



State of Rhode Island Department of Environmental Management

Application for the Repair or Modification of a UST System

INSTRUCTIONS

The State of Rhode Island Department of Environmental Management, Underground Storage Management Program requires prior approval and oversight for most repairs or modifications to any UST system. This is required to ensure that the work is performed by a properly licensed and qualified contractors and that the modifications or repairs are performed in accordance with applicable standards, regulatory requirements, and best practices. As each repair or modification is different, each may have slightly different construction, oversight, and testing requirements, therefore, it is important that contractors and owners read and understand the resulting permits and approvals issued to ensure the project is completed correctly without and all installation requirements have been met.

The following repairs are considered exempt and **do not** require prior approval from DEM and submittal of this application is not required:

- Drop Tube Replacement
- Replacement of existing liquid sensors in sumps or UST interstitial space
- Replacement of Dispensers where the concrete island remains intact
- Replacement of Fill caps, PV valves, poppet valves
- Replacement of dispenser hoses, dispenser nozzles
- Replacement or Repair of a STP or Line Leak Detector
- Replacement of piping or conduit boots entirely within a sump
- Replacement of a ATG and minor repairs to the CMS console
- Routine maintenance items

In most cases Spill Containment basins on both the fill pipe and Stage I/vapor pipe can also be replaced without prior approval, however, there are specific requirements for spill containment basin replacement that must be met, most notably that all spill containment basins must be double-walled and Stage I EVR CARB approved; a environmental consultant must be present during the replacement; post-construction tightness testing of the UST primary wall and hydrostatic or vacuum testing of the spill containment basin, and submittal of a form to DEM within 14 days. Please see the Spill containment Basin Replacement fact sheet available at <http://www.dem.ri.gov/programs/benviron/waste/pdf/evrfact.pdf> for more information. If any of the exempted repairs listed above are part of a larger project requiring prior approval, the exempted items should be included in the application for the larger project. All modifications or repairs not specifically exempted above require submittal of this application and prior approval before any construction can begin.

Submittal and Review Process:

Completed applications should be sent to:

UST Program - OLR&SMM
ATTN: Joe Cunningham
RI Department of Environmental Management
235 Promenade Street
Providence, RI 02908

Applications are reviewed in the order in which they are received. Due to high volume and complexity of some modifications, review time may be up to 14 days from receipt and we recommend that you submit your application as soon as it is completed. If the repair is the result of a component failure which affects the safety of the system, please notify the office in advance by calling (401) 222-2797 x7137 and all efforts will be made to expedite the review.

Once the application has been reviewed, a response from DEM will be issued. If the application is incomplete, or proposes repairs that are inappropriate or are not consistent with DEM Regulations, industry or manufacturer standards, or best practices, the application will be rejected and will need to be re-submitted. Applications which are complete and contain all necessary documentation and propose repairs or modifications that are reasonable and consistent with DEM Regulations, industry and manufacturer standards will receive written approval which includes the conditions and requirements of the proposed work.

Construction and Post-Construction

While requirements vary from site to site, in general, DEM will require an on-site inspection of the work by DEM staff prior to backfilling; an environmental consultant to be present during excavation activities to actively screen soils for contamination, and 3rd party testing of UST components. In general, post-construction paperwork, including completed test results, are required to be submitted to DEM prior to resuming operation of the UST system. The exact requirements will be specified in the approval letter, and it is important that you read it closely in order to ensure you meet all of the requirements.

Additional Information

A general matrix showing common repairs and requirements is available at: <http://www.dem.ri.gov/programs/benviron/waste/pdf/ustmodmatrix.pdf>. DEM recommends that you review this, however, please remember that this is a guide only, and final requirements will be listed in the approval letter.

Illegal Modifications

Any repair or modification that is not listed above as exempted should be considered to require prior approval and require submittal of this application. Repairs performed without prior approval from DEM and those that do not follow the requirements outlined in the approval letter are considered illegal modifications and may be subject to administrative penalties and referral to the Department of Labor and Training Licensure Division. In addition, DEM may, at their discretion, require the UST system to be taken out of service and/or require the illegal modifications to be repaired by a qualified contractor.

When in doubt, ask!

Call our the DEM UST Management Program at (401) 222-2797

State of Rhode Island Department of Environmental Management

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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: 30%;" 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: 30%;" 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: 30%;" type="text"/>	E-mail: <input style="width: 60%;" type="text"/>	
	License Type: <input type="radio"/> Pipe Fitters <input type="radio"/> Gas Station Ltd	License #: <input style="width: 20%;" type="text"/>	Expiration Date: <input style="width: 20%;" type="text"/>

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: 30%;" type="text"/>	E-mail: <input style="width: 60%;" type="text"/>	
	Qualifications: <input type="radio"/> Professional Engineer <input type="radio"/> Certified Professional Geologist <input type="radio"/> Registered Professional Geologist		

Explain the reason for the proposed modification or repair

Construction Details

If the work involves the Stage I EVR system, have you submitted the required paperwork to the DEM Office of Air Resources?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> NA
Is this facility an active LUST Site? <small>If unsure, check the site status online at http://eplover.dem.ri.gov/ploverpublic/search.aspx</small>	<input type="radio"/> Yes <input type="radio"/> No
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
Will the proposed work require the modification or installation of sumps?	<input type="radio"/> Yes <input type="radio"/> No
Will the proposed work result in any USTs being manifolded together?	<input type="radio"/> Yes <input type="radio"/> No
Are any of the components listed made of corrodible materials, including steel, and will be exposed to soil, groundwater, or surface water?	<input type="radio"/> Yes <input type="radio"/> No
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
Will any of the work proposed require performing saw-cuts of the concrete or asphalt on the site, excavation of any soil or peastone, or exposure of any buried components?	<input type="radio"/> Yes <input type="radio"/> No

 If a repair, modification, or replacement of the product piping is proposed, you must attach a detailed site plan showing the proposed location of the piping, USTs, dispensers, utilities, buildings, roads, and extent of proposed excavation

Describe the proposed work to be performed in the space below. Be as detailed as possible.

 **A environmental consultant is required to be on site to perform screening anytime soil or peastone is exposed or excavated** 

Provide the Manufacturer, Model #, quantity for any components or parts that will be replaced in the proposed repair or modification

	Manufacturer	Model #/Name	Quantity	Comments
Flex Connectors				
Pipe Thread Sealant or Adhesive				
Product Piping				
Pipe Fittings				
Piping or Transition Sump				
Sump Penetration Fittings				
Under-dispenser Containment				
Dispenser Sump/Containment Penetration fittings				
Vapor Piping				
Check Valves (suction piping only)				
Shear Valves				
Interstitial Space Riser				
ATG Riser				
Spill Containment Basin				
Dispenser				
Sump/UDC Liquid Sensor				
Automatic Shutdown Device for UDC/Sumps				

Additional Comments or Information about this proposed repair or modification:

If saw-cutting or excavation is required, > 3 ft surrounding dispenser, SCB, sump or riser < 3 ft surrounding sump, SCB, or riser
indicate which areas will be affected: Tank Top <3 ft surrounding Dispenser Dispenser Pad Paved Area Other

Proposed Construction Start Date: Estimated Construction Duration: (days)

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): Date Signed:

Owners Signature:

Contractor Name (Please Print)

Contractor's Signature: Date Signed:

Do not start any work until you have received written approval from DEM

Most approvals will require specific conditions, actions, or requirements that must be followed. Any repair or modification conducted without prior DEM approval, with unapproved materials, or that do not follow the requirements outlined in the approval letter will be considered invalid and the facility may not be allowed to re-open. Most repairs will require 3rd party, Rhode Island licensed tightness tester to perform tank and line tightness testing post-modification or repair

