

STATE OF RHODE ISLAND
DEPARTMENT OF ENVIRONMENTAL MANAGEMENT
OFFICE OF WASTE MANAGEMENT
UNDERGROUND STORAGE TANK PROGRAM
235 Promenade Street
Providence, RI 02908
(401) 222-2797
Fax: (401) 222-3813

Paperwork Requirements for UST Installation / Piping Replacement Proposals (An owner/operator must apply for a certificate of registration before commencing construction. Upon receipt and review of a complete application and installation plans, written approval will be issued.)

- A completed *Underground Storage Tank Registration Form*.
- A completed *Equipment List Addendum*.
- A completed *UST Installation/Modification/Upgrade Supplemental Information* form.
- A site plan including all of the information listed below:
 - Proposed location(s) of all tanks, piping, and dispensing pumps.
 - Proposed location(s) of on-site monitoring or observation wells, where applicable.
 - Watertable elevation, where available.
 - Location of all public water supply wells or reservoirs within 400 feet of the facility.
 - Location of all facilities served by private wells or reservoirs within 200 feet of the facility.
 - Location of all proposed and existing buildings and associated structures.
 - Boundaries of the facility.
 - North arrow.
- Specifications or a diagram indicating depth of excavation, bedding, and backfill, supports and anchorage used, distance between tanks, and dimensions (including thickness) of traffic pad.

Note that installation plans for new UST facilities must be stamped by a registered Professional Engineer.

Kindly direct to the attention of:

Gregory Yekhtikian, Senior Sanitary Engineer
Underground Storage Tank Program
(401) 222-2797 ext. 7521

04/05/2001

EQUIPMENT LIST ADDENDUM

Facility Name: _____ RI DEM UST Facility ID #: _____ Date: _____

ITEM	MFG./VENDOR	MODEL #	QUANTITY	ADDITIONAL INFORMATION
Tank (360° Secondary Containment Required)				
Primary Product Pipe & Fittings				
Secondary Pipe & Fittings				
Vent Pipe & Fittings				
Flex Connectors				
Pipe Thread Sealant/Pipe Adhesive				
Piping Sump/Transition Sump				
Sump Entry/Termination Boots and Penetration Fittings				
Dispenser Sump/Pan				
Sump/Pan Entry/Termination Boots and Penetration Fittings				
Spill Containment Basin				
Tank Fill Identifier				
Tank Monitor				
Tank Volume Probe				
Tank Interstitial Sensor				
Piping Sump Sensor				
Dispenser Sump Sensor				
Remote Alarm Enunciator				
Product Pump				
Ball Float Valve				
Extractor Valve				
Automatic Fill Shut-Off				
Fill Tube				
Crash/Shear Valve (Pressure)				
Line Leak Detector				
Check Valve (Suction)				
Monitoring Wells				

UST INSTALLATION/MODIFICATION/UPGRADE

SUPPLEMENTAL INFORMATION

Facility Name: _____

RI DEM UST Facility ID #: _____

- Steel USTs equipped with a galvanic cathode system are required to be monitored in three (3) year intervals to determine that the tank-to-soil potential reading relative to copper is -850 millivolts or more negative. Please submit a recent corrosion evaluation of all sti-P₃ USTs to be re-piped and/or interior-lined. (Potential readings are to be performed by a person certified by the National Association of Corrosion Engineers (NACE International) as a Senior Corrosion Technologist or Corrosion Technologist.)

- Please verify that all newly-installed piping shall be pressure tightness-tested before being covered, in accordance with NFPA 30 3-8 (1993).

- Please verify that a precision test of the entire system (tanks and a separate line test) will be performed upon completion of the installation/upgrade and before commencing regular UST operation.

- Please supply the name of the precision testing company and the type of test method used. (Both the tester and test method are required to be approved in the State of Rhode Island.) _____

- Please supply specifications or a diagram indicating depth of excavation, bedding, and backfill, supports and anchorage used, distance between tanks, and dimensions (including thickness) of traffic pad.

- Please supply the name of the tank/piping installer (required to be certified by the equipment manufacturer and licensed as may be required by the R.I. Department of Labor, Division of Professional Regulation) (please supply documentation) along with the name of the electrical contractor.

Tank/piping installer: _____

Electrical contractor: _____

Name

Signature

Date



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
 Department of Environmental Management
 Office of Waste Management
 UNDERGROUND STORAGE TANK MANAGEMENT
 235 Promenade Street
 Providence, RI 02908
 (401) 222-2797
 FAX: (401) 222-3813



RI DEM UST FACILITY ID NO. _____

CERTIFICATE OF INSTALLATION OR MODIFICATION OF UST

I, _____, hereby certify that on _____, 20____, I performed certain installation or modification work on underground storage tanks, piping, and/or other related UST facility components located at:

I further certify that:

1. All work was performed in accordance with: all applicable national codes of practice as listed in "Appendix B" of the Rules and Regulations For Underground Storage Facilities Used For Petroleum Products and Hazardous Materials (the "UST Regulations"); the manufacturer's instructions; and the prior written approval of DEM.
2. All work specified in the manufacturer's installation checklist has been completed. **(A copy of the installation checklist, signed by the contractor submitting this Certificate, must be attached hereto.)**
3. I am certified or licensed as may be required by the R.I. Department of Labor, Division of Professional Regulation. (See R.I. Gen. Laws Chapter 28-27 regarding installation of commercial gasoline or diesel UST systems.)
4. The City/Town building official was notified prior to the commencement of the installation or modification work.
5. Compliance with all proper installation procedures is assured by at least one of the following (check all that apply):
 - I am certified by the appropriate equipment manufacturers.

- The work performed was inspected and approved by _____, a registered professional engineer in the State of Rhode Island having education and experience with UST equipment installation or modification.
- The work was performed in compliance with the following DEM-approved method(s) for assuring proper installation or modification:

(A copy of DEM's written approval of the above methodology must be attached hereto.)

INSTALLER'S CERTIFICATION

I hereby certify and attest that the information provided herein is true and accurate. I understand that the provision of false or misleading information could subject me to civil and/or criminal penalties, loss of licensure and/or imprisonment as may be provided by statute or regulation.

Signature	Date
Name (Print) : _____	
Title : _____	
Business Name : _____	
Address : _____	
Phone Number: _____	

OWNER'S CERTIFICATION

I hereby certify that I am the registered owner of the above-referenced facility and/or USTs and that the work described herein was undertaken at my direction.

Signature	Date
Name (Print) : _____	
Title : _____	
Business Name : _____	
Address : _____	
Phone Number: _____	