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 locations(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

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

Name: ____________________________
Signature: ________________________
Date: ____________________________
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: _________________________________________________

(REV. 04/2006)