



# Spill Containment Basin Replacement Information, Instructions, and Application Form

## **When does a spill containment basin need to be replaced?**

A spill containment basin (SCB), commonly referred to as a "spill bucket", must be replaced when it is physically damaged, no longer capable of holding liquid, or if it fails a tightness test. Single-walled spill containment basins cannot be repaired and must be replaced with a double-walled spill basin.

## **What spill containment basins can be installed?**

All new and replacement spill containment basins must be:

- Double Walled
- Capable of periodic interstitial monitoring
- Able to contain a minimum of 3 gallons of liquid

## **Do I need prior approval from DEM to replace a spill containment basin?**

No. A qualified installer who is properly licensed in Rhode Island may replace a failed spill containment basin without prior approval from DEM. However, the installer must submit the [Spill Containment Basin Replacement](#) form and tightness test results to DEM within 7 days. Please be aware that some cities or towns may require additional municipal permits and/or approval from the local fire department prior to installation or replacement.

## **Does an Environmental Consultant need to be present during the installation?**

No. DEM does not routinely require screening of soils for spill containment basin replacements as long as the excavation is limited to the area immediately surrounding the spill containment basin. If a larger excavation is required, an environmental consultant may be required. If evidence of a release or contamination is discovered prior to, or during, the replacement, DEM must be notified immediately by calling (401) 222-2797. If contamination is observed, DEM may require an environmental consultant be present to evaluate the extent of contamination.

## **What do I do if contamination is discovered?**

If evidence of contamination or a release of product is discovered during the replacement of the spill containment basin, you should immediately call DEM at (401) 222-2797 to report your findings. Evidence of a release may include, but is not limited to, stained soil or peastone, strong petroleum odor, visible sheen, or visible product.

## **What testing is required for a Spill Containment Basin replacement?**

After installation, both the interstitial space of the spill containment basin and the basin itself must be tested for tightness and leaks. The basin must be filled with water to the top of the drop tube and monitored for 1 hour. If the water level drops more than 1/8" ( 3.2 mm), the spill containment basin is leaking. If the interstitial space is equipped with a liquid level sensor or is under pressure or vacuum and equipped with a gauge, no additional testing is required. Otherwise, the interstitial space should be tested according to the manufacturer's specified methods and specifications.

If the riser pipe was removed, adjusted, or otherwise disturbed, you are also required to perform an interstitial space tightness test on the underground storage tank to ensure the integrity of the riser pipe interface is intact.

## **What paperwork is required?**

Within 7 days of the replacement, the installer must submit the following documents to DEM:

- A completed [Spill Containment Basin Replacement Application](#) Form
- Results of a completed spill containment basin tightness test showing a passing result
- If the riser pipe was disturbed, UST interstitial space tightness test results

## **Where do I submit the paperwork?**

DEM - UST Program  
ATTN: Joe Cunningham  
235 Promenade Street  
Providence, RI 02908

If you have additional questions, please call us at (401) 222-2797



# Spill Containment Basin (Spill Bucket) Replacement Form

This form must be submitted to DEM within 7 days of spill containment basin replacement

<b>Facility</b>	Facility Name: <input type="text"/>	DEM Facility ID# <input type="text"/>
	Physical Address: <input type="text"/>	City/Town: <input type="text"/>

<b>UST System Owner</b>	UST Owner Name: <input type="text"/>		
	Primary Contact Name: <input type="text"/>		
	Mailing Address: <input type="text"/>	City: <input type="text"/>	State: <input type="text"/>
	Phone #: <input type="text"/>	E-mail: <input type="text"/>	

<b>Installer</b>	Firm/Contractor Name: <input type="text"/>		
	Primary Contact Name: <input type="text"/>		
	Mailing Address: <input type="text"/>	City: <input type="text"/>	State: <input type="text"/>
	Phone #: <input type="text"/>	E-mail: <input type="text"/>	

# of Spill Containment Basins Replaced:  Replacement Reason:  Replacement Date:

What USTs are the replaced basins connected to?

Replacement Spill Containment Basin Manufacturer:  Part/Model #:

**Type:**  Double Wall w/ Interstitial Space Pressure Gauge  Double Wall w/ Liquid Level Sensor  Other  
 Double Wall with Interstitial Test Port  Double Wall with Brine Interstitial Sensor

Did soil or stone surrounding spill bucket show any evidence of a petroleum release?  Yes  No \* If yes, contact DEM at (401) 222-2797

Did the riser pipe show any evidence of corrosion or damage?  Yes  No

Was the riser pipe removed, tightened, loosened, or disturbed during the spill containment basin replacement? \*\*  Yes  No  
 \*\* If yes, the UST must be re-tested for tightness

Did the SCB primary and interstitial space pass all post-installation tightness tests?  Yes  No

I certify under penalty of law that this document was prepared under my direction or supervision. I have contacted the local fire department, town or city government, and utilities and have obtained any necessary local permits or permissions, and fulfilled any necessary requirements related to the replacement of components. I have reported any evidence of contamination, including, but not limited to, soil staining, odor, sheen, or visible product to DEM. I have read and understand the testing requirements related to spill containment basins, product piping, and underground storage tanks, and I am aware that there are significant penalties for submitting false information.

Installer Name (Printed):

Date:

Installer Signature:

Owner Name (Printed):

Date:

Owner Signature:

 If you suspect a release of petroleum or other hazardous materials has occurred, call DEM at (401) 222-2797 immediately 