



RETROFIT/REPAIR CHECKLIST FOR UNDERGROUND STORAGE TANKS

This checklist certifies that retrofit/repair activities were performed and conducted in accordance with Chapter 173-360 WAC. Instructions are found on the back page.

I. UST FACILITY		II. ICC SERVICE PROVIDER			
Facility Compliance Tag #:	Service Provider Name:				
UST ID #:	Company Name:				
Site Name:	Address:				
Site Address:	City:	State:	Zip:		
City:	Phone: () -	Email:			
County:	Certification Type:				
Phone: () -	Certification Number:			Exp. Date:	
III. UST OWNER/OPERATOR					
Name:	Phone: () -	Email:			
Address:	City:	State:	Zip:		
IV. UST SYSTEM INFORMATION (use bolded names, where applicable)					
	Tank ID:	Tank ID:	Tank ID:	Tank ID:	
1. Tank ID # (tank name registered with Ecology)					
2. Date installed					
3. Tank capacity in gallons					
4. Tank material (specify for each tank): Steel (ST); Steel Clad w/ Corrosion Resist (CLAD); Fiberglass Reinforced Plastic (FRP); STIp3					
5. Tank construction (specify for each tank): Single wall (SW); double wall (DW); compartment (COMP)					
6. Piping material (specify for each tank): Steel (ST); Fiberglass Reinforced Plastic (FRP); Flexible Plastic (FLEX); Other (specify):					
7. Piping construction (specify for each tank): Single wall (SW); Double wall (DW)					

V. TANK

RETROFIT/REPAIR INFORMATION (circle INSTALL or REPAIR for each job completed)

RELEASE DETECTION	Tank ID:	Tank ID:	Tank ID:	Tank ID:
1. Install / Repair of release detection equipment (specify): Automatic tank gauge (ATG); Probe ; Interstitial monitor (IM); Interstitial sensor (IS); Other (specify):				
CORROSION PROTECTION				
1. Install / Repair internal lining				
2. Install / Repair impressed current rectifier				
3. Addition of supplementary anodes				
4. Addition of boots to metal flex connectors				
5. Other repair (specify):				
SPILL/OVERFILL PREVENTION EQUIPMENT				
1. Install / Repair spill bucket				
2. Install / Repair of overfill prevention device (specify): Auto Shutoff (AUTO); Overfill Alarm (ALM); Ball Float Valve (BFV)				
OTHER REPAIR				
1. Install / Repair containment sump				
2. Install / Repair (specify): Turbine Pump (TP); Riser Pipe (RP); Tank Structure (TS) Other (specify):				
Other Repair not Listed and/or Additional Comments:				

VI. PIPING

Retrofit/Repair Information (circle INSTALL or REPAIR for each job completed)

RELEASE DETECTION	Tank ID:	Tank ID:	Tank ID:	Tank ID:
1. Install / Repair release detection equipment (specify): Sump Sensor (SUMP); Automatic Line Leak Detector (ALLD); Other (specify):				
OTHER REPAIR				
1. Install / Repair under dispenser containment (UDC)				
2. Repair piping (<50% of piping run) (specify): ST FRP FLEX Other (specify):				
3. Replacement of piping (>50% of piping run, <u>must install DW</u>) (specify): ST FRP FLEX Other (specify):				
Other Repair not Listed and/or Additional Comments:				

VII. CHECKLIST

The following items shall be initialed by the Certified Supervisor whose signature appears below.	YES	NO	N/A
1. Have all items checked above been installed, repaired, or replaced per code and manufacturer's requirements and in accordance with federal and/or state regulations?			
2. Has the owner/operator been provided with written documentation of the item(s) installed, repaired or replaced?			
Date work was completed:			

VIII. SIGNATURES

I hereby attest, that I have been the Certified Supervisor present on site during the above listed retrofitting/repair activities, and to the best of my knowledge they have been conducted in compliance with all applicable state and federal laws, regulations and procedures, pertaining to underground storage tanks.

PERSONS SUBMITTING FALSE INFORMATION ARE SUBJECT TO FORMAL ENFORCEMENT AND/OR PENALTIES UNDER CHAPTER 173-360 WAC.

_____	_____	_____
Date	Signature of ICC Certified Provider	Print or Type Name
_____	_____	_____
Date	Signature of UST Owner/Operator	Print or Type Name

RETROFIT/REPAIR CHECKLIST

FOR UNDERGROUND STORAGE TANKS

INSTRUCTIONS

- This Underground Storage Tank (UST) checklist is required for retrofit and repair activities on regulated USTs. Completing this checklist documents and certifies the activities are performed and conducted in accordance with Chapter 173-360 WAC.
 - This checklist must be filled out completely by an International Code Council (ICC) certified provider for Installation and Retrofits of USTs within 30 days following the completion of the retrofit and repair activity.
 - A copy of the completed form must be provided to the tank system owner/operator.
 - The owner/operator is responsible for submitting a copy of the completed checklist to Ecology within 30 days of completing the activity.
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- I. **UST Facility:** Complete this section about the UST facility and use the Facility Compliance Tag # (License Plate) and/or UST ID # (if known) to help identify the location.
 - II. **ICC Certified Provider:** Complete this section about the ICC certified supervisor and service provider company.
 - III. **UST Owner/Operator:** Complete this section about the owner or operator of the UST facility.
 - IV. **System Information:** This section should be completed based on field observations. Use the bolded abbreviations, where applicable.
 - V. **Tank Retrofit/Repair Information:** Complete all sections that apply. If work performed is not listed, complete "Other" and provide additional information in Comments section. Use the bolded abbreviations, where applicable.
 - VI. **Piping Retrofit/Repair Information:** Complete all sections that apply. If work performed is not listed, complete "Other" and provide additional information in Comments section. Use the bolded abbreviations, where applicable.
 - VII. **Checklist:** Initial in the appropriate box to answer the questions.
 - VIII. **Signatures:** The ICC Service Provider must sign and date the completed form.

Mail Checklist to:
Department of Ecology
Underground Storage Tank Section
PO Box 47655
Olympia, WA 98504-7600

*If you need this document in a format for the visually impaired call the Toxics Cleanup Program at 360-407-7170.
Persons with hearing loss, call 711 for Washington Relay Service. Persons with a speech disability, call 877-833-6341.*