

State of Rhode Island Department of Environmental Management

Application for the Repair or Replacement of Product Piping

The work proposed will be: Repair of Existing Piping Replacement of Existing Piping Modification of Existing Piping

Facility Name: <input style="width: 90%;" type="text"/>	DEM Facility ID# <input style="width: 90%;" type="text"/>
Physical Address: <input style="width: 90%;" type="text"/>	City/Town: <input style="width: 90%;" type="text"/>

UST System Owner	UST Owner Name: <input style="width: 95%;" type="text"/>		
	Primary Contact Name: <input style="width: 95%;" type="text"/>		
	Mailing Address: <input style="width: 85%;" type="text"/>	City: <input style="width: 20%;" type="text"/>	State: <input style="width: 10%;" type="text"/>
	Phone #: <input style="width: 35%;" type="text"/>	E-mail: <input style="width: 60%;" type="text"/>	

Property Owner is the same as UST Owner

Property Owner	Property Owner Name: <input style="width: 95%;" type="text"/>		
	Primary Contact Name: <input style="width: 95%;" type="text"/>		
	Mailing Address: <input style="width: 85%;" type="text"/>	City: <input style="width: 20%;" type="text"/>	State: <input style="width: 10%;" type="text"/>
	Phone #: <input style="width: 35%;" type="text"/>	E-mail: <input style="width: 60%;" type="text"/>	

Contractor	Firm/Contractor Name: <input style="width: 95%;" type="text"/>		
	Primary Contact Name: <input style="width: 95%;" type="text"/>		
	Mailing Address: <input style="width: 85%;" type="text"/>	City: <input style="width: 20%;" type="text"/>	State: <input style="width: 10%;" type="text"/>
	Phone #: <input style="width: 35%;" type="text"/>	E-mail: <input style="width: 60%;" type="text"/>	
	Date of Last Training and Certification by Piping Manufacturer: <input style="width: 95%;" type="text"/>		

License Type: Pipe Fitters Gas Station Ltd License #: Expiration Date:

Environmental Consultant	Environmental Consultant Company Name: <input style="width: 95%;" type="text"/>		
	Primary Contact Name: <input style="width: 95%;" type="text"/>		
	Mailing Address: <input style="width: 85%;" type="text"/>	City: <input style="width: 20%;" type="text"/>	State: <input style="width: 10%;" type="text"/>
	Phone #: <input style="width: 35%;" type="text"/>	E-mail: <input style="width: 60%;" type="text"/>	

Qualifications: Professional Engineer Certified Professional Geologist Registered Professional Geologist

Reason for Repair, Modification or Replacement: Failed Interstitial Tightness Test Failed Primary Tightness Test System Reconfiguration Replacement of Single Wall Piping Repair of Leaking Pipe or Joint Modification to allow testing

USTs Used for:	
UST/Product Piping Contents	
List all DEM UST #'s used by piping proposed for repair, replacement, or modification	

Complete the "Piping Replacement" Section only if you are installing new replacement piping. Otherwise, skip to the "Repair or Modification" section on the next page

Piping Replacement	New Piping Type				
	New Piping Construction Type:				
	New Piping Construction Material:				
		Manufacturer	Model #/Name	Quantity	Comments
	Product Piping				
	Product Pipe Fittings				
	Vent Pipe				
	Vent Pipe Fittings				
	Flex Connectors				
	Pipe Thread Sealant or Adhesive				
	Piping Sump or Transition Sump				
	Sump Penetration Fittings				
	Dispenser Sump or Underdispenser Containment				
Dispenser Sump/Containment Penetration fittings					
Product Pump					
Line Leak Detector					
Check Valves (suction piping only)					
Shear Valves					

**Complete the "Piping Repair or Modification" section only if you are repairing or modifying piping.
Otherwise, skip to the "Construction Details" section on the next page**

Describe proposed repair or modification:

Cite or attach documentation from the manufacturer or industry trade group demonstrating the proposed repair/ modification method and materials are valid and compatible with the existing system

Piping Repair or Modification

Complete the table below to indicate any new components or changes to existing components made during the repair

	Manufacturer	Model	Qty	Comments
Product Piping				
Product Pipe Fittings				
Vent Pipe				
Vent Pipe Fittings				
Flex Connectors				
Pipe Sealant or Adhesive				
Piping Sump				
Sump Penetration Fittings				
Dispenser Sump or underdispenser containment				
Dispenser Sump/Containment Penetration Fittings				
Check Valves (suction only)				
Shear Valves				

Has this piping previously been modified or repaired? Yes No

If this piping replacement, repair, or modification is due to a failed test or known release, describe actions taken to investigate, limit, or clean up and spilled product	
Will the proposed work require the removal of any dispensers?	<input type="radio"/> Yes <input type="radio"/> No
Will the proposed work require the modification or installation of under-dispenser containment?	<input type="radio"/> Yes <input type="radio"/> No If Yes, Explain: <input style="width: 150px; height: 20px;" type="text"/>
Will the proposed work require the modification or installation of sumps?	<input type="radio"/> Yes <input type="radio"/> No If Yes, Explain: <input style="width: 150px; height: 20px;" type="text"/>
Will the proposed work result in any USTs being manifolded together?	<input type="radio"/> Yes <input type="radio"/> No If Yes, Explain: <input style="width: 150px; height: 20px;" type="text"/>
Are any piping components made of any corrodible materials, including steel, which are exposed to soil, groundwater, or surface water?	<input type="radio"/> Yes <input type="radio"/> No If Yes, Explain: <input style="width: 150px; height: 20px;" type="text"/>
Will all newly installed, repaired, or modified product piping maintain the required slope to ensure any materials in the interstitial space drain to product piping sumps?	<input type="radio"/> Yes <input type="radio"/> No If Yes, Explain: <input style="width: 150px; height: 20px;" type="text"/>
Proposed Construction Start Date: <input style="width: 100px; height: 20px;" type="text"/>	Estimated Construction Duration: (days) <input style="width: 50px; height: 20px;" type="text"/>

IMPORTANT:

Detailed construction plans showing locations of all product piping, vent piping, USTs, sumps, dispensers, utilities, buildings, and roadways are required to be attached to all applications. These plans must be to scale and show the location of any repairs or modifications, and include as much information about the UST system as possible. Applications submitted without a site plan will not be reviewed.

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. I have contacted my local fire department, town or city government, and utilities and have obtained any necessary local permits or permissions, and fulfilled any requirements that may be necessary. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information for knowing violations.

Owner Name (Please Print):	<input style="width: 100%; height: 25px;" type="text"/>	Date Signed:	<input style="width: 100%; height: 25px;" type="text"/>
Owner Signature:	<input style="width: 100%; height: 25px;" type="text"/>		
Contractor Name (Please Print):	<input style="width: 100%; height: 25px;" type="text"/>		
Contractor's Signature:	<input style="width: 100%; height: 25px;" type="text"/>	Date Signed:	<input style="width: 100%; height: 25px;" type="text"/>