y / N	Y / N	<input type="checkbox"/>
F.13	<i>Are the sensors functioning properly?</i>	Y / N	Y / N	Y / N	Y / N	Y / N	<input type="checkbox"/>
F.14	<i>Are the sensors mounted securely?</i>	Y / N	Y / N	Y / N	Y / N	Y / N	<input type="checkbox"/>
F.15	<i>Are all entries (boots) sealed and intact to prevent infiltration of water or release of product?</i>	Y / N	Y / N	Y / N	Y / N	Y / N	<input type="checkbox"/>
F.16	<i>Is the secondary piping test boot disconnected?</i>	Y / N	Y / N	Y / N	Y / N	Y / N	<input type="checkbox"/>
F.17	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.18	<i>Do you have a qualified UST contractor periodically check your overfill protection device (i.e., overfill alarm, automatic shutoff device, ball float vent valve) to make sure it functions correctly?</i>			Y / N			<input type="checkbox"/>
F.19	Overfill Alarm (Section 4.3.1)	<input type="checkbox"/>					
F.20	<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.21	<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"/>
F.22	Automatic Shutoff Device (Section 4.3.2)	<input type="checkbox"/>					
F.23	<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"/>

SPILL PREVENTION AND OVERFILL PROTECTION – CONTINUED		Tank#	Tank#	Tank#	Tank#	Tank#	RTC Plan Needed?
F.24	Ball Float Vent Valve (Section 4.3.3)	<input type="checkbox"/>					
F.25	<i>Is the ball float vent 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.26	Vent Alarm (Section 4.3.4)	<input type="checkbox"/>					
F.27	<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.28	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.29	Check box if Stage I vapor recovery is installed.	<input type="checkbox"/>					
F.30	Specify type of Stage I vapor recovery (coaxial or two point)						
F.31	<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.32	<i>Is the Stage I system inspected on a weekly basis?</i>	Y / N					<input type="checkbox"/>
F.33	<i>Are records of the Stage I system inspections maintained at the facility?</i>	Y / N					<input type="checkbox"/>
F.34	<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.35	<i>Are fills and adapters tight?</i>	Y / N	Y / N	Y / N	Y / N	Y / N	<input type="checkbox"/>
F.36	<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.37	<i>Is fill pipe equipped with a drop tube?</i>	Y / N	Y / N	Y / N	Y / N	Y / N	<input type="checkbox"/>
F.38	<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.39	<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.40	<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.41	<i>For two point systems: Are dry break caps and gaskets in good condition?</i>	Y / N	Y / N	Y / N	Y / N	Y / N	<input type="checkbox"/>
F.42	<i>Are all dry breaks sealing properly? (no vapor emissions)</i>	Y / N	Y / N	Y / N	Y / N	Y / N	<input type="checkbox"/>
F.43	<i>Proper vent valve?</i>	Y / N	Y / N	Y / N	Y / N	Y / N	<input type="checkbox"/>
F.44	Enter the vent valve pressure setting.						
F.45	<i>Is vapor lid in good condition?</i>	Y / N	Y / N	Y / N	Y / N	Y / N	<input type="checkbox"/>
F.46	<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. #	RTC Plan Needed?					
G.1	Check box if the dispenser is equipped with a pan or sump.	<input type="checkbox"/>						
G.2	<i>Is the pan or sump free of water, debris and product?</i>	Y / N	Y / N	Y / N	Y / N	Y / N	Y / N	<input type="checkbox"/>
G.3	<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	Y / N	<input type="checkbox"/>
G.4	<i>Is the dispenser equipped with a functioning impact crash 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/crash valve been tested within the last year?</i>	Y / N	Y / N	Y / N	Y / N	Y / N	Y / N	<input type="checkbox"/>
G.6	Date of the most recent impact crash 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. #	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"/>						
G.10	<i>Are system-appropriate Stage II operating instruction stickers posted?</i>	Y / N	Y / N	Y / N	Y / N	Y / N	Y / N	<input type="checkbox"/>
G.11	<i>Nozzles CARB certified?</i>	Y / N	Y / N	Y / N	Y / N	Y / N	Y / N	<input type="checkbox"/>
G.12	<i>Hoses CARB certified?</i>	Y / N	Y / N	Y / N	Y / N	Y / N	Y / N	<input type="checkbox"/>
G.13	<i>Breakaways CARB certified?</i>	Y / N	Y / N	Y / N	Y / N	Y / N	Y / N	<input type="checkbox"/>
G.14	<i>Swivels CARB certified?</i>	Y / N	Y / N	Y / N	Y / N	Y / N	Y / N	<input type="checkbox"/>
G.15	<i>Face plates/vapor escape guards intact?</i>	Y / N	Y / N	Y / N	Y / N	Y / N	Y / N	<input type="checkbox"/>
G.16	<i>Hoses intact?</i>	Y / N	Y / N	Y / N	Y / N	Y / N	Y / N	<input type="checkbox"/>
G.17	<i>Hose retractors intact (vapor balance)?</i>	Y / N	Y / N	Y / N	Y / N	Y / N	Y / N	<input type="checkbox"/>
G.18	<i>Nozzle check valves operating?</i>	Y / N	Y / N	Y / N	Y / N	Y / N	Y / N	<input type="checkbox"/>
G.19	<i>Nozzle spouts tight?</i>	Y / N	Y / N	Y / N	Y / N	Y / N	Y / N	<input type="checkbox"/>
G.20	<i>Nozzle bellows intact?</i>	Y / N	Y / N	Y / N	Y / N	Y / N	Y / N	<input type="checkbox"/>
G.21	<i>Clamps in place on bellows (Vapor Balance)?</i>	Y / N	Y / N	Y / N	Y / N	Y / N	Y / N	<input type="checkbox"/>
G.22	<i>Hoses not contacting ground (Vapor Balance)?</i>	Y / N	Y / N	Y / N	Y / N	Y / N	Y / N	<input type="checkbox"/>
G.23	<i>Ten (10") loop or less (Vapor Balance)?</i>	Y / N	Y / N	Y / N	Y / N	Y / N	Y / N	<input type="checkbox"/>
G.24	<i>Liquid removal device in hose (Vapor Balance)?</i>	Y / N	Y / N	Y / N	Y / N	Y / N	Y / N	<input type="checkbox"/>
G.25	<i>Are any nozzles out of service/tagged out?</i>	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 <i>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?</i>	Y / N						<input type="checkbox"/>
G.27	<i>Is documentation of the Stage II system training maintained at the facility?</i>	Y / N						<input type="checkbox"/>
G.28	<i>Is the Stage II system inspected on a weekly basis?</i>	Y / N						<input type="checkbox"/>
G.29	<i>Are records of Stage II system inspections maintained at the facility?</i>	Y / N						<input type="checkbox"/>
G.30	<i>Are all defective parts of the Stage II system found during weekly inspections removed from service until they are repaired or replaced?</i>	Y / N						<input type="checkbox"/>
G.31	Stage II Vapor Recovery Testing <i>Are the following tests performed on the Stage II system on an annual basis?</i>	Y / N						<input type="checkbox"/>
G.32	<i>- Leak test</i>	Y / N						<input type="checkbox"/>
G.33	<i>- Vapor space tie test</i>	Y / N						<input type="checkbox"/>
G.34	<i>A/L - Ten-gallon per minute test</i>	Y / N						<input type="checkbox"/>
G.35	<i>- PV vent cap</i>	Y / N						<input type="checkbox"/>
G.36	<i>Is a Liquid Blockage Test performed on the Stage II System once every 3 years?</i>	Y / N						<input type="checkbox"/>
G.37	<i>Are records of all Stage II vapor recovery testing maintained at the facility?</i>	Y / N						<input type="checkbox"/>

SECTION H: CORRECT FILLING PROCEDURES

			RTC Plan Needed?
H.1	Is there an established procedure to monitor the entire fuel delivery process and to stop the flow of fuel from the truck to the tank at any time and/or respond to any unusual condition, leak or spill that may occur during a delivery? (Section 4.2)	Y / N	<input type="checkbox"/>

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 field observation wells at the facility		
I.3	Is each well labeled to identify it as a groundwater monitoring well or a tank field observation well?	Y / N	<input type="checkbox"/>
I.4	Is each well equipped with a road box and an expandable watertight cap?	Y / N	<input type="checkbox"/>
I.5	Is each well equipped with a casing that is NOT screened to the top?	Y / N	<input type="checkbox"/>
I.6	Is each well cap closed tightly and locked?	Y / N	<input type="checkbox"/>
I.7	Is the area surrounding the well cap dry and free of standing water?	Y / N	<input type="checkbox"/>
I.8	Do you have records of groundwater monitoring well checks for the last 3 years?	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 that 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 that the information is current?	Y / N	
J.3	Do you have response supplies readily available for use in the event that a spill or overflow occurs?	Y / N	
J.4	Did you appropriately respond to and report all suspected or confirmed releases? (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.	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	Is there less than 1" of product in the tank?	Y / N	Y / N	Y / N	Y / N	<input type="checkbox"/>
K.3	Are all fill ports capped and secured?	Y / N	Y / N	Y / N	Y / N	<input type="checkbox"/>
K.4	Are all suction lines evacuated?	Y / N	Y / N	Y / N	Y / N	<input type="checkbox"/>
K.5	Are all of the vent lines open?	Y / N	Y / N	Y / N	Y / N	<input type="checkbox"/>
K.6	Are you complying with the corrosion protection requirements?	Y / N	Y / N	Y / N	Y / N	<input type="checkbox"/>

SECTION L: OPERATOR TRAINING (Section 4.15)

					RTC Plan Needed?
L.1	Does the facility have a trained and certified Class A UST facility operator?	Y / N	Name: _____ Certification #: _____ Expiration Date: _____		<input type="checkbox"/>
L.2	Does the facility have a trained and certified Class B UST facility operator?	Y / N	Name: _____ Certification #: _____ Expiration Date: _____		<input type="checkbox"/>

	Section L: Operator Training (continued)		RTC Plan Needed?
L3	<i>Does the facility have a list of trained Class C UST facility operators? (The list shall include the latest date of training, and the name of the Class A or Class B UST facility operator that trained each Class C UST facility operator.)</i>	Y / N	<input type="checkbox"/>
L.4	<i>Does the Class A/B UST facility operator perform monthly inspections and complete the monthly inspection checklists?</i>	Y / N	<input type="checkbox"/>
L.4	<i>For unmanned facilities, is there a sign posted that lists both the name and telephone number of the owner or operator and local emergency responders and advises persons to call these numbers in the event of a spill or other emergency?</i>	Y / N	<input type="checkbox"/>
L.5	<i>Is the facility approved by the Department, in writing, to operate without having a Class C UST facility operator present during all opening hours?</i>	Y / N	<input type="checkbox"/>

2016 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 overall 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: _____



**Rhode Island Department of Environmental Management
Underground Storage Tank (UST) Certification Program**

2016 Return-to-Compliance Plan Form

- Please answer all questions in the table for each non-compliance issue.
 - 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, which may include fines or penalties.
-

Facility Name: _____

Please note that submittal of this **RTC Form** gives your facility an additional 60 days to come into compliance.

Checklist Compliance Question # for which you are reporting non-compliance?	Brief description of requirement and the workbook section #.	What corrective action will you take to return to compliance?	Date you expect (must be within 60 days) to be in compliance with issue?

Signature: _____ Date: _____

Printed Name: _____ Title: _____



**Rhode Island Department of Environmental Management
Underground Storage Tank (UST) Certification Program**

2016 Return-to-Compliance Final Report

Before you complete this form, make as many copies of this form as needed. Please list the date and what action was taken for EACH non-compliance issue listed in the RTC form that was originally submitted with the checklist. Return the completed form to:

RI DEM/Office of Customer & Technical Assistance
Underground Storage Tank (UST) Certification Program
235 Promenade Street
Providence, RI 02908-5767

- 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, which may include fines or penalties. Please answer all questions in the table for each non-compliance issue.

Facility Name: _____

Checklist Compliance Question # for which you reported non-compliance?	Brief description of requirement and the workbook section #.	What corrective action did you take to return to compliance?	Date that facility returned to compliance with this issue?

Signature: _____ Date: _____

Printed Name: _____ Title: _____