



# Sump and Under-dispenser Containment Repair Information, Instructions, and Application Form

## **What is considered a repair?**

Any activity which is intended to seal a leak or repair damage to a sump or UDC structure is considered a sump repair. Replacement of product piping or conduit boots is NOT considered a repair to a sump or UDC.

## **What if I need to replace a sump or UDC?**

If the sump or UDC cannot be repaired, or you would rather replace it, do not use this form, use the form titled *Application for the Repair or Modification of a UST System*, available on our website at <http://www.dem.ri.gov/ust> under "Forms"

## **Can Spill Containment Basins be repaired?**

Some double-walled SCBs can be repaired if the manufacturer provides a replacement wall. Repair of single-walled spill containment basins, ad hoc repairs, including the use of any sealants, fiberglass, or other materials to seal holes or seams is strictly prohibited.

## **What kinds of repairs are allowed?**

All repairs must be conducted in accordance with NLPA/KWA Standard 823, *Standard for Preventative Maintenance, Repair and In-situ Construction of Petroleum Sumps*. **Repairs which use any type of sealant to coat or fill in cracks or other damage to boots, sump walls, seams, gaps, or any other component are strictly prohibited and will result immediate enforcement action against both the installer and property owner!** Generally, all repairs must use a minimum of three layers of fiberglass cloth and a UL-approved and compatible epoxy. Please review NLPA/KWA Standard 823 and manufacturers specifications for specific requirements.

-All repairs must be performed by a licensed contractor trained and certified in the repair method used

-All materials and methods must be approved by the manufacturer and be UL-listed and compatible with up to E100 fuels;

Please note that fiberglass will not adhere properly to poly sumps, and any repair method must be compatible with polyethylene.

## **Who can replace a spill containment basin?**

All repairs must be performed by a qualified contractor in good standing with DEM who has a valid Gas Station Ltd license issued by the RI Dept of Labor and Training and has received training and is certified in the repair method. Individuals who cannot demonstrate experience or training in the applicable methods will not be allowed to perform the repair.

## **What do I need to submit to DEM**

This application must be submitted no less than 14 days prior to the intended start date. Prior written approval from DEM is required prior to the start of any work. After the work has been completed, you will be required to submit copies of all test results, as well as pictures of each repair that will be maintained by DEM as part of the facility record.

## **What testing is required?**

After the repairs have been made, the component must be tested for tightness using a full-level hydrostatic tightness test and the interstitial space of all product lines which enter or exist the sump or UDC must be tested for tightness. All tests must be performed by a DEM-licensed 3rd party tester, and all test results are required to be submitted to DEM prior to the UST system being re-opened or operated.

## **Is an environmental investigation required?**

Environmental investigation requirements will be addressed on a case-by-case basis. If the sump or under-dispenser containment failed a tightness test and was known or suspected to have contained a regulated substance, DEM will require further investigation.

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

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



# Sump and Under-Dispenser Containment Repair Application

<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"/>	

<b>Certifications and Training</b>	Name	Date	Vendor or Manufacturer	Training/Certification Program Name	License/Certificate #
	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

 **Sump and UDC repairs may require entry into confined spaces, use of hazardous and flammable materials and should only be performed by individuals who are properly trained and qualified to work in hazardous environments**

Entry into a sump to perform repairs is considered confined space entry and must be performed only by trained and licensed individuals, and all confined-space entry requirements must be adhered to. Notification of the local Fire Department is a requirement for confined space entry. Enter the date the local fire department was notified, and the name and title of the person notified.

Name of Official Notified:  Title:  Date Notified:

Proposed Date to begin Work:  Estimated Duration of Work:

- Is the UST system which uses the sump/UDC being repaired currently in operation?  Yes  No
- Has there been an accumulation of product in the UDC or sump within the past 3 years?  Yes  No
- Has the product piping failed a tightness test within the past 3 years?  Yes  No
- Has the sump or UDC structure previously been repaired?  Yes  No
- Is the sump or UDC level and shows no evidence of movement?  Yes  No
- Are the bottom or walls of the sump deflected or bulging more than 2" from their original position  Yes  No



**If you suspect a release of petroleum or other hazardous materials has occurred you must call the DEM UST Program at (401) 222-2797 immediately**



**Identify each component you intend to repair:**

STP and Transition Sumps

Item	UST #	UST Contents	Sump Type	Construction Type	Reason for Repair	Repair Type
1	<input type="text"/>	<input type="text"/>	<input type="radio"/> STP <input type="radio"/> Transition	<input type="radio"/> Fiberglass <input type="radio"/> Polyethylene	<input type="text"/>	<input type="text"/>
2	<input type="text"/>	<input type="text"/>	<input type="radio"/> STP <input type="radio"/> Transition	<input type="radio"/> Fiberglass <input type="radio"/> Polyethylene	<input type="text"/>	<input type="text"/>
3	<input type="text"/>	<input type="text"/>	<input type="radio"/> STP <input type="radio"/> Transition	<input type="radio"/> Fiberglass <input type="radio"/> Polyethylene	<input type="text"/>	<input type="text"/>
4	<input type="text"/>	<input type="text"/>	<input type="radio"/> STP <input type="radio"/> Transition	<input type="radio"/> Fiberglass <input type="radio"/> Polyethylene	<input type="text"/>	<input type="text"/>
5	<input type="text"/>	<input type="text"/>	<input type="radio"/> STP <input type="radio"/> Transition	<input type="radio"/> Fiberglass <input type="radio"/> Polyethylene	<input type="text"/>	<input type="text"/>

**Under-Dispenser Containment**

Dispenser #	Construction Type	Reason for Repair	Repair Type
<input type="text"/>	<input type="radio"/> Fiberglass <input type="radio"/> Polyethylene	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="radio"/> Fiberglass <input type="radio"/> Polyethylene	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="radio"/> Fiberglass <input type="radio"/> Polyethylene	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="radio"/> Fiberglass <input type="radio"/> Polyethylene	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="radio"/> Fiberglass <input type="radio"/> Polyethylene	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="radio"/> Fiberglass <input type="radio"/> Polyethylene	<input type="text"/>	<input type="text"/>

**Provide a detailed, step by step, description of all proposed work:**

**Describe how the sump/UDC walls will be cleaned and prepared for the repair:**



**All repairs MUST follow NLP/KWA Standard 823**

We highly recommend all contractors obtain copies for reference



**Provide a Detailed Materials List - include all materials used in the repair**

Material/Item	Quantity	Manufacturer	Part/Model #

**Draw a rough sketch of the UST system and show which sumps and UDCs are proposed to be repaired:**

I certify under penalty of law that I prepared this document and the information contained is accurate and truthful. I have contacted the local fire department, 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 and underground storage tanks, and I am aware that there are significant penalties for submitting false information

Installer Name (Printed):

RI DLT License #:

Installer Signature:

Date:



**Do not proceed with any repairs until you have received written approval from DEM and obtained all necessary permits and approvals from applicable State and municipal agencies**

