2630-FM-BECB0501a Rev. 9/2012

pennsylvania
DEPARTMENT OF ENVIRONMENTAL PROTECTION

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF ENVIRONMENTAL PROTECTION
BUREAU OF ENVIRONMENTAL CLEANUP AND BROWNFIELDS

UNDERGROUND STORAGE TANK FACILITY OPERATIONS INSPECTION

FOR DEP USE ONLY
Reviewer_____ Date_____
Entered by_____Date_____

FACILITY INFORMATION

ID Number _____ – _____
Name _____
Location _____
Address _____
Municipality _____

Representative Present During Inspection

Name _____
Phone _____
☐ Owner ☐ Operator ☐ Employee ☐ None

CERTIFIED INSPECTOR

Name _____
ID No. _____
Phone _____
E-mail _____

Date of First Site Visit (month/day/year)
_____

TANK OWNER (must be a person or an entity)
Name _____

TANK OPERATOR (if different than owner)
Name _____

USTIF participation documented and verified Yes ☐ No ☐
- Required of all UST owners except federal and state agencies.

Suspected or confirmed contamination observed Yes ☐ (notify proper region within 48 hours) No ☐

Improperly closed or unregistered tanks present Yes ☐ (provide comment) No ☐

Fire/safety permit(s) available (if required) Yes ☐ No ☐ N/A ☐

Fire/Safety Permit Number(s) _____ Issued By _____

Amended registration form required for (check all that apply):
☐ Added tanks
☐ Closed tanks
☐ Change in tank size
☐ Change in substance stored
☐ Change of operational status (in or out of service)
☐ Change of owner

Inspection summary.

Indicate the compliance status of each item below using the following codes: N = Noncompliant; C = Compliant. **Note: Yes, No, and N/A are not acceptable statements for these fields. These fields may also not be left blank.**

	Tank No.	Tank No.	Tank No.	Tank No.	Tank No.
	_____	_____	_____	_____	_____
Tank Construction and Corrosion Protection					
Piping Construction and Corrosion Protection					
Spill Prevention					
Overfill Prevention					
Registration Certificate Display					
Tank Release Detection					
Piping Release Detection					
Equipment Testing					

I, the DEP Certified Inspector (IUM), have inspected the entire above referenced facility including examining manways, sumps, monitoring wells and dispensers. Based on my personal observation of the facility and documentation provided by the owner, I certify under penalty of law as provided in 18 PA C.S.A. Section 4904 (relating to unsworn falsification to authorities), that the information provided by me is true, accurate and complete to the best of my knowledge and belief.

_____ _____
Certified Inspector's Signature **Date**

As the representative of the owner or operator, I have reviewed the completed inspection report. I certify under penalty of law as provided in 18 PA C.S.A. Section 4904 (relating to unsworn falsification to authorities), that the information provided by me is true, accurate and complete to the best of my knowledge and belief.

_____ _____ _____
Signature **Title** **Date**

Original: Regional Office – Norristown, Wilkes Barre, Harrisburg, Williamsport, Pittsburgh, or Meadville
Copy: Owner
Copy: DEP, Division of Storage Tanks, P.O. Box 8763, Harrisburg, PA 17105-8763
Copy: Inspector

UNDERGROUND STORAGE TANK FACILITY
OPERATIONS INSPECTION

Facility Name _____ **Date** _____ **Facility ID** _____ – _____

I. TANK SYSTEM INFORMATION. For each tank, fill in the required information and codes from the following list. Where multiple codes are allowed and used for a specific tank component, describe the arrangement in the COMMENTS section. (See FOI form instructions for details.)

	Tank No. ____	Tank No. ____	Tank No. ____	Tank No. ____	Tank No. ____	*DEP Use*
1. Tank capacity (name plate gallons)						
2. Substance currently stored (and grade)						
3. Installation date (mm/yyyy)						
4. This drone tank is manifolded to tank number						
5a. Stick reading of product level, in inches, at time of inspection						
5b. Stick reading of water level, in inches, at time of inspection						
6. Total secondary containment on this tank system						(18)
7. Tank construction and corrosion protection						(1)
8a. Primary (inner or single-wall) piping construction †						(2)
8b. Secondary (outer) piping construction†						(2)
9a. Number of tank top sumps ‡						
9b. Number of tank top sumps tested tight ‡						(21)
10a. Number of transition sumps						
10b. Number of transition sumps tested tight						(21)
11a. Number of connected dispensers						
11b. Number of connected dispensers with pans						
11c. Number of dispenser pans tested tight						(22)
12a. Piping joints/connections construction at tank						(PFLX)
12b. Piping joints/connections construction at dispenser						(PFLX)
13. Pump (product dispensing) system						(4)
14a. Number of spill containments (must be permanently installed)						(6)
14b. Number of spill containments tested tight						(6)
15. Overfill type (must be permanently installed)						(7)
16. Current registration certificate displayed/readily available						(8)
17. Stage I vapor recovery						(19)
18. Stage II vapor recovery						(20)
19. This tank supplies an emergency generator						
Evaluate the tank system release detection methods carefully before filling in the following rows.						
20. Tank release detection						(12)
21. Piping small release detection (0.2 gph monthly or 0.1 gph annually)						(5)
22. Pressure (line 13 is C or D) piping line leak detector (LLD function)						(5)
23. LLD function includes a positive turbine pump shutoff						(23)

† indicate manufacturer, model, and generation (if applicable) in Section VII.

‡ at tank penetrations that have pipe that routinely contains or conveys product.

Site drawing / manifold schematic (not master drone system):

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Tank System Component Codes

6. Total secondary containment
- Y Yes
- N No

7. Tank construction
- A Single-wall steel, unprotected
- B Single-wall, galvanic anodes
- C Impressed current protection
- E Single-wall fiberglass (FRP)
- F Double-wall fiberglass (FRP)
- G Double-wall Act 100 or equivalent
- H Single-wall Act 100 or equivalent
- I Steel with lined interior
- J Concrete
- O Double-wall, steel primary, galvanic anodes
- P Cathodically protected and lined
- V Double-wall Act 100 or equivalent with Anodes
- W Single-wall Act 100 or equivalent with Anodes
- N Unknown
- 99 Other (must provide written comment)

8a. Primary (inner or single-wall) piping construction
- A Bare steel (including only wrapped or coated)
- B Cathodically protected, metallic
- C Copper, unprotected
- D Fiberglass or rigid non-metallic
- E Flexible non-metallic
- F Unknown
- G No dispensing piping
- I Stainless Steel
- 99 Other (must provide written comment)

8b. Secondary (outer)piping construction
- N None (Single-walled piping)
- B Cathodically protected, metallic
- D Fiberglass or rigid non-metallic
- E Flexible non-metallic
- F Unknown
- G No dispensing piping
- I Poly-encased Stainless Steel
- 99 Other (must provide written comment)

12. Piping joints/connections
- A Unprotected metallic component(s) (including only wrapped or coated)
- B Cathodically protected, metallic
- F Unknown (must provide written comment)
- I Completely inside a containment sump
- M Completely jacketed with sealed boot
- N NO jacket, not in contact with the ground
- X None (must provide written comment)
- 99 Other (must provide written comment)

13. Pump (delivery) system
- A Suction, check valve at pump or siphon bar only
- B Suction, check valve at tank
- C Pressure
- D Gravity flow to dispenser/pump
- E None

15. Overfill type (if code S or B, ensure compatible with delivery method)
- S Drop tube shut off device
- A Overfill alarm (provide description and location in comment section)
- B Ball float valve
- E Filled in less than 25 gallon increments
- N None present or not usable

16. Current registration certificate display
- Y Properly displayed - manned
- R Readily available - unmanned
- N Not displayed

17. Stage I vapor recovery
- A Coaxial
- B 2 port
- N Not complete or none

18. Stage II vapor recovery
- A Complete balance system
- B Complete assist system
- C UG piping only; not complete
- D Decommissioned
- N None of the above

19. This tank supplies an emergency generator
- Y Yes
- N No

20. Tank release detection
- D Statistical Inventory Reconciliation (SIR)
- E Certified Automatic Tank Gauge (0.2 gph Leak Test)
- F Manual Tank Gauging (36 Hour), no TTT
- G44 Manual Tank Gauging, 44 Hours
- G58 Manual Tank Gauging, 58 Hours
- H Interstitial Monitoring (2 Walls)
- J Groundwater Monitoring
- K Vapor Monitoring
- N None
- O Exempt (must provide written comment)

21. Piping small release detection (0.2/0.1 gph)
- B Annual Line Tightness Test (pressure)
- C Line Tightness Test - 3 years (suction)
- D Interstitial Monitoring (monthly – includes visual checking)
- E Groundwater Monitoring
- F Vapor Monitoring
- H None
- I Exempt (must provide written comment)
- J Statistical Inventory Reconciliation (SIR)
- K Electronic Line Leak Detector (0.1 or 0.2 gph test)

22. Piping line leak detection (3 gph within 1 hr.)
- A Mechanical Line Leak Detector (incl. test)
- H None
- K Electronic Line Leak Detector (3 gph test)
- L Continuous Interstitial Monitoring with alarm or pump shut off

23. Positive Turbine pump shutoff
- Y Yes – present and tested
- P Present
- N Not present

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UNDERGROUND STORAGE TANK FACILITY
OPERATIONS INSPECTION

Facility Name _____ **Date** _____ **Facility ID** _____ – _____

II. RELEASE DETECTION REFERENCE

- Records may be located at the facility or a readily available alternate site.
- The records include all of the information listed below for chosen release detection methods.
- The inspector has personally reviewed the records.
- A test with an inconclusive result or failure is an indication of a (suspected) product release and must be investigated within 7 days.

Instructions: ***Check the box to indicate that a criterion has been met.***
Circle the box to indicate that a criterion has not been met.
Circle with "N/A" when a criterion is not applicable (provide comment).

Tank System	*Tank* System	*Tank* System	*Tank* System	*Tank* System
___	___	___	___	___

Automatic Tank Gauging: (Tank only – code E)

ATG manufacturer: _____ ATG model: _____

Does the automatic tank gauge perform continuous in-tank release detection? ☐ Yes, ☐ No

valid monthly leak test conducted and documented	☐	☐	☐	☐	☐
manufacturer's certification of ability to detect 0.2 gph release is available	☐	☐	☐	☐	☐
probes and gauge software certified for manifolded tank systems • when not specifically certified, the siphon must be broken to properly test	☐	☐	☐	☐	☐
maintenance records, for the last year, including calibration, preventative and repair	☐	☐	☐	☐	☐
equipment is operational	☐	☐	☐	☐	☐

Manual Tank Gauging: (Tank only – code F, G44 or G58)

tank capacity is 1,000 gallons or less	☐	☐	☐	☐	☐
tank installed on or before 11/10/2007	☐	☐	☐	☐	☐
performed weekly	☐	☐	☐	☐	☐
1/8th inch accuracy stick readings	☐	☐	☐	☐	☐
average 2 stick readings before and after test	☐	☐	☐	☐	☐
test length appropriate for each tank • 36 hours minimum • 44 hours, 551-1000 gallons, 64" diameter • 58 hours, 551-1000 gallons, 48" diameter	☐	☐	☐	☐	☐
variation is within standard (both weekly and monthly)	☐	☐	☐	☐	☐

Interstitial Monitoring: (Tank code H; describe monitoring equipment in comments)

interstitial area monitored monthly (required for tanks installed after 11/10/2007)	☐	☐	☐	☐	☐
interstitial sensors properly placed (per manufacturer's instructions)	☐	☐	☐	☐	☐
monitoring wells (secondary barrier) or ports are clearly marked and secured	☐	☐	☐	☐	☐
maintenance records, for the last year, including preventative and repair	☐	☐	☐	☐	☐
equipment manufacturer's performance claims are available	☐	☐	☐	☐	☐
secondary barrier is compatible with and impermeable to the stored substance	☐	☐	☐	☐	☐

Statistical Inventory Reconciliation: (Tank code D and/or Piping code J)

test vendor: _____ version: _____

manufacturer's certification of ability to detect 0.2 gph release is available	☐	☐	☐	☐	☐
data is collected according to the test vendor's instructions	☐	☐	☐	☐	☐
analysis completed and valid results supplied to owner/operator within 30 day monitoring period • valid reports include calculated leak rate, minimum detectible leak rate, leak threshold, probability of detection and probability of false alarm	☐	☐	☐	☐	☐
suspected releases properly investigated within 7 days of any inconclusive or failed report, to confirm or deny the occurrence of a release	☐	☐	☐	☐	☐

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UNDERGROUND STORAGE TANK FACILITY
OPERATIONS INSPECTION

Facility Name _____ **Date** _____ **Facility ID** _____ – _____

II. RELEASE DETECTION REFERENCE (continued)

Instructions: *Check the box to indicate that a criterion has been met.*
Circle the box to indicate that a criterion has not been met.
Circle with "N/A" when a criterion is not applicable (provide comment).

Tank System	*Tank* System	*Tank* System	*Tank* System	*Tank* System
___	___	___	___	___

Groundwater or Vapor Monitoring: (Tank code J or K and/or Piping code E or F; describe well locations and monitoring equipment in comments)

wells are located according to site evaluation; attach page with properly licensed evaluator authentication to the inspection report	☐	☐	☐	☐	☐
wells are properly installed in accordance with site evaluation and regulations	☐	☐	☐	☐	☐
wells are monitored and results recorded monthly in accordance with site evaluation	☐	☐	☐	☐	☐
monitoring wells are marked and secured	☐	☐	☐	☐	☐
fill material is sufficiently porous to allow expeditious detection at the monitoring wells	☐	☐	☐	☐	☐
substance stored meets regulatory requirements for type of monitoring	☐	☐	☐	☐	☐
equipment manufacturer's performance claims are available	☐	☐	☐	☐	☐
equipment maintenance records, for the last year, including calibration, preventative and repair	☐	☐	☐	☐	☐

Groundwater monitoring:

monitoring devices can detect 1/8 inch of product or less on water	☐	☐	☐	☐	☐
groundwater is within 20 feet of surface grade	☐	☐	☐	☐	☐
wells are sealed from ground surface to the top of the filter pack	☐	☐	☐	☐	☐
casing is properly slotted: allows entry of product during all groundwater conditions	☐	☐	☐	☐	☐

Vapor Monitoring:

the monitoring device is not rendered inoperative by moisture	☐	☐	☐	☐	☐
background contamination will not interfere with vapor monitoring	☐	☐	☐	☐	☐
vapor monitors will detect increases in concentrations of stored substance	☐	☐	☐	☐	☐

Interstitial Monitoring: (Piping code D and/or L; describe monitoring equipment in comments)

interstitial area monitored monthly (required for all totally-contained pressurized piping systems installed after 11/10/2007)	☐	☐	☐	☐	☐
secondary enters sump and allows a release to be detected	☐	☐	☐	☐	☐
interstitial sensors properly placed (per manufacturer's instructions)	☐	☐	☐	☐	☐
monitoring wells or ports (when used) are clearly marked and secured	☐	☐	☐	☐	☐
maintenance records, for the last year, including preventative and repair	☐	☐	☐	☐	☐
equipment manufacturer's performance claims are available	☐	☐	☐	☐	☐
secondary barrier (pipe) is compatible with and impermeable to the stored substance	☐	☐	☐	☐	☐
(Code L only) continuous monitoring used as line leak detector (gravity or pressurized piping) – capable of detecting a 3.0 gph release from any portion of the piping system within 1 hour	☐	☐	☐	☐	☐
(Code L only) system tested for operability within the last year	☐	☐	☐	☐	☐
(Code L only) monthly "sensor status" (or equivalent) records available	☐	☐	☐	☐	☐

Exempt Suction System: (SUCTION piping only – code I)
NOTE: No further release detection required on piping meeting all these criteria.

the tank top is lower than the suction pump inlet	☐	☐	☐	☐	☐
the below grade piping slopes uniformly back to the tank	☐	☐	☐	☐	☐
there is no more than one check valve in the piping	☐	☐	☐	☐	☐
the check valve is located close to or inside the suction pump	☐	☐	☐	☐	☐
compliance with above specifications can be readily determined; describe in comments	☐	☐	☐	☐	☐

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UNDERGROUND STORAGE TANK FACILITY
OPERATIONS INSPECTION

Facility Name _____ **Date** _____ **Facility ID** _____ – _____

II. RELEASE DETECTION REFERENCE (continued)

Instructions: *Check the box to indicate that a criterion has been met.*
Circle the box to indicate that a criterion has not been met.
Circle with "N/A" when a criterion is not applicable (provide comment).

Tank System	*Tank* System	*Tank* System	*Tank* System	*Tank* System
___	___	___	___	___

Piping Tightness (Line) Testing: (Piping only – code B or C)

tester name: _____ tester certification number: _____

test vendor: _____ version: _____

date of last test: _____ result: _____

test certification of ability to detect 0.1 gph release at 1.5 times the normal operating pressure is available	☐	☐	☐	☐	☐
performed by UTT certified installer (after 11/10/2008)	☐	☐	☐	☐	☐
test conducted at proper frequency ● conducted annually for **pressurized** piping without monthly monitoring ● conducted every 3 years for **suction** piping not meeting code I requirements	☐	☐	☐	☐	☐
if test device permanently installed, maintenance records, for the last year, including calibration, preventative and repair	☐	☐	☐	☐	☐

Mechanical Line Leak Detector: (PRESSURIZED Piping only – code A)

tester name: _____

manufacturer: _____ model: _____

date last tested: _____ result: _____

certification of ability to detect a release of 3 gph at 10 psig within 1 hour is available	☐	☐	☐	☐	☐
operational test of leak detector according to manufacturer's instructions in last 12 months	☐	☐	☐	☐	☐
maintenance records, in addition to the annual test, for last year, including calibration, preventative and repair	☐	☐	☐	☐	☐

Electronic Line Leak Detector: (PRESSURIZED Piping only – code K)

manufacturer: _____ model: _____

date of last 3gph test: _____ result: _____

system tested for operability within the last year	☐	☐	☐	☐	☐
certification of ability to detect a release of 3 gph at 10 psig within 1 hour is available	☐	☐	☐	☐	☐
maintenance records, in addition to annual test, for last year, including calibration, preventative and repair	☐	☐	☐	☐	☐
continuously monitors piping	☐	☐	☐	☐	☐

Is the electronic leak detector performing the "monthly" monitoring function? ☐ Yes, ☐ No If yes:

date of last 0.2gph test: _____ result: _____

third-party certification of ability to detect 0.2 gph release is available	☐	☐	☐	☐	☐
documentation of monthly test available for last year	☐	☐	☐	☐	☐

Is the electronic leak detector performing the "annual" monitoring function? ☐ Yes, ☐ No If yes:

date of last 0.1gph test: _____ result: _____

third-party certification of ability to detect 0.1 gph release at 1.5 times the normal operating pressure (or an equivalent release rate with an equivalent pressure) is available	☐	☐	☐	☐	☐

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UNDERGROUND STORAGE TANK FACILITY
OPERATIONS INSPECTION

Facility Name _____ Date _____ Facility ID _____ – _____

III. EQUIPMENT TESTING

Instructions: *Check the box to indicate that a criterion has been met.*
Circle the box to indicate that a criterion has not been met.
Circle with "N/A" when a criterion is not applicable (provide comment).

Tank System	Tank System	Tank System	Tank System	Tank System
___	___	___	___	___

Overfill Evaluation:

tester name: _____ method: _____

date of last test: _____ result: _____

overfill testing conducted within the last 3 years and documentation available	☐	☐	☐	☐	☐

Spill Containment Testing:

tester name: _____ method: _____

date of last test: _____ result: _____

spill containment testing conducted within the last 3 years and documentation available	☐	☐	☐	☐	☐
OR					
spill containment is double-walled	☐	☐	☐	☐	☐
both walls of spill containment are monitored at least monthly	☐	☐	☐	☐	☐
OR					
tank filled in less than 25 gallon increments	☐	☐	☐	☐	☐

Containment Sump Testing: (Piping release code D and/or L):

Tester name: _____ method: _____

date of last test: _____ result: _____

containment sump testing conducted within the last 3 years and documentation available	☐	☐	☐	☐	☐
OR					
containment sump(s) is/are double-walled	☐	☐	☐	☐	☐
both walls of sump(s) are monitored at least annually	☐	☐	☐	☐	☐

Release Detection Equipment Testing:

Tester name: _____ method(s): _____

date of last test: _____ result: _____

electronic and mechanical components of release detection equipment tested within the last year and documentation available	☐	☐	☐	☐	☐

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UNDERGROUND STORAGE TANK FACILITY
OPERATIONS INSPECTION

Facility Name _____ **Date** _____ **Facility ID** _____ – _____

IV. CORROSION PROTECTION COMPLIANCE CRITERIA

- The UST Cathodic Protection System Evaluation Form(s) (2630-FM-BECB0610) must be attached to this report for the two most recent corrosion protection tests, if testing was conducted after (IMPLEMENTATION DATE)

Instructions: ***Check the box to indicate that a criterion has been met.***
Circle the box to indicate that a criterion has not been met.
Circle with "N/A" when a criterion is not applicable (provide comment).

Tank System	*Tank* System	*Tank* System	*Tank* System	*Tank* System
___	___	___	___	___

Lined Tanks: (Tank only – code I)

tank inspected and lined according to national standard date lined: _____	☐	☐	☐	☐	☐
tank initially inspected 10 years after lining and every 5 years thereafter dates inspected: _____	☐	☐	☐	☐	☐

Galvanic and Impressed Cathodic Protection: (Tank code B, C, O or P and/or Piping)

tank structure to soil potential is equal to or more negative than -0.85 volts, **or** meets other nationally recognized protection standard: specify: _____	☐	☐	☐	☐	☐
potential on **tank** current monitoring (date) _____	___	___	___	___	___
potential on **tank** previously monitored (date) _____	___	___	___	___	___
pipe/flex structure to soil potential is equal to or more negative than -0.85 volts, **or** meets other nationally recognized protection standard: specify: _____	☐	☐	☐	☐	☐
potential on **pipe/flex** current monitoring (date) _____	___	___	___	___	___
potential on **pipe/flex** previously monitored (date) _____	___	___	___	___	___

Impressed Current Design and Rectifier Output: (Tank code C or P and/or Piping)

system designed by a corrosion expert	☐	☐	☐	☐	☐
system is turned on and functioning within design limits	☐	☐	☐	☐	☐
any variation of ± 10% of the initial readings have been properly investigated	☐	☐	☐	☐	☐
documentation of last three amp readings (plus volt and runtime when meters available), recorded at least once every 60 days:	☐	☐	☐	☐	☐
most recent: volts: _____ amps: _____ runtime: _____ date: _____ 60 days prior: volts: _____ amps: _____ runtime: _____ date: _____ 120 days prior: volts: _____ amps: _____ runtime: _____ date: _____					

If Cathodic Protection or supplemental anodes were added to an existing tank system, fill in the following (Information is Required for Compliance):

Date assessed: _____ Date installed: _____

Assessment Method: _____

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UNDERGROUND STORAGE TANK FACILITY
OPERATIONS INSPECTION

Facility Name _____ **Date** _____ **Facility ID** _____ – _____

V. IUM Record Review:

- An empty tank (less than 1" of product/sludge) is not required to perform release detection. Indicate date emptied in comments.
- Recently installed tank systems must begin performing release detection immediately after receiving product. Indicate date of first product receipt in comments.

Instructions: ***Check the box to indicate that a criterion has been met.***
Circle the box to indicate that a criterion has not been met.
Circle with "N/A" when a criterion is not applicable (provide comment).

	Tank System	*Tank* System	*Tank* System	*Tank* System	*Tank* System
	___	___	___	___	___
tank release detection records for the last 12 months the system contained product are available	☐	☐	☐	☐	☐
tank release detection records are all valid and passing	☐	☐	☐	☐	☐
piping release detection records for the last 12 months the system contained product are available	☐	☐	☐	☐	☐
piping release detection records are all valid and passing	☐	☐	☐	☐	☐
equipment testing records are available, valid, and passing for most recent testing of overfill, spill containment, containment sumps, and release detection equipment (as applicable)	☐	☐	☐	☐	☐
walkthrough inspection records are available for the last 12 months the system contained product	☐	☐	☐	☐	☐
monthly and annual walkthrough inspections cover all required equipment	☐	☐	☐	☐	☐
records showing the system continuously participated in USTIF are available (paid USTIF invoices and/or fuel delivery receipts with USTIF fee)	☐	☐	☐	☐	☐

VI. Operator Training

- ☐ list of trained operators designates a class A operator; includes their training certification
- ☐ list of trained operators designates a class B operator; includes their training certification
- ☐ list of trained operators designates class C operator(s); date of initial training or last refresher is within the previous 12 months
- ☐ written instructions and notification procedures are readily available for class C operators at retail facilities; are posted in a location visible to dispenser operators at other facilities

DESCRIBE INFORMAL TRAINING PROVIDED FOR OWNER, CLASS A AND/OR CLASS B OPERATORS – see instructions.

_____
_____
_____
_____
_____

Original: Regional Office – Norristown, Wilkes Barre, Harrisburg, Williamsport, Pittsburgh, or Meadville
Copy: Owner
Copy: DEP, Division of Storage Tanks, P.O. Box 8763, Harrisburg, PA 17105-8763
Copy: Inspector

UNDERGROUND STORAGE TANK FACILITY
OPERATIONS INSPECTION

Facility Name _____ **Date** _____ **Facility ID** _____ – _____

VII. COMMENTS INCLUDING ACTIONS TO BRING INTO COMPLIANCE (Attach additional sheets where necessary)

Tank Manufacturer	**Tank Construction** (i.e. Double-walled Act 100 with Anodes)

Piping Manufacturer	**Piping Model/Brand**	**Piping Generation (if applicable)**

Original: Regional Office – Norristown, Wilkes Barre, Harrisburg, Williamsport, Pittsburgh, or Meadville
Copy: Owner
Copy: DEP, Division of Storage Tanks, P.O. Box 8763, Harrisburg, PA 17105-8763
Copy: Inspector

2630-FM-BECB0501a
Underground Storage Tank Facility Operations Inspection (Form)
Summary of Changes

Substantial changes have been made to the layout of 2630-FM-BECB0501a, which may obscure the changes in content. This document has been created in order to make it easy for the reviewer to determine what changes have been made to the content. Below is a summary of the content changes:

Page 1.
- "Financial Responsibility discussed with owner" has been replaced with "USTIF participation documented and verified"
- Fire/safety permit(s) section has been added
- "Monthly sump checks" has been replaced with "Equipment Testing"

Page 2.
- "(and grade)" has been added to item 2.
- Item 5 has been split into 5a and 5b, "Stick reading" has been added to 5a. 5b states, "Stick reading of water level, in inches, at time of inspection"
- Item 8 has been split into 8a and 8b. 8a asks for primary piping construction, and 8b askes for secondary piping construction.
- Item 9c has been removed, Information regarding spill containments has been moved to 14a and 14b
- Wording in 12 a and be has been changed for clarity
- "(must be permanently installed)" has been added to item 15
- "displayed and readily available" has been added to item 16
- Item 19 added, "This tank supplies an emergency generator"
- Note: "indicate manufacturer, model, and generation (if applicable) in section VII." Has been added.

Page 2-2.
- 7D has been deleted
- 7G has been reworded
- 7H has been reworded
- 7V and 7W have been added
- Item 8 has been split into 8a and 8b
- Item 12 has been reworded
- 12C has been deleted
- "(must provide written comment)" added to 12F and 12X
- "secondary pipe or liner" has been deleted from 12I
- Item 14 has been deleted
- 16Y "Properly displayed – **manned**(added)" and 16R added "Readily available – unmanned"
- 18D added
- 19 changed to "This tank supplies an emergency generator
- 20C deleted

Page 3.
- "actually seen" changed to "personally reviewed"
- "...and must be investigated within 7 days" added to information regarding a suspected release
- Under "Manual Tank Gauging" – capacity reduced to 1,000 gallons or less
- "Precision Tightness Test" section removed
- "Statistical Inventory Reconciliation" analysis completed and valid results (previously said within 20 days) supplied within the 30 day monitoring period

Page 4.
- "Groundwater or Vapor Monitoring" added "wells are properly installed..."

2630-FM-BECB0501a
Underground Storage Tank Facility Operations Inspection (Form)
Summary of Changes

Page 5.

- "Mechanical Line Leak Detector: added "tester name"
- "Electronic Line Leak Detector" moved; "self checking" removed

Page 6.

- Entire "Equipment Testing" section is new

Page 7.

- Added requirement for use of DEP form after implementation of the regulations

Page 8.

- Added "IUM" before "Record Review"
- Added "Equipment testing records are available..."; "walkthrough inspection records are available..."; "Monthly and annual walkthrough inspections cover all required equipment"; and "records showing the system continuously participated in USTIF..."

Page 9.

- Added boxes to the comments section for Tank Manufacturer, Tank Construction, Piping Manufacturer, Piping Model/Brand, and Piping Generation (if applicable).

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PLANNING FOR PERMANENT CLOSURE CHECKLIST
UNDERGROUND STORAGE TANK SYSTEMS

- ☐ "Underground Storage Tank System Installation/Closure Notification Form" submitted to appropriate DEP regional office with copy sent to Pennsylvania Department of Labor and Industry (or appropriate office in Philadelphia or Allegheny County) at least 30 days prior to initiating permanent closure."

- ☐ "Storage Tanks Registration/Permitting Application Form" submitted to appropriate DEP regional office, if the UST systems are required to be registered and they are not.

- ☐ Pennsylvania "One-Call" contacted (1-800-242-1776) to have utilities mark their lines.

- ☐ Local municipality contacted to obtain any necessary permits or approvals for UST system closure.

- ☐ DEP certified remover hired to perform tank handling activities.

- ☐ Arrangements made for site assessment and laboratory analysis of samples collected.

- ☐ Safety Data Sheets (SDS) obtained for all hazardous substances stored in the UST systems to be closed.

- ☐ Arrangements made for treatment/disposal of any contaminated soils encountered.
  NOTE: Unless this item is specified in the contract, it can remain a continuing burden of the owner/operator.

- ☐ "Storage Tanks Registration/Permitting Application Form" obtained to amend facility status, validated by the DEP certified remover and submitted to the Division of Storage Tanks after UST system closure is completed.
  NOTE: Registration fee and USTIF billing will continue until an amended "Storage Tanks Registration/Permitting Application Form" is submitted to the Division of Storage Tanks.

2630-FM-BECB0127 2/2012

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BUREAU OF ENVIRONMENTAL CLEANUP AND BROWNFIELDS

DATE RECEIVED: _____

UNDERGROUND STORAGE TANK SYSTEM INSTALLATION / CLOSURE NOTIFICATION FORM

NOTE: The appropriate regional office of the Department must receive notification of installation, change-in-service or permanent closure at least 30 days prior to beginning on-site activities. **Report subsequent delays as soon as known.**

I. Location of Tank System

Facility Name		Facility Identification Number -	
Street Address	City	State PA	Zip Code -
Municipality	County		
Contact Person		Phone Number ( ) -	

II. Owner of Tank System

Owner Name			
Street Address		Phone Number ( ) -	
City	State		Zip Code -

III. This notification is for:

☐ New installation ☐ Complete system replacement ☐ Partial system replacement
☐ Change-in-service ☐ Complete system closure ☐ Partial system closure

IV. Month/Day/Year of Proposed Installation / Closure / /

V. Certified Installer or Remover/Company Performing Tank Handling Activities

Certified Installer/Remover Name		Installer/Remover Certification Number	
Street Address		Phone Number ( ) -	
City	State		Zip Code -
Certified Company Name		Company Certification Number	

VI. (For Closure) Contractor/Individual Performing Site Assessment Activities

Name of Contractor or Individual			
Street Address		Phone Number ( ) -	
City	State		Zip Code -

VII. (For Installation) Briefly Describe Underground Storage Tank System(s) to be Installed

Tank Size	Substance to be Stored	Tank Size	Substance to be Stored

VIII. Signature of Tank System Owner	**Title**	**Date** / /

IX. (For Closure) Description of Underground Storage Tank System(s) to be Closed
Complete for each tank undergoing closure. Include additional sheets as necessary.

DEP Tank ID Number					
Total Capacity (Gallons)					
Substance(s) Stored Throughout Operating Life of Tank (Check All That Apply)	**a. Petroleum**				
	Unleaded Gasoline	☐	☐	☐	☐
	Leaded Gasoline	☐	☐	☐	☐
	Aviation Gasoline	☐	☐	☐	☐
	Pure Ethanol	☐	☐	☐	☐
	Blended Ethanol _____%	☐	☐	☐	☐
	Kerosene	☐	☐	☐	☐
	Jet Fuel	☐	☐	☐	☐
	Diesel Fuel	☐	☐	☐	☐
	Biodiesel _____%	☐	☐	☐	☐
	Fuel Oil No. 1	☐	☐	☐	☐
	Fuel Oil No. 2	☐	☐	☐	☐
	Fuel Oil No. 4	☐	☐	☐	☐
	Fuel Oil No. 5	☐	☐	☐	☐
	Fuel Oil No. 6	☐	☐	☐	☐
	New Motor Oil	☐	☐	☐	☐
	Used Motor Oil	☐	☐	☐	☐
	Nonpetroleum Oil, Specify	_____	_____	_____	_____
	Other, Specify	_____	_____	_____	_____
	b. Hazardous Substance	☐	☐	☐	☐
	Name of Principal CERCLA Substance	_____	_____	_____	_____
	AND				
	Chemical Abstract Service (CAS) No.	_____	_____	_____	_____
	c. Unknown	☐	☐	☐	☐
Proposed Closure Method(s):					
Partial System Closure		☐	☐	☐	☐
Tank ☐ N/A	a. Removal	☐	☐	☐	☐
	b. Closure-in-Place	☐	☐	☐	☐
	c. Change-in-Service	☐	☐	☐	☐
Piping ☐ N/A	a. Removal	☐	☐	☐	☐
	b. Closure-in-Place	☐	☐	☐	☐
	c. Change-in-Service	☐	☐	☐	☐
Dispenser ☐ N/A	a. Removal	☐	☐	☐	☐
	b. Closure-in-Place	☐	☐	☐	☐
	c. Change-in-Service	☐	☐	☐	☐
Other _____	a. Removal	☐	☐	☐	☐
	b. Closure-in-Place	☐	☐	☐	☐
	c. Change-in-Service	☐	☐	☐	☐

Describe Planned Closure Activities:

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FOR DEP USE ONLY
Reviewer_____ Date_____
Entered by_____Date_____

UNDERGROUND STORAGE TANK MODIFICATION REPORT

I. FACILITY INFORMATION

Facility I.D. Number _____

Facility Name _____

Facility Address _____

_____

Municipality _____

County _____

II. ACTIVITY INFORMATION

This modification activity is?

☐ Minor modification
☐ Major modification

Is this modification in response to an inspection?

☐ Yes ☐ No

If Yes: Inspector: _____

Inspection Date: _____

III. TANK INFORMATION

Tank modification is in accordance with manufacturer's specifications and current industry standards. If no, explain all irregularities in the comment section.

☐ Yes ☐ No

Tank modification complies with Fire Safety Requirements (for flammable & combustible liquids). If no, explain all irregularities in the comment section.

☐ Yes ☐ No ☐ Not Applicable

Fire/Safety Permit Number _____ Issued By _____ Date _____

IV. INSTALLER INFORMATION (If additional installers were involved, include their information in VII. Comments)

Installer Name	Installer Cert. No.	Certification Category(ies)	Company Name	Company Cert. No.

Installer Contact Name _____ Contact Email _____ Contact Phone _____

V. INSTALLER CERTIFICATION

This Section must be completed by the certified installer(s) for modifications performed on underground storage tank systems. By signing below, the certified installer verifies that the tank handling activity was conducted in compliance with the standards of Act 32 and applicable regulations. The signature also certifies, under penalty of law as provided in 18 PA C.S.A. Section 4904 (relating to unsworn falsification to authorities), that the information provided is true, accurate, and complete to the best of his/her knowledge and belief.

Signature(s)	Date(s) of Signature	Date(s) Work Completed

FACILITY I.D. # _____ - _____

VI. TANK SYSTEM COMPONENTS. (Describe only components that have been installed or modified.)

Tank # Tank # Tank #

_____ _____ _____

(1) Tank Modification (describe in VII. Comments)

☐ ☐ ☐ C Cathodic protection (modified)
☐ ☐ ☐ 99 Other

(2) Underground Piping Installation or Modification (describe in VII. Comments)

☐ ☐ ☐ B Cathodic protection added
☐ ☐ ☐ Field design by a "corrosion expert"
_____ Industry Standard used for CP
☐ ☐ ☐ H Modification of existing piping
☐ ☐ ☐ I Double walled steel piping
☐ ☐ ☐ J Double walled fiberglass
☐ ☐ ☐ K Double walled plastic
☐ ☐ ☐ M Jacketed piping
☐ ☐ ☐ 99 Other

(PFLEX) Piping Flexible Connection Installation or Modification (describe in VII. Comments)

☐ ☐ ☐ B Metallic w/cathodic protection added
☐ ☐ ☐ I Placed inside containment
☐ ☐ ☐ M Jacket added
☐ ☐ ☐ 99 Other

(4) Product Delivery (Pump) System Modification (describe in VII. Comments)

☐ ☐ ☐ A Suction: Check valve at pump
☐ ☐ ☐ B Suction: Check valve at tank
☐ ☐ ☐ C Pressure: Submersible pump (STP)
☐ ☐ ☐ D Gravity Fed
☐ ☐ ☐ 88 Installed/removed siphon bar

(5) Pipe Release Detection Modification (describe in VII. Comments)

☐ ☐ ☐ A Automatic line leak detector added
☐ ☐ ☐ D Interstitial monitoring added
☐ ☐ ☐ K Electronic line leak detector added
☐ ☐ ☐ L Continuous Interstitial monitor added
☐ ☐ ☐ 88 STP shut off added
☐ ☐ ☐ 99 Other

Tank # Tank # Tank #

_____ _____ _____

(6) Spill Prevention Repair (describe repair, test and type in VII. Comments) ‡

☐ ☐ ☐ Spill Bucket Insert/Repair
☐ ☐ ☐ New Single-Wall
☐ ☐ ☐ New Double-Wall

(7) Overfill Prevention Installation or Modification (describe status of previous overfill prevention i.e. removed, remains as backup in VII. Comments)

☐ ☐ ☐ S Drop tube shut-off device added
☐ ☐ ☐ A Overfill alarm added

(12) Tank Release Detection Modification (include manufacturer and model number in VII. Comments)

☐ ☐ ☐ E Automatic tank gauge added/replaced
☐ ☐ ☐ H Interstitial monitor (2 walls) added
☐ ☐ ☐ J Groundwater monitoring added (attach site evaluation)
☐ ☐ ☐ K Vapor monitoring added (attach site evaluation)

(19) Stage I Vapor Recovery Modification

☐ ☐ ☐ A Coaxial added/replaced
☐ ☐ ☐ B 2 Port added/replaced

(20) Stage II Vapor Recovery Modification

☐ ☐ ☐ A Complete balance system added
☐ ☐ ☐ B Complete assist system added
☐ ☐ ☐ C Underground piping only added
☐ ☐ ☐ D Stage II decommissioned

(21) Tank top Sump Installation or Repair (describe installation and test in VII. Comments) ‡

☐ ☐ ☐ Y Yes

(22) Dispenser Pan Installation or Repair (describe installation and test in VII. Comments) ‡

☐ ☐ ☐ 88 New dispenser installed
☐ ☐ ☐ Y Under existing dispenser

‡ New, replaced, and repaired spill buckets, containment sumps, and dispenser pans must be tested for tightness in accordance with the manufacturer's recommendations and/or applicable industry standards.

FACILITY I.D. # _____-_____

VII. COMMENTS (Describe activity completed in detail. Explain "other" modifications.)

The modification report is not complete until all modified or installed components noted in Section V. have been accurately and completely described in the comments section, below.

VIII.SITE DRAWING (Include layout, activity locations, and other drawings necessary to illustrate modifications)

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UNDERGROUND STORAGE TANK SYSTEM CLOSURE REPORT FORM

_____
Facility I.D.

_____
Facility Name

_____
Municipality County

_____
Date Prepared

_____
Name of Person Submitting Report
(Please Print)

_____
Company Name
(If Applicable)

_____
Title

Closure Method (Check all that apply):

- ☐ UST Removal
- ☐ UST Closure-In-Place
- ☐ UST Change-In-Service

Site Assessment Results (Check all that apply):

- ☐ No Obvious Contamination - Sample Results Meet Standards/Levels
- ☐ No Obvious Contamination - Sample Results Do Not Meet Standards/Levels
- ☐ Obvious, Localized Contamination - Sample Results Meet Standards/Levels
- ☐ Obvious, Localized Contamination - Sample Results Do Not Meet Standards/Levels
- ☐ Obvious, Extensive Contamination

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF ENVIRONMENTAL PROTECTION
BUREAU OF ENVIRONMENTAL CLEANUP AND BROWNFIELDS

DATE RECEIVED: _____

UNDERGROUND STORAGE TANK SYSTEM CLOSURE REPORT FORM

Owners who are permanently closing underground storage tank systems may use this form to demonstrate that a storage tank system closure was performed in accordance with technical guidance document 263-4500-601 "Closure Requirements for Underground Storage Tank Systems". PLEASE PRINT OR TYPE. COMPLETE ALL QUESTIONS.

SECTION I. Owner/Facility/Tank/Waste Management and Disposal Information

1. Facility ID Number _____ 2. Facility Name _____
3. Facility County _____ 4. Facility Municipality _____
5. Facility Address _____
6. Facility Contact Person _____ 7. Facility Telephone Number (___) _____
8. Owner Name _____
9. Owner Mailing Address _____
10. Description of Underground Storage Tank Systems (Complete for each tank system closed)

DATE OF TANK SYSTEM CLOSURE (Month/Day/Year)		- -	- -	- -	- -
Description of Underground Storage Tank System (Complete for each tank system undergoing closure)					
DEP Tank ID Number					
Total Capacity (Gallons)					
Substance(s) Stored Throughout Operating Life of Tank System (Check All That Apply)	**a. Petroleum**				
	Unleaded Gasoline	☐	☐	☐	☐
	Leaded Gasoline	☐	☐	☐	☐
	Aviation Gasoline	☐	☐	☐	☐
	Pure Ethanol	☐	☐	☐	☐
	Blended Ethanol ____%	☐	☐	☐	☐
	Kerosene	☐	☐	☐	☐
	Jet Fuel	☐	☐	☐	☐
	Diesel Fuel	☐	☐	☐	☐
	Biodiesel ____%	☐	☐	☐	☐
	Fuel Oil No. 1	☐	☐	☐	☐
	Fuel Oil No. 2	☐	☐	☐	☐
	Fuel Oil No. 4	☐	☐	☐	☐
	Fuel Oil No. 5	☐	☐	☐	☐
	Fuel Oil No. 6	☐	☐	☐	☐
	New Motor Oil	☐	☐	☐	☐
	Used Motor Oil	☐	☐	☐	☐
	Nonpetroleum Oil, Specify	_____	_____	_____	_____
	Other, Specify	_____	_____	_____	_____
NOTE: If Hazardous Substance Block is Checked, Attach Safety Data Sheets (SDS)	**b. Hazardous Substance**	☐	☐	☐	☐
	Name of Principal CERCLA Substance	_____	_____	_____	_____
	AND				
	Chemical Abstract Service (CAS) No.	_____	_____	_____	_____
	c. Unknown	☐	☐	☐	☐

CLOSURE METHOD(s):	DEP Tank ID Number:				
Partial Storage Tank System Closure		☐	☐	☐	☐
Tank ☐ N/A	a. Removal	☐	☐	☐	☐
	b. Closure-in-Place	☐	☐	☐	☐
	c. Change-in-Service	☐	☐	☐	☐
Piping ☐ N/A	a. Removal	☐	☐	☐	☐
	b. Closure-in-Place	☐	☐	☐	☐
	c. Change-in-Service	☐	☐	☐	☐
Dispenser ☐ N/A	a. Removal	☐	☐	☐	☐
	b. Closure-in-Place	☐	☐	☐	☐
	c. Change-in-Service	☐	☐	☐	☐
Other _____	a. Removal	☐	☐	☐	☐
	b. Closure-in-Place	☐	☐	☐	☐
	c. Change-in-Service	☐	☐	☐	☐
Describe Closure Activities:					

Yes **N/A**

11. Briefly describe the storage tank facility and the nature of the operations which were conducted at the facility (both historical and present) **including use of the storage tank systems:**

_____

_____

_____

_____

☐ ☐ 12. A site location and sampling map of the site, drawn to scale, is attached. See page 11 of 11.

☐ ☐ 13. Original, color photographs of the closure process are attached (i.e., inside of excavation/piping runs, pit water, tanks showing condition).

☐ ☐ 14. An amended "Storage Tanks Registration/Permitting Application" Form was submitted to the DEP, Bureau of Environmental Cleanup and Brownfields, Division of Storage Tanks, P.O. Box 8762, Harrisburg, PA 17105-8762.

Date: __/__/_____

☐ ☐ 15. If a release was confirmed, the appropriate regional office of DEP was notified by the owner or operator.

Date: __/__/_____ Office: _____

Yes N/A

☐ ☐ 16. If tanks were cleaned on-site:

a. Briefly describe the disposition of usable product: _____

_____

_____

_____

b. Briefly describe the disposal of unusable product, sludges, sediments, and wastewater generated during cleaning. Provide the name and permit number of the processing, treatment, storage or disposal facility. (Attach documentation of proper disposal):

_____

_____

_____

c. If tank contents were determined/deemed to be hazardous waste, provide:

(1) Generator ID Number: _____

(2) Licensed Hazardous Waste Transporter Name and ID Number: _____

_____

☐ ☐ 17. If tanks were removed from the site for cleaning:

a. Provide the name and permit number of the processing, treatment, storage or disposal facility performing the tank cleaning: _____

_____

b. If tank contents were determined/deemed to be hazardous waste, provide:

(1) Generator ID Number: _____

(2) Licensed Hazardous Waste Transporter Name and ID Number: _____

_____

18. Briefly describe the disposition of tanks/piping (Attach documentation of proper disposal):

_____

_____

_____

☐ ☐ 19. If contaminated soil is excavated:

a. Briefly describe the disposition and amount _____ (tons) of contaminated soil. Provide the name and permit number of the processing, treatment, storage or disposal facility. (Attach documentation of proper disposal):

_____

_____

_____

b. If contaminated soil is determined/deemed to be hazardous waste, provide:

(1) Generator ID Number: _____

(2) Licensed Hazardous Waste Transporter Name and ID Number: _____

_____

Yes	N/A		
☐	☐	20.	Briefly describe the disposition of and amount _____ (tons) of uncontaminated soil and debris (attach analyses):

_____

_____

_____

☐	☐	21.	If the tanks were "Closed-in-Place" provide information below:

a. Briefly describe the tank cleaning process: _____

_____

b. Describe the inert, non-shrinking material placed into the tanks:

_____

I, _____, hereby certify, under penalty of law as provided in 18 Pa. C.S. §4904 (relating
(Print Name)
to unsworn falsification to authorities) that I am the owner of the above referenced storage tank system(s) and that the information provided by me in this closure report (Section I) is true, accurate and complete to the best of my knowledge and belief.

_____ _____ / /
Signature of Tank Owner Date

_____
Company Name
(If applicable)

_____
Title

UNDERGROUND STORAGE TANK SYSTEM CLOSURE REPORT FORM

SECTION II. Tank Handling Information

Facility ID Number____ - _____
DEP Tank ID Number(s) _____

Yes **N/A**

1. Briefly describe the excavation and initial on-site staging of uncontaminated/contaminated soil and debris:

_____

_____

2. Briefly describe the method of piping system closure and the closure of the piping systems, including the quantity and condition of the piping:

_____

_____

3. Briefly describe the condition of the tanks and any problems encountered during tank handling or tank removal activities:

_____

_____

4. Briefly describe the method used to purge the tanks of and monitor for hazardous or explosive vapors:

_____

_____

☐ ☐ 5. If tanks were cleaned on-site:

a. Briefly describe the tank cleaning process: _____

_____

_____

b. If subcontracted, name and address of company that performed the tank cleaning:

_____

_____

☐ ☐ 6. If tanks were "Closed-in-Place", briefly describe the tank fill material: _____

_____

_____

_____

_____

☐ ☐ 7. If contamination was suspected or observed, the "Notification of Contamination" form was submitted.

I, _____, hereby certify, under penalty of law as provided in 18 Pa. C.S. §4904 (relating to
(Print Name)
unsworn falsification to authorities) that I am the certified remover who performed the tank handling activities associated with the closure of the above referenced storage tank system(s) and that the information provided by me in this closure report (Section I) is true, accurate and complete to the best of my knowledge and belief.

_____ _____ / / _____

Signature of Certified Remover | Date

_____ _____

Remover Certification Number | Company Certification Number

_____

Company Name

_____

Street

_____

City/Town, State, Zip

_____

Phone

UNDERGROUND STORAGE TANK SYSTEM CLOSURE REPORT FORM

SECTION III. Site Assessment Information

Tank Registration # _____ (complete one sheet for EACH tank system and attach ALL laboratory sheets pertaining to that system)

Facility ID Number_____ - _____

A. Provide depth of *BEDROCK* and *WATER* IF encountered during excavation or soil boring (write "N/A": if NOT encountered).

Bedrock _____ feet below land surface Water _____ feet below land surface

B. Provide Length of *PIPING* IF piping was closed-in-place (write "N/A" if NOT closed-in-place).

Length of piping _____ feet

C. TANK SYSTEM REMOVED FROM THE GROUND/SITE

1). Was obvious contamination observed while excavating, sampling or removing the tank system?

☐ NO -------→ Conduct confirmatory sampling -------→ See end of this section for options on submission and maintenance of closure records -------→ Do not complete item C.2. below.

☐ YES -------→ Report release to DEP within 24 hours -------→ Describe contamination observed and likely source(s) (tank, piping, dispenser, spills, overfills): _____

_____

_____

_____

_____ ------→ Complete item C.2. below.

2). Was contamination localized (within three feet of the tank system in every direction with no obvious water contamination)?

☐ YES -------→ Remove or remediate contaminated soil -----→ Conduct confirmatory sampling -----→ See end of this section for options on submission and maintenance of closure records -----→ Call Indemnification Fund (717-787-0763).

☐ NO -----→ Continue Interim Remedial Actions -----→ See end of this section for options on submission and maintenance of closure records -----→ Call Indemnification Fund (717-787-0763).

D. TANK SYSTEM CLOSED-IN-PLACE OR CHANGED-IN-SERVICE

Was obvious contamination observed during sampling, boring or assessing water depths?

☐ NO -----→ Conduct confirmatory sampling -----→ See end of this section for options on submission and maintenance of closure records.

☐ YES -----→ Report release to DEP within 24 hours -----→ Describe contamination observed and likely source(s) (tank, piping, dispenser, spills, overfills): _____

_____

_____

_____

Continue with corrective action -----→ See end of this section for options on submission and maintenance of closure records -----→ Call Indemnification Fund (717-787-0763).

E. If the answer to C.1. is "no", the answer to C.2. is "yes" or the answer to D. is "no", confirmatory samples are required. Use the sample/analysis information sheet on page 10 of 11 to provide the information on confirmatory sampling and complete the diagram on Page 11 of 11.

Options for Submission and Maintenance of Closure Site Assessment Records

Records of the site assessment must be maintained for at least three years after completion of permanent closure or change-in-service in one of the following ways:

(a) By the owners and operators who took the tank system out of service;
(b) By the current owners and operators of the tank system site; or
(c) By mailing these records to the DEP regional office responsible for the county in which the tank is located if they cannot be maintained at the closed facility.

Where the results of the site assessment indicate that obvious, localized soil contamination was encountered and the analytical results of the confirmatory sampling show levels below the statewide standard/action levels, this closure report form (Sections I, II, and III) or some other acceptable site characterization report must be received by the Department within 180 days of verbally reporting the release.

Where the results of the site assessment indicate that no obvious contamination or obvious, localized contamination was encountered, but the analytical results of the confirmatory sampling show levels above the statewide standard/action levels, or where there is obvious, extensive contamination, Section 245.310(a)(8) of the Corrective Action Process (CAP) regulations requires that details of removal from service be included in the site characterization report. A copy of the completed closure report form should be submitted as part of the site characterization report to satisfy the requirements of Section 245.310(a)(8) of the CAP regulations.

I, _____ , hereby certify, under penalty of law as provided in 18 Pa. C.S. §4904 (relating to unsworn
(Print Name)
falsification to authorities) that I am the person who performed the site assessment activities associated with the closure of the above referenced storage tank system(s) and that the information provided by me in this closure report (Section III) is true, accurate and complete to the best of my knowledge and belief.

_____ _____ / /
Signature of Person Performing Site Assessment — Date

_____ _____
Title of Person Performing Site Assessment — Name of Company Performing Site Assessment

_____
Telephone Number of Person Performing Site Assessment

UNDERGROUND STORAGE TANK SYSTEM CLOSURE REPORT FORM

Sample/Analysis Information
(Attachment for Section III.)

Facility ID Number______ - _____________

Sample I.D. (See diagram)	Parameter	Analytical Method[1]		Media	Result (units)	Detection Limit (units)	Date Sample Taken	Date Sample Analyzed
							/ /	/ /
							/ /	/ /
							/ /	/ /
							/ /	/ /
							/ /	/ /
							/ /	/ /
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							/ /	/ /
							/ /	/ /

[1] Where EPA Method 5035 is used, indicate sample collection option in the right-hand box of this column using the following codes:

P - Samples placed in a soil sample vial with a preservative present.
E - Samples collected and stored in a soil collection device which is airtight and affords little to no headspace.
N - Samples placed in soil sample vial without a preservative present.

Site Location and Sampling Map - Use this page or suitable facsimile to provide a large-scale map of the site where storage tank systems were closed. Scales between 1" = 10 and 1" = 100 feet frequently work well. Include the following information as each applies to the site: facility name and I.D., county, township or borough, property boundaries or area of interest, buildings, roads and streets with names or route numbers, utilities, location and ID number of storage tank systems removed including piping and dispensers, soil stockpile locations, excavations or other locations of product recovery, north arrow, approximate map scale and legend. Also, show depth and location of samples with sample ID numbers cross-referenced to the same ID numbers shown on Page 10 of 11.

Facility Name and ID: -

County:

Township/Borough:

2630-FM-BECB0150 Rev. 2/2015
FORM

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ABOVEGROUND STORAGE TANK INTEGRITY INSPECTION SUMMARY

I. Type of Inspection

Integrity

☐ In-service ☐ Out-of-service

Installation

☐ New AST ☐ Relocated AST

☐ Uncertified install

II. Inspection Date(s)

Completion of this inspection _____

Last in-service inspection _____

Last out-of-service inspection _____

Last lining inspection _____

FOR DEP USE ONLY

Reviewer _____

Date _____

Entered By _____

Date _____

III. Facility Information

Facility I.D. Number _____

Facility Name _____

Facility Address _____

_____

Municipality _____

IV. Inspector Information

Name _____

Certification number _____

Phone _____

E-mail _____

Employer _____

Employer certification number _____

V. Tank Identification

Owner's Tank

DEP Tank ID number _____ A ID Number _____

Nominal Capacity (**gallons**) _____

Size: diameter _____ (ft) length/height _____ (ft)

Substance stored _____

Original construction code _____

Installation Date _____ (mm/dd/yy)

VI. Fire/Safety Permit

Number _____

Issuing Authority _____

Date Issued _____

☐ Horizontal Saddle Tank ☐ Shop Built

☐ Vertical Tank ☐ Field Built

☐ Elevated Vertical Tank

VII. Certified Inspector

I, the DEP Certified Inspector, have inspected the entire above referenced tank system. Based on my observation of the tank system, review of examination and test results and information provided by the owner, I certify under penalty of law as provided in 18 Pa. C.S.A. Section 4904 (relating to unsworn falsification to authorities), that the information provided by me is true, accurate, and complete to the best of my knowledge and belief. I also certify that this tank system ☐ **can** ☐ **cannot** remain in service or be returned to service without additional evaluation or modification.

_____ _____

Certified Inspector's Signature Date

VIII. Owner or Owner's Representative I have reviewed the completed inspection report. I certify under penalty of law as provided in 18 PA C.S.A. Section 4904 (relating to unsworn falsification to authorities), the information provided by me is true, accurate, and complete to the best of my knowledge and belief.

_____ _____ _____

Name (Please Print) Title Phone Number

_____ _____

Signature Date

Facility ID _____ — _____ **DEP Tank ID** _____ A **Inspection Date** _____

IX. Evaluation of Tank System Indicate the condition of the following components by marking the appropriate columns. If unsatisfactory explain deficiency in comment section.

System component	Satisfactory	Unsatisfactory	Unsatisfactory Cannot Return to Service	Not Applicable
Materials meet specifications/ compatible with substance	☐		☐	
Foundation and tank supports	☐		☐	
Tank shell	☐		☐	
Tank roof	☐		☐	☐
Tank bottom/floor	☐		☐	☐
Internal linings & coatings, if installed	☐		☐	☐
Tank Labeling	☐	☐		
External deterioration protection	☐	☐		
Appurtenances	☐	☐	☐	
Ancillary equipment (including piping)	☐	☐	☐	
Cathodic protection system	☐	☐	☐	☐

Method(s) used for nondestructive examination(s) _____

Contamination observed/suspected: ☐ No ☐ Yes, Department notification form submitted on _____.

Does the tank have any perforations? ☐ No ☐ Yes

X. Calculated Information *(Integrity Inspections)*

1. Corrosion/deterioration rate:
   Tank Shell _____(in/yr) Tank Bottom _____(in/yr) Piping _____(in/yr)
2. Remaining service life based on corrosion rate:
   Tank _____(years) Piping _____(years)
3. Endpoint used to calculate remaining service life: _____ (T-min or other endpoint)
4. Next inspection due dates:
   In-service _____(mm/dd/yy) Out-of-service _____(mm/dd/yy) Internal Liner _____(mm/dd/yy)
   ☐ Next Inspection Dates to be Determined after repairs and before tank is returned to service
5. Safe fill height _____(feet)
6. Out-of-Plane Survey (Per API-653) ☐ Satisfactory ☐ Unsatisfactory ☐ Not required
7. Edge Settlement Analysis (per API-653) ☐ Satisfactory ☐ Unsatisfactory ☐ Not required

XI. Record Review

1. Written operations and maintenance plan available on site: ☐ Yes ☐ No ☐ Not required
2. Spill Prevention Response Plan is current and available on site: ☐ Yes ☐ No ☐ Not required
   If yes, date of Spill Prevention Response Plan: _____(mm/dd/yy)
3. Monthly inspection records available for the past twelve months: ☐ Yes ☐ No ☐ Not required
4. 72-hour inspection records available for the past twelve months: ☐ Yes ☐ No ☐ Not required
5. Is a leak test required at the time of this inspection? ☐ Yes ☐ No
   If yes, did the test indicate a possible leak? ☐ Yes ☐ No Which method was used? _____

Facility ID _____ — _____ **DEP Tank ID** _____ A **Inspection Date** _____

XII. Tank Information

(1) Tank Construction
- ☐ A Single wall steel
- ☐ D Double wall steel
- ☐ E Single wall fiberglass
- ☐ F Double wall fiberglass
- ☐ R Single wall molded plastic
- ☐ X Double wall molded plastic
- ☐ S Single wall stainless steel
- ☐ 99 Other _____

(3) Aboveground Piping Construction
- ☐ A Steel
- ☐ D Fiberglass
- ☐ F PVC or Plastic
- ☐ L Stainless Steel
- ☐ 99 Other _____

(5) Pipe Release Detection Method
- ☐ G Visual inspection
- ☐ H None
- ☐ 99 Other _____

(7) Overfill Prevention
- ☐ Y Yes
- ☐ N No

(10) Tank Cathodic Protection
- ☐ B Galvanic
- ☐ C Impressed current
- ☐ N None

(16) Emergency Containment
- ☐ Yes
- ☐ No
- ☐ Underground Vault

(17) Secondary Containment
- ☐ Yes
- ☐ No
- ☐ Underground Vault

(24) Normal Vent
- ☐ S Satisfactory
- ☐ U Unsatisfactory

(24) Emergency Vent
- ☐ S Satisfactory
- ☐ U Unsatisfactory

XIII. Emergency Containment

1. Construction
- ☐ Earthen material
- ☐ Engineered clay
- ☐ Geotextile
- ☐ Concrete block
- ☐ Poured concrete
- ☐ Open top steel dike
- ☐ Closed top steel dike
- ☐ Outer wall of double walled tank *(See Section XV)*
- ☐ Other _____

2. Compatibility verified? ☐ Yes ☐ No

3. Meets capacity requirement? ☐ Yes ☐ No

Capacity of largest tank in emergency containment (gallons):_____

Capacity of emergency containment (gallons):_____

4. Permeability (Tank capacity 21,000 gallons or less)

Sufficiently impermeable to contain any potential release for a minimum of 72 hours and until the release can be detected and fully recovered? ☐ Yes ☐ No

5. Permeability (Tank capacity greater than 21,000 gallons)

Meets permeability requirement? ☐ Yes ☐ No

Verified date: _____

Verifier name: _____

Permeability: _____

Thickness: _____

Verification method:
- ☐ Known-permeability material
- ☐ Field tested
- ☐ Laboratory tested
- ☐ Professional engineer verified *(Number 6 Required)*

6. Emergency containment verified by professional engineer*

PA Licensed Professional Engineer Information:

Name: _____

Certification No._____

Written monitoring program allows the facility owner to detect a release from the Tank. ☐ Yes ☐ No

Written response plan allows the facility owner to recover the entire volume of any release and is designed to prevent contamination of the waters of this Commonwealth. ☐ Yes ☐ No

PE sealed certification documents attached ☐ Yes ☐ No

**Only for existing aboveground storage tank systems constructed prior to November 10, 2010*

Facility ID _____ — _____ **DEP Tank ID** _____ **A** **Inspection Date** _____

XIV. Secondary Containment

1. Impermeable layer ☐ Yes ☐ No Describe: _____
2. Space for release detection ☐ Yes ☐ No Describe: _____
3. Monitored at least monthly for evidence of a release? ☐ Yes ☐ No

XV. Double Walled Tanks If this is a double walled tank that relies **solely** on the outer wall for containment, please answer the following questions.

1. Is there permanently installed spill prevention (Spill Bucket/Containment Box)? ☐ Yes ☐ No
2. Are there block valves on all product lines? ☐ Yes ☐ No
3. Is there a solenoid valve or antisiphon device? ☐ Yes ☐ No ☐ Not applicable

XVI. Installer Information *(New and Relocated Tank Systems only)*

Installer Name	Certification Number	Company Name	Company Certification

1. Site Specific Installation Permit Number: _____ ☐ Not Applicable
2. Welding (procedure, qualification) ☐ Satisfactory ☐ Unsatisfactory ☐ Not Applicable
3. Is a hydrostatic test required? ☐ Yes ☐ No If yes, were the results satisfactory? ☐ Yes ☐ No
4. Tank installation is in accordance with manufacturer's specifications, engineer's design criteria and current industry standards. ☐ Yes ☐ No (If no, explain all deficiencies in Section XVII)

XVII. Comments Describe any tank system deficiencies and whether repairs of the deficiencies need to be conducted by, or under the direct oversight of a DEP-certified tank handler. Please note additional information discovered during the inspection. If additional comment sheets are needed, label each sheet with facility and tank identification numbers, inspection date and page number.

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ABOVEGROUND STORAGE TANK SYSTEM CLOSURE REPORT FORM

_____
Facility I.D.

_____
Facility Name

_____
Municipality County

_____
Date Prepared

_____
Name of Person Submitting Report
(Please Print)

_____
Company Name
(If Applicable)

_____
Title

Closure Method (Check all that apply):

- ☐ AST Removal
- ☐ AST Closure-In-Place
- ☐ AST Change-In-Service

Site Assessment Results (Check all that apply):

- ☐ No Obvious Contamination - Sample Results Meet Standards/Levels
- ☐ No Obvious Contamination - Sample Results Do Not Meet Standards/Levels
- ☐ Obvious, Localized Contamination - Sample Results Meet Standards/Levels
- ☐ Obvious, Localized Contamination - Sample Results Do Not Meet Standards/Levels
- ☐ Obvious, Extensive Contamination

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DATE RECEIVED: _____

ABOVEGROUND STORAGE TANK SYSTEM CLOSURE REPORT FORM

Owners who are permanently closing aboveground storage tank systems may use this form to demonstrate that a storage tank system closure was performed in accordance with technical guidance document 263-4200-001 "Closure Requirements for Aboveground Storage Tank Systems". PLEASE PRINT OR TYPE. COMPLETE ALL QUESTIONS.

SECTION I. Owner/Facility/Tank/Waste Management and Disposal Information

1. Facility ID Number _____ 2. Facility Name _____
3. Facility County _____ 4. Facility Municipality _____
5. Facility Address _____
6. Facility Contact Person _____ 7. Facility Telephone Number (___) _____
8. Owner Name _____
9. Owner Mailing Address _____
10. Description of Aboveground Storage Tank Systems (Complete for each tank system closed)

DATE OF TANK SYSTEM CLOSURE (Month/Day/Year)		- -	- -	- -	- -
Description of Aboveground Storage Tank System (Complete for each tank system undergoing closure)					
DEP Tank ID Number					
Total Capacity (Gallons)					
Substance(s) Stored Throughout Operating Life of Tank System (Check All That Apply)	**a. Petroleum**				
	Unleaded Gasoline	☐	☐	☐	☐
	Leaded Gasoline	☐	☐	☐	☐
	Aviation Gasoline	☐	☐	☐	☐
	Pure Ethanol	☐	☐	☐	☐
	Blended Ethanol _____%	☐	☐	☐	☐
	Kerosene	☐	☐	☐	☐
	Jet Fuel	☐	☐	☐	☐
	Diesel Fuel	☐	☐	☐	☐
	Biodiesel _____%	☐	☐	☐	☐
	Fuel Oil No. 1	☐	☐	☐	☐
	Fuel Oil No. 2	☐	☐	☐	☐
	Fuel Oil No. 4	☐	☐	☐	☐
	Fuel Oil No. 5	☐	☐	☐	☐
	Fuel Oil No. 6	☐	☐	☐	☐
	New Motor Oil	☐	☐	☐	☐
	Used Motor Oil	☐	☐	☐	☐
	Nonpetroleum Oil, Specify	_____	_____	_____	_____
	Other, Specify	_____	_____	_____	_____
NOTE: If Hazardous Substance Block is Checked, Attach Safety Data Sheets (SDS)	**b. Hazardous Substance**	☐	☐	☐	☐
	Name of Principal CERCLA Substance	_____	_____	_____	_____
	AND				
	Chemical Abstract Service (CAS) No.	_____	_____	_____	_____
	c. Unknown	☐	☐	☐	☐

CLOSURE METHOD(s):	DEP Tank ID Number:				
Partial Storage Tank System Closure		☐	☐	☐	☐
Tank ☐ N/A	a. Removal	☐	☐	☐	☐
	b. Closure-in-Place	☐	☐	☐	☐
	c. Change-in-Service	☐	☐	☐	☐
Piping ☐ N/A	a. Removal	☐	☐	☐	☐
	b. Closure-in-Place	☐	☐	☐	☐
	c. Change-in-Service	☐	☐	☐	☐
Dispenser ☐ N/A	a. Removal	☐	☐	☐	☐
	b. Closure-in-Place	☐	☐	☐	☐
	c. Change-in-Service	☐	☐	☐	☐
Other _____	a. Removal	☐	☐	☐	☐
	b. Closure-in-Place	☐	☐	☐	☐
	c. Change-in-Service	☐	☐	☐	☐

Describe Closure Activities:

Yes **N/A**

11. Briefly describe the storage tank facility and the nature of the operations which were conducted at the facility (both historical and present) **including use of the storage tank systems:**

_____

_____

_____

_____

☐ ☐ 12. A site location and sampling map of the site, drawn to scale, is attached. See page 11 of 11.

☐ ☐ 13. Original, color photographs of the closure process involving any excavation are attached (i.e., inside of excavation/piping runs, pit water, containment structure and foundation showing condition).

☐ ☐ 14. An amended "Storage Tanks Registration/Permitting Application" Form was submitted to the DEP, Bureau of Environmental Cleanup and Brownfields, Division of Storage Tanks, P.O. Box 8762, Harrisburg, PA 17105-8762.

Date: __/__/_____

☐ ☐ 15. If a release was confirmed, the appropriate regional office of DEP was notified by the owner or operator.

Date: __/__/_____ Office: _____

Yes N/A

☐ ☐ 16. If tanks were cleaned on-site:

a. Briefly describe the disposition of usable product: _____

_____

_____

_____

b. Briefly describe the disposal of unusable product, sludges, sediments, and wastewater generated during cleaning. Provide the name and permit number of the processing, treatment, storage or disposal facility. (Attach documentation of proper disposal):

_____

_____

_____

c. If tank contents were determined/deemed to be hazardous waste, provide:

(1) Generator ID Number: _____

(2) Licensed Hazardous Waste Transporter Name and ID Number: _____

_____

☐ ☐ 17. If tanks were removed from the site for cleaning:

a. Provide the name and permit number of the processing, treatment, storage or disposal facility performing the tank cleaning:

b. If tank contents were determined/deemed to be hazardous waste, provide:

(1) Generator ID Number: _____

(2) Licensed Hazardous Waste Transporter Name and ID Number: _____

_____

18. Briefly describe the disposition of tanks/piping (Attach documentation of proper disposal):

_____

_____

_____

☐ ☐ 19. If contaminated soil is excavated:

a. Briefly describe the disposition and amount _____ (tons) of contaminated soil. Provide the name and permit number of the processing, treatment, storage or disposal facility. (Attach documentation of proper disposal):

_____

_____

_____

b. If contaminated soil is determined/deemed to be hazardous waste, provide:

(1) Generator ID Number: _____

(2) Licensed Hazardous Waste Transporter Name and ID Number: _____

_____

Yes	N/A		
☐	☐	20.	Briefly describe the disposition of and amount _____ (tons) of uncontaminated soil and debris (attach analyses):

_____

_____

_____

☐	☐	21.	If the tanks were "Closed-in-Place" provide information below:

a. Briefly describe the tank cleaning process: _____

_____

b. If subcontracted, name and address of company that performed the tank cleaning:

_____

c. How were tanks marked/labeled with permanent closure date: _____

_____

_____

I, _____, hereby certify, under penalty of law as provided in 18 Pa. C.S. §4904 (relating
(Print Name)
to unsworn falsification to authorities) that I am the owner of the above referenced storage tank system(s) and that the information provided by me in this closure report (Section I) is true, accurate and complete to the best of my knowledge and belief.

_____ _____ / / _____

Signature of Tank Owner Date

_____

Company Name
(If applicable)

_____

Title

ABOVEGROUND STORAGE TANK SYSTEM CLOSURE REPORT FORM

SECTION II. Tank Handling Information

Facility ID Number____ - _____
DEP Tank ID Number(s) _____

Yes **N/A**

1. Briefly describe the excavation and initial on-site staging of uncontaminated/contaminated soil and debris:

_____
_____

2. Briefly describe the method of piping system closure and the closure of the piping systems including the quantity and condition of the piping:

_____
_____

3. Briefly describe the condition of the tanks and any problems encountered during tank handling or tank removal activities:

_____
_____

4. Briefly describe the method used to purge the tanks of and monitor for hazardous or explosive vapors:

_____
_____

☐ ☐ 5. If tanks were cleaned on-site:

a. Briefly describe the tank cleaning process: _____
_____
_____

b. If subcontracted, name and address of company that performed the tank cleaning:

_____
_____

☐ ☐ 6. If tanks were "Closed-in-Place", briefly describe how tanks were rendered inoperative, marked permanently closed with date, vented and secured to prevent unauthorized entry: _____
_____
_____
_____
_____

☐ ☐ 7. If contamination was suspected or observed, the "Notification of Contamination" form was submitted.

I, _____, hereby certify, under penalty of law as provided in 18 Pa. C.S. §4904 (relating to
(Print Name)
unsworn falsification to authorities) that I am the certified remover who performed the tank handling activities associated with the closure of the above referenced storage tank(s) and that the information provided by me in this closure report (Section I) is true, accurate and complete to the best of my knowledge and belief.

_____ / /
Signature of Certified Remover Date

_____ _____
Remover Certification Number Company Certification Number

_____
Company Name

_____
Street

_____
City/Town, State, Zip

_____
Phone

ABOVEGROUND STORAGE TANK SYSTEM CLOSURE REPORT FORM

SECTION III. Site Assessment Information

Tank Registration # _____ (complete one sheet for EACH tank system and attach ALL laboratory sheets pertaining to that system)

Facility ID Number_____ - _____

A. Provide depth of *BEDROCK* and *WATER* IF encountered during excavation or soil boring (write "N/A": if NOT encountered).

Bedrock _____ feet below land surface Water _____ feet below land surface

B. Provide Length of *PIPING* IF piping was closed-in-place (write "N/A" if NOT closed-in-place).

Length of piping _____ feet

C. TANK SYSTEM REMOVED FROM THE GROUND/SITE

1). Was obvious contamination observed while excavating, sampling or removing the tank system?

☐ NO --------► Conduct confirmatory sampling --------► See end of this section for options on submission and maintenance of closure records --------► Do not complete item C.2. below.

☐ YES --------► Report release to DEP within 24 hours --------► Describe contamination observed and likely source(s) (tank, piping, dispenser, spills, overfills):_____

_____

_____

_____

_____ ------► Complete item C.2. below.

2). Was contamination localized (within three feet of the tank system in every direction with no obvious water contamination)?

☐ YES ------► Remove or remediate contaminated soil -----► Conduct confirmatory sampling -----► See end of this section for options on submission and maintenance of closure records.

☐ NO ------► Continue Interim Remedial Actions -----► See end of this section for options on submission and maintenance of closure records.

D. TANK SYSTEM CLOSED-IN-PLACE OR CHANGED-IN-SERVICE

Was obvious contamination observed during sampling, boring or assessing water depths?

☐ NO -----► Conduct confirmatory sampling -----► See end of this section for options on submission and maintenance of closure records.

☐ YES -----► Report release to DEP within 24 hours -----► Describe contamination observed and likely source(s) (tank, piping, dispenser, spills, overfills):_____

_____

_____

_____

Continue with corrective action-----► See end of this section for options on submission and maintenance of closure records.

E. If the answer to C.1. is "no", the answer to C.2. is "yes" or the answer to D. is "no", confirmatory samples are required. Use the sample/analysis information sheet on page 10 of 11 to provide the information on confirmatory sampling and complete the diagram on Page 11 of 11.

Options for Submission and Maintenance of Closure Site Assessment Records

Records of the site assessment must be maintained for at least three years after completion of permanent closure or change-in-service in one of the following ways:

(a) By the owners and operators who took the tank system out of service;
(b) By the current owners and operators of the tank system site; or
(c) By mailing these records to the DEP regional office responsible for the county in which the tank is located if they cannot be maintained at the closed facility.

Where the results of the site assessment indicate that obvious, localized soil contamination was encountered and the analytical results of the confirmatory sampling show levels below the statewide standard/action levels, this closure report form (Sections I, II, and III) or some other acceptable site characterization report must be received by the Department within 180 days of verbally reporting the release.

Where the results of the site assessment indicate that no obvious contamination or obvious, localized contamination was encountered, but the analytical results of the confirmatory sampling show levels above the statewide standard/action levels, or where there is obvious, extensive contamination, Section 245.310(a)(8) of the Corrective Action Process (CAP) regulations requires that details of removal from service be included in the site characterization report. A copy of the completed closure report form should be submitted as part of the site characterization report to satisfy the requirements of Section 245.310(a)(8) of the CAP regulations.

I, _____ , hereby certify, under penalty of law as provided in 18 Pa. C.S. §4904 (relating to unsworn
(Print Name)
falsification to authorities) that I am the person who performed the site assessment activities associated with the closure of the above referenced storage tank system(s) and that the information provided by me in this closure report (Section III) is true, accurate and complete to the best of my knowledge and belief.

_____ _____ / /
Signature of Person Performing Site Assessment Date

_____ _____
Title of Person Performing Site Assessment Name of Company Performing Site Assessment

_____
Telephone Number of Person Performing Site Assessment

ABOVEGROUND STORAGE TANK SYSTEM
CLOSURE REPORT FORM

Sample/Analysis Information
(Attachment for Section III.)

Facility ID Number______ - ____________

Sample I.D. (See diagram)	Parameter	Analytical Method[1]		Media	Result (units)	Detection Limit (units)	Date Sample Taken	Date Sample Analyzed
							/ /	/ /
							/ /	/ /
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[1] Where EPA Method 5035 is used, indicate sample collection option in the right-hand box of this column using the following codes:

P - Samples placed in a soil sample vial with a preservative present.
E - Samples collected and stored in a soil collection device which is airtight and affords little to no headspace.
N - Samples placed in soil sample vial without a preservative present.

Site Location and Sampling Map - Use this page or suitable facsimile to provide a large-scale map of the site where storage tank systems were closed. Scales between 1" = 10 and 1" = 100 feet frequently work well. Include the following information as each applies to the site: facility name and I.D., county, township or borough, property boundaries or area of interest, buildings, roads and streets with names or route numbers, utilities, location and ID number of storage tank systems removed including piping and dispensers, soil stockpile locations, excavations or other locations of product recovery, north arrow, approximate map scale and legend. Also, show depth and location of samples with sample ID numbers cross-referenced to the same ID numbers shown on Page 10 of 11.

Facility Name and ID: -

County:

Township/Borough:

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DEPARTMENT OF ENVIRONMENTAL PROTECTION
BUREAU OF ENVIRONMENTAL CLEANUP AND BROWNFIELDS

PLANNING FOR PERMANENT CLOSURE CHECKLIST ABOVEGROUND STORAGE TANK SYSTEMS

- ☐ "Aboveground Storage Tank System Closure Notification Form" submitted to appropriate DEP regional office with copy sent to Pennsylvania Department of Labor and Industry (or appropriate office in Philadelphia or Allegheny County) at least 30 days prior to initiating permanent closure.

- ☐ "Storage Tanks Registration/Permitting Application Form" submitted to appropriate DEP regional office, if the AST systems are required to be registered and they are not.

- ☐ Pennsylvania "One-Call" contacted (1-800-242-1776) to have utilities mark their lines.

- ☐ Local municipality contacted to obtain any necessary permits or approvals for tank system closure.

- ☐ DEP certified remover hired to perform tank handling activities.

- ☐ Arrangements made for site assessment and laboratory analysis of samples collected.

- ☐ Safety Data Sheets (SDS) obtained for all hazardous substances stored in the AST systems to be closed.

- ☐ Arrangements made for treatment/disposal of any contaminated soils encountered.
  NOTE: Unless this item is specified in the contract, it can remain a continuing burden of the owner/operator.

- ☐ "Storage Tanks Registration/Permitting Application Form" obtained to amend facility status, validated by the DEP certified remover and submitted to the Division of Storage Tanks after AST system closure is completed.
  NOTE: Registration fee billing will continue until an amended "Storage Tanks Registration/Permitting Application Form" is submitted to the Division of Storage Tanks.

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DATE RECEIVED: _____

ABOVEGROUND STORAGE TANK SYSTEM CLOSURE NOTIFICATION FORM

NOTE: Notification of permanent closure must be received by the appropriate regional office of the Department at least 30 days prior to initiation of the closure activities.

I.	**Location of Tank System**			
	Facility Name	Facility Identification Number		
	Street Address	City	State PA	Zip Code
	Municipality	County		
	Contact Person	Phone Number ( )		
II.	**Owner of Tank System**			
	Owner Name			
	Street Address	Phone Number ( )		
	City	State	Zip Code	
III.	**Month/Day/Year of Proposed Closure** ___/___/___			
IV.	**Certified Remover/Company Performing Tank Handling Activities**			
	Certified Remover Name	Remover Certification Number		
	Street Address	Phone Number ( )		
	City	State	Zip Code	
	Certified Company Name	Company Certification Number		
V.	**Contractor/Individual Performing Site Assessment Activities**			
	Name of Contractor or Individual			
	Street Address	Phone Number ( )		
	City	State	Zip Code	
VI.	**Description of Aboveground Storage Tank Systems** (See reverse side of form)			
VII.	**Will this closure involve replacement of at least one old tank with a new tank?** Yes ☐ No ☐			
VIII.	**Signature of Tank System Owner**	**Date**		

VI. **Description of Aboveground Storage Tank System** (Complete for each tank system undergoing closure)					
DEP Tank ID Number					
Total Capacity (Gallons)					
Substance(s) Stored Throughout Operating Life of Tank (Check All That Apply)	**a. Petroleum**				
	Unleaded Gasoline	☐	☐	☐	☐
	Leaded Gasoline	☐	☐	☐	☐
	Aviation Gasoline	☐	☐	☐	☐
	Pure Ethanol	☐	☐	☐	☐
	Blended Ethanol _____%	☐	☐	☐	☐
	Kerosene	☐	☐	☐	☐
	Jet Fuel	☐	☐	☐	☐
	Diesel Fuel	☐	☐	☐	☐
	Biodiesel _____%	☐	☐	☐	☐
	Fuel Oil No. 1	☐	☐	☐	☐
	Fuel Oil No. 2	☐	☐	☐	☐
	Fuel Oil No. 4	☐	☐	☐	☐
	Fuel Oil No. 5	☐	☐	☐	☐
	Fuel Oil No. 6	☐	☐	☐	☐
	New Motor Oil	☐	☐	☐	☐
	Used Motor Oil	☐	☐	☐	☐
	Nonpetroleum Oil, Specify _____	_____	_____	_____	_____
	Other, Specify _____	_____	_____	_____	_____
	b. Hazardous Substance	☐	☐	☐	☐
	Name of Principal CERCLA Substance AND Chemical Abstract Service (CAS) No.	_____	_____	_____	_____
	c. Unknown	☐	☐	☐	☐
Proposed Closure Method(s):					
Partial System Closure		☐	☐	☐	☐
Tank ☐ N/A	a. Removal	☐	☐	☐	☐
	b. Closure-in-Place	☐	☐	☐	☐
	c. Change-in-Service	☐	☐	☐	☐
Piping ☐ N/A	a. Removal	☐	☐	☐	☐
	b. Closure-in-Place	☐	☐	☐	☐
	c. Change-in-Service	☐	☐	☐	☐
Dispenser ☐ N/A	a. Removal	☐	☐	☐	☐
	b. Closure-in-Place	☐	☐	☐	☐
	c. Change-in-Service	☐	☐	☐	☐
Other _____	a. Removal	☐	☐	☐	☐
	b. Closure-in-Place	☐	☐	☐	☐
	c. Change-in-Service	☐	☐	☐	☐

Describe Planned Closure Activities:

NOTIFICATION OF RELEASE *(Owners and Operators)*

☐ Initial
☐ Follow-Up

NOTIFICATION OF CONTAMINATION *(Certified Installers and Inspectors)*

NOTIFICATION OF RELEASE *(Owners and Operators)*

The Storage Tank Program's Corrective Action Process (CAP) regulations establish release reporting requirements for owners and operators of storage tank systems and storage tank facilities.

Subsection 245.305(a) of the regulations requires owners or operators to notify the appropriate regional office of the Department as soon as practicable, but no later than 24 hours, after the confirmation of a release.

Subsection 245.305(c) requires owners or operators to provide an initial written notification to the Department, each municipality in which the release occurred, and each municipality where that release has impacted environmental media or water supplies, buildings, or sewer or other utility lines, within 15 days of the notice required by subsection 245.305(a).

Subsection 245.305(d) requires owners or operators to provide follow-up written notification to the Department and to each impacted municipality of new impacts to environmental media or water supplies, buildings, or sewer or other utility lines discovered after the initial written notification required by subsection 245.305(c). Written notification is to be made within 15 days of the discovery of the new impact.

This form must be used to comply with subsections 245.305(c) and (d).

OWNERS AND OPERATORS (O/O):
INDICATE IF THIS IS AN INITIAL OR FOLLOW-UP NOTIFICATION BY MARKING THE APPROPRIATE BOX FOUND IN THE TOP RIGHT-HAND CORNER OF THIS FORM. PLEASE COMPLETE ALL INFORMATION IN SECTIONS I, II, IIIA, IIIB, IV, V, VII and VIII.

NOTIFICATION OF CONTAMINATION *(Certified Installers and Inspectors)*

The Storage Tank Program's Certification regulations establish standards of performance for certified installers and inspectors of storage tank systems and storage tank facilities.

Subsection 245.132(a)(4) of the regulations requires certified installers and inspectors to report to the Department a release of a regulated substance; suspected or confirmed contamination of soil, surface or groundwater from regulated substances; or a regulated substance observed in a containment structure or facility, while performing services as a certified installer or inspector. A failed test of spill prevention equipment or a containment sump, conducted to meet the periodic testing requirements of section 245.437, constitutes suspected contamination and must be reported in accordance with subsection 245.132(a)(4).

Subsection 245.132(a)(6) requires that certified installers and inspectors provide the notification required by subsection 245.132(a)(4) to the Department in writing within 48 hours of observing suspected or confirmed contamination.

This form must be used to comply with subsections 245.132(a)(4) and (6).

CERTIFIED INSTALLERS AND INSPECTORS (I/I)
PLEASE COMPLETE ALL INFORMATION IN SECTIONS I, II, IIIA, IIIC, VI, VII and VIII.

INSTRUCTIONS

I. **FACILITY INFORMATION** - Record the name, I.D. number and physical location (not P.O. Box) of the facility at which a release has been confirmed or at which suspected or confirmed contamination has been observed. Include the name and phone number of a person to contact at the facility.

II. **OWNER/OPERATOR INFORMATION** - Record the name, business address and telephone number of the owner of the facility identified in Section I. Also, record the name and telephone number of the operator of the facility.

III. **REGULATED SUBSTANCE INFORMATION** - Indicate to the best of your knowledge: A) the type of product or products involved; B) the quantity of product or products released; and C) whether the contamination is suspected or confirmed.

IV. **CONFIRMED RELEASE INFORMATION** - Record the date of confirmation of the release, e.g., "9/18/01"; the date and regional office notified; and the date the local municipality(ies) [provide name of municipality(ies)] was/were sent a copy of this form. Indicate to the best of your knowledge the source/cause of the release, how the release was discovered and the environmental media affected and impacts.

V. **INTERIM REMEDIAL ACTIONS** - Indicate the interim remedial actions planned, initiated or completed.

VI. **SUSPECTED/CONFIRMED CONTAMINATION INFORMATION** - Record the date of observation of the suspected or confirmed contamination, e.g., "11/24/01". Indicate to the best of your knowledge the indications of suspected contamination or extent of confirmed contamination resulting from the release of the regulated substance.

VII. **ADDITIONAL INFORMATION** - Provide any additional, relevant, available information concerning the release or suspected or confirmed contamination. Include in this section specific details or problems about the release. For example, if the piping was the source of the release and the cause was corrosion of a metal connector or flexible connector, it is important to include that information here. Use additional 8½" x 11" sheets of paper, if necessary.

VIII. **CERTIFICATION** - Please print your name, and provide your signature and date of signature. If a certified installer/inspector, provide certification number and company certification number.

IX. **ATTACHMENT** - If a certified installer/inspector, provide a copy of failed valid tightness test(s), if applicable.

PLEASE SEND COMPLETED ORIGINAL FORM TO:
PA Department of Environmental Protection
Environmental Cleanup and Brownfields Program
Storage Tank Section
(and the appropriate address below, depending on where the FACILITY is located)

Southeast Region	Northeast Region	South-central Region	North-central Region	Southwest Region	Northwest Region
2 East Main Street Norristown, PA 19401 PHONE: 484-250-5900 FAX: 484-250-5961	2 Public Square Wilkes-Barre, PA 18701-1915 PHONE: 570-826-2511 FAX: 570-820-4907	909 Elmerton Avenue Harrisburg, PA 17110 PHONE: 866-825-0208 FAX: 717-705-4830	208 W. Third Street, Suite 101 Williamsport, PA 17701 PHONE: 570-321-6525/327-3636 FAX: 570-327-3420	400 Waterfront Drive Pittsburgh, PA 15222 PHONE: 412-442-4000 FAX: 412-442-4328	230 Chestnut Street Meadville, PA 16335-3481 PHONE: 814-332-6945 800-373-3398 FAX: 814-332-6121
Counties Bucks, Chester, Delaware, Montgomery, Philadelphia	**Counties** Carbon, Lackawanna, Lehigh, Luzerne, Monroe, Northampton, Pike, Schuylkill, Susquehanna, Wayne, Wyoming	**Counties** Adams, Bedford, Berks, Blair, Cumberland, Dauphin, Franklin, Fulton, Huntingdon, Juniata, Lancaster, Lebanon, Mifflin, Perry, York	**Counties** Bradford, Cameron, Centre, Clearfield, Clinton, Columbia, Lycoming, Montour, Northumberland, Potter, Snyder, Sullivan, Tioga, Union	**Counties** Allegheny, Armstrong, Beaver, Cambria, Fayette, Greene, Indiana, Somerset, Washington, Westmoreland	**Counties** Butler, Clarion, Crawford, Elk, Erie, Forest, Jefferson, Lawrence, McKean, Mercer, Venango, Warren

I. FACILITY INFORMATION (Both O/O and I/I)

Facility Name

Facility I.D. Number ____-_____

Street Address (P.O. Box not acceptable)

City | State PA | Zip Code ____-____

County | Municipality

Contact Person | Telephone Number ( ) ____-____

II. OWNER/OPERATOR INFORMATION (Both O/O and I/I)

Owner Name

Address

City | State | Zip Code ____-____

Telephone Number ( ) ____-____

Operator Name | Telephone Number ( ) ____-____

III. REGULATED SUBSTANCE INFORMATION

A. Type of Product(s) Involved (Mark All That Apply ☒): Both O/O and I/I		B. Quantity (Gallons) of Product(s) Released: O/O Only	C. Contamination Suspected [S] or Confirmed [C] (Mark All That Apply ☒): I/I Only	
Leaded Gasoline	☐		☐ [S]	☐ [C]
Unleaded Gasoline	☐		☐ [S]	☐ [C]
Aviation Gasoline	☐		☐ [S]	☐ [C]
Kerosene	☐		☐ [S]	☐ [C]
Jet Fuel	☐		☐ [S]	☐ [C]
Diesel Fuel	☐		☐ [S]	☐ [C]
New Motor Oil	☐		☐ [S]	☐ [C]
Used Motor Oil	☐		☐ [S]	☐ [C]
Fuel Oil No. 1	☐		☐ [S]	☐ [C]
Fuel Oil No. 2	☐		☐ [S]	☐ [C]
Fuel Oil No. 4	☐		☐ [S]	☐ [C]
Fuel Oil No. 5	☐		☐ [S]	☐ [C]
Fuel Oil No. 6	☐		☐ [S]	☐ [C]
Other (Specify) _____	☐		☐ [S]	☐ [C]
Unknown	☐		☐ [S]	☐ [C]

IV. CONFIRMED RELEASE INFORMATION (O/O Only)

Date Release was Confirmed: ___/___/___ (m/d/y)

Date Owner/Operator Verbally Notified Appropriate Regional Office of Release and Office Notified:

Date: ___/___/___ (m/d/y) Office _____

Date Owner/Operator Sent Copy of this Written Notification to Local Municipality(ies) and Name of Municipality(ies) Notified:

Date: ___/___/___ (m/d/y) Municipality _____

Date: ___/___/___ (m/d/y) Municipality _____

Source (Mark All That Apply ☒):		How Discovered (Mark All That Apply ☒):		Environmental Media Affected and Impacts (Mark All That Apply ☒):	
Tank (DEP Assigned Nos. _____)	☐	During Closure	☐	Soil	☐
Piping System (Aboveground Regulated)	☐	Lining Installation	☐	Sediment	☐
Piping System (Underground Regulated)	☐	Routine Leak Detection	☐	Surface Water	☐
Piping System (Non-Regulated)	☐	Third Party Inspection	☐	Ground Water	☐
Dispenser/Dispensing Equipment	☐	Tightness Testing Activities	☐	Bedrock	☐
Spill Prevention Equipment	☐	Visible Product or Odor Reports	☐	Water Supplies	☐
Accident/Natural Disaster	☐	Water in Tank	☐	Vapors/Product in Buildings	☐
Submersible Turbine Pump Head/Fittings	☐	Construction	☐	Vapors/Product in Sewer/Utility Lines	☐
Containment/Sump Failure	☐	Upgrade/Repair	☐	Ecological Receptors	☐
Other (Specify) _____	☐	Supply Well Sample Results	☐		
Unknown	☐	Monitoring Well Sample Results	☐		
Cause (Mark All That Apply ☒):		Property Transfer	☐		
Faulty Installation	☐	Other (Specify) _____	☐		
Corrosion	☐	Unknown	☐		
Physical/Mechanical Failure	☐				
Spill During Delivery	☐				
Overfill at Delivery	☐				
Vehicle Gas Tank Overfill	☐				
Product Delivery Hose Rupture	☐				
Other (Specify) _____	☐				
Unknown	☐				

V. INTERIM REMEDIAL ACTIONS (O/O Only)

(Mark All That Apply ☒):

	Planned	Initiated	Completed	Not Applicable
Regulated Substance Removed from Storage Tanks	☐	☐	☐	☐
Fire, Explosion and Safety Hazards Mitigated	☐	☐	☐	☐
Contaminated Soil Excavated	☐	☐	☐	☐
Free Product Recovered	☐	☐	☐	☐
Water Supplies Identified and Sampled	☐	☐	☐	☐
Temporary Water Supplies Provided	☐	☐	☐	☐
Other (Specify) _____	☐	☐	☐	☐

VI. SUSPECTED / CONFIRMED CONTAMINATION INFORMATION (I/I Only)

Date of Observation of Suspected/Confirmed Contamination: ____ / ____ / ____ (m / d / y)

Indication of Suspected Contamination (Mark All That Apply ☒):		**Extent of Confirmed Contamination (Mark All That Apply ☒):**	
Unusual Level of Vapors	☐	Product Stained or Product Saturated Soil or Backfill	☐
Erratic Behavior of Product Dispensing Equipment	☐	Ponded Product	☐
Release Detection Results Indicate a Release	☐	Free Product or Sheen on Ponded Water	☐
Discovery of Holes in the Storage Tank	☐	Free Product or Sheen on the Ground Water Surface	☐
Containment Sump Test Failure	☐	Free Product or Sheen on Surface Water	☐
Spill Prevention Equipment Test Failure	☐	Other (Specify) _____	☐
Other (Specify) _____	☐		

VII. ADDITIONAL INFORMATION (Both O/O and I/I)

Provide any additional, relevant, available information concerning the release or suspected or confirmed contamination. Include specific details or problems about the release. For example, if the piping was the source of the release and the cause was corrosion of a metal connector or flexible connector, it is important to include that information here. Provide DEP-assigned and owner/operator-assigned tank number(s), where applicable. Use additional 8½" x 11" sheets of paper, if necessary.

VIII. CERTIFICATION (Both O/O and I/I)

I, _____, hereby certify, under penalty of law as provided in 18 Pa.
(Print Name)

C.S.A. §4904 (relating to unsworn falsification to authorities) that I am the owner or operator of the above referenced storage tank facility and that the information provided by me in this notification is true, accurate and complete to the best of my knowledge and belief.

_____ _____ / / _____
Signature of Owner or Operator Date

I, _____, hereby certify, under penalty of law as provided in 18 Pa.
(Print Name)

C.S.A. §4904 (relating to unsworn falsification to authorities) that I am the certified installer who performed tank handling activities at the above referenced storage tank facility and that the information provided by me in this notification is true, accurate and complete to the best of my knowledge and belief.

_____ _____ / / _____
Signature of Certified Installer Date

_____ _____
Installer Certification Number Company Certification Number

I, _____, hereby certify, under penalty of law as provided in 18 Pa.
(Print Name)

C.S.A. §4904 (relating to unsworn falsification to authorities) that I am the certified inspector who performed inspection activities at the above referenced storage tank facility and that the information provided by me in this notification is true, accurate and complete to the best of my knowledge and belief.

_____ _____ / / _____
Signature of Certified Inspector Date

_____ _____
Inspector Certification Number Company Certification Number

2630-PM-BECB0514 Rev. 2/2017
Form

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DEPARTMENT OF ENVIRONMENTAL PROTECTION
BUREAU OF ENVIRONMENTAL CLEANUP AND BROWNFIELDS

STORAGE TANKS REGISTRATION / PERMITTING APPLICATION FORM

Before completing this form, read the step-by-step instructions provided in this application package.

	DEP USE ONLY
Facility ID #	Client ID#
	Site ID#
	Account #
	Auth ID#
Facility Name	APS ID#
	Master Auth ID#

I. PURPOSE OF SUBMITTAL

INITIAL (Applies to First-Time Facility Registration)

- ☐ Register Tanks(s) to be Used*
- ☐ Register Tank(s) to be Removed
- ☐ Register Tank(s) to be Temporarily Out of Use
- ☐ Register Tank(s) to be Closed in Place

AMENDED (Applies to Currently Registered Tank(s) or Existing Facility)

- ☐ Changed Owner Information
- ☐ Changed Facility Information
- ☐ Changed to Currently In Use Tank(s)*
- ☐ Changed to Temporarily Out of Use Tank(s)
- ☐ Changed Product
- ☐ Changed Contact Information
- ☐ Changed Facility Operator Information
- ☐ Added Tank(s) to Existing Facility*
- ☐ Changed to Permanently Closed Tank(s)/Removed
- ☐ Changed to Exempt Tank(s)

CHANGE OF OWNERSHIP

- ☐ Tanks Changed Ownership and Remain at Same Facility*

* **For Underground Storage Tanks (UST), attach the UST Operator Training Documentation Form (2630-PM-BECB0514a) and copies of the Class A and Class B operator training certificates.**

II. CURRENT OR NEW TANK OWNER / CLIENT INFORMATION

DEP Client ID#	Client Type/Code	Fee Kind (check one if applicable) ☐ Volunteer Fire Co/EMS Org ☐ State Govt ☐ Fed Govt		
Organization Name or Registered Fictitious Name		Employer ID# (EIN)		Dun & Bradstreet ID#
Individual Last Name	First Name	MI	Suffix	SSN
Additional Individual Last Name	First Name	MI	Suffix	SSN
Mailing Address Line 1	Mailing Address Line 2			
Address Last Line – City	State	ZIP+4	Country	
Client Contact Last Name	First Name	MI	Suffix	
Client Contact Title		Phone	Ext	
E-mail Address			FAX	

III. SITE INFORMATION

DEP Site ID# | Site Name

EPA ID# | Estimated Number of Employees to be Present at Site

Description of Site

County Name | Municipality | City ☐ | Boro ☐ | Twp ☐ | State

County Name | Municipality | City ☐ | Boro ☐ | Twp ☐ | State

Site Location Line 1 | Site Location Line 2

Site Location Last Line – City | State | ZIP+4

Detailed Written Directions to Site

Site Contact Last Name | First Name | MI | Suffix

Site Contact Title | Site Contact Firm

Mailing Address Line 1 | Mailing Address Line 2

Address Last Line – City | State | ZIP+4

Phone | Ext | FAX | E-mail Address

NAICS Codes (Two- & Three-Digit Codes – List All That Apply) | 6-Digit Code (Optional)

Site to Client Relationship

IIIa. PROPERTY OWNER INFORMATION

☐ Same as Owner Identified in Section II. ☐ Different than Owner Identified in Section II; identified below.

Organization Name or Registered Fictitious Name | Employer ID# (EIN) | Dun & Bradstreet ID#

Individual Last Name | First Name | MI | Suffix | SSN

Additional Individual Last Name | First Name | MI | Suffix | SSN

Mailing Address Line 1 | Mailing Address Line 2

Address Last Line – City | State | ZIP+4 | Country

Property Owner Contact Last Name | First Name | MI | Suffix

Property Owner Contact Title | Phone | Ext

E-mail Address | FAX

IV. FACILITY INFORMATION

DEP Storage Tank Facility ID# | Facility Name | Facility Kind

Facility Location Line 1 (if different than Site Location) | Facility Location Line 2

Facility Location Last Line - City | State | ZIP+4

Latitude/Longitude Point of Origin	Latitude			Longitude		
	Degrees	Minutes	Seconds	Degrees	Minutes	Seconds

Horizontal Accuracy Measure: Feet --or-- Meters

Horizontal Reference Datum Code:
- ☐ North American Datum of 1927
- ☐ North American Datum of 1983
- ☐ World Geodetic System of 1984

Horizontal Collection Method Code

Reference Point Code

Altitude: Feet --or-- Meters

Altitude Datum Name:
- ☐ The National Geodetic Vertical Datum of 1929
- ☐ The North American Vertical Datum of 1988 (NAVD88)

Altitude (Vertical) Location Datum Collection Method Code

Geometric Type Code

Data Collection Date

Source Map Scale Number: Inch(es) = Feet

--or-- Centimeter(s) = Meters

Flammable & Combustible Liquid Permit # (if applicable)

State or Municipality that Issued the Permit

FACILITY OPERATOR INFORMATION

☐ Same as Owner Identified in Section II. ☐ Different than Owner Identified in Section II; identified below.

DEP Client ID# | Client Type / Code

Organization Name or Registered Fictitious Name | Employer ID# (EIN) | Dun & Bradstreet ID#

Individual Last Name | First Name | MI | Suffix | SSN

Additional Individual Last Name | First Name | MI | Suffix | SSN

Mailing Address Line 1 | Mailing Address Line 2

Address Last Line – City | State | ZIP+4 | Country

Client Contact Last Name | First Name | MI | Suffix

Client Contact Title | Phone | Ext

E-mail Address | FAX

V. CHANGE OF OWNERSHIP INFORMATION

☐ **All Tanks Changed Ownership at the Facility**

☐ **Some Tanks Changed Ownership at the Facility** (List all applicable tank numbers in Section VI.)

OWNERSHIP CHANGE TO - Client information is noted in Section II.

OWNERSHIP CHANGE FROM (previous owner information)

Name

Employer ID# (EIN) or SSN

Mailing Address Line 1

Mailing Address Line 2

Address Last Line - City **State** **ZIP+4**

Previous Facility ID#

DATE OF SALE/TRANSFER	

SIGNATURE & CERTIFICATION OF PREVIOUS OWNER

Previous owner's signature is not available. As required, the "new" owner has attached a deed of transfer or other proof of ownership to this application. ☐ Yes ☐ No ☐ N/A

I have reviewed this form for submission to the Department. I certify under penalty of law as provided in 18 PA. C.S.A. §4903 (relating to false swearing) and 18 PA. C.S.A. §4904 (relating to unsworn falsification to authorities), that I have the authority to sign this Section for the transfer of permit or registration for the storage tanks listed herein. Further, I certify that all information provided in Section V is true, accurate and complete to the best of my knowledge and belief.

Type or Print Previous Owner Name

Previous Owner Signature Title Date

Facility ID# Facility Name

VI. STORAGE DESCRIPTION

Type or print legibly each regulated storage tank at this facility under your ownership.
Status Codes: C-Currently in Use T-Temporarily Out of Use E-Exempt R-Removed P-Closed In Place
Type Codes: M-Manufactured F-Field Constructed

A. ABOVEGROUND TANKS. List all new tanks. If amending information, list only those tanks being amended. Copy this page if more lines are needed.

Tank#	Prev Status	New Status	Type	Install Date (Mo/Day/Yr)	Change of Status Date (Mo/Day/Yr)	Capacity (Gallons)	Substance Code (Currently or Last Stored)	CERCLA Name (If Hazardous Substance) Substance Name (If Other Petroleum Substance or Petroleum Based Mixture)	CAS# (If Hazardous Substance)	Exempt Reference Code
A										
A										
A										
A										
A										
A										
A										
A										
A										
A										

B. UNDERGROUND TANKS. List all new tanks. If amending information, list only those tanks being amended. Copy this page if more lines are needed.

Tank#	Prev Status	New Status	Type	Install Date (Mo/Day/Yr)	Change of Status Date (Mo/Day/Yr)	Capacity (Gallons)	Substance Code (Currently or Last Stored)	CERCLA Name (If Hazardous Substance) Substance Name (If Other Petroleum Substance or Petroleum Based Mixture)	CAS# (If Hazardous Substance)	Exempt Reference Code

Facility ID# Facility Name

VII. ABOVEGROUND & UNDERGROUND NEW TANK INSTALLATION INFORMATION

The DEP Certified Installer should complete this section. New tanks listed in Section VI must also be listed in this Section. Write the Tank Number(s) and place an ☒ in the appropriate box for each component that was installed.

Tank Construction & Corrosion Protection (1)	Tank #	Tank #	Tank #	Tank #	Tank #	Tank #
Tank Manufacturer:						
Model:						
A. Unprotected Steel (Single Wall)	☐	☐	☐	☐	☐	☐
B. Cathodically Protected Steel (Galvanic)	☐	☐	☐	☐	☐	☐
C. Cathodically Protected Steel (Impressed Current)	☐	☐	☐	☐	☐	☐
D. Unprotected Steel (Double Wall)	☐	☐	☐	☐	☐	☐
E. Fiberglass (Single Wall)	☐	☐	☐	☐	☐	☐
F. Fiberglass (Double Wall)	☐	☐	☐	☐	☐	☐
G. Steel W/Plastic or Fiberglass Jacket or Double Wall Act 100	☐	☐	☐	☐	☐	☐
H. Steel With FRP Coating (Act 100 or Equivalent)	☐	☐	☐	☐	☐	☐
I. Steel With Lined Interior	☐	☐	☐	☐	☐	☐
J. Concrete	☐	☐	☐	☐	☐	☐
O. Cathodically Protected Double Wall Steel (Galvanic)	☐	☐	☐	☐	☐	☐
P. Cathodically Protected Steel With Liner	☐	☐	☐	☐	☐	☐
Q. Double Bottom (AST's Only)	☐	☐	☐	☐	☐	☐
R. Molded Plastic Form (AST's Only)	☐	☐	☐	☐	☐	☐
S. Stainless Steel	☐	☐	☐	☐	☐	☐
T. Aluminum	☐	☐	☐	☐	☐	☐
U. Fire Protected Double Wall AST	☐	☐	☐	☐	☐	☐
V. Steel with Plastic or Fiberglass Jacket or Double Wall Act 100 with Anodes	☐	☐	☐	☐	☐	☐
W. Steel with FRP Coating (Act 100 or Equivalent) with Anodes	☐	☐	☐	☐	☐	☐
X. Molded Plastic Form (Double Wall) (AST's Only)	☐	☐	☐	☐	☐	☐

Facility ID# Facility Name

Underground Piping Construction & Corrosion Protection (2) Piping Manufacturer: Model:	Tank #	Tank #	Tank #	Tank #	Tank #	Tank #
A. Bare Steel	☐	☐	☐	☐	☐	☐
B. Cathodically Protected Metallic	☐	☐	☐	☐	☐	☐
C. Copper	☐	☐	☐	☐	☐	☐
D. Single Wall Fiberglass	☐	☐	☐	☐	☐	☐
E. Single Wall Flexible (Non-Metallic)	☐	☐	☐	☐	☐	☐
G. None	☐	☐	☐	☐	☐	☐
I. Double Wall Metallic Primary	☐	☐	☐	☐	☐	☐
J. Double Wall Rigid (FRP) Primary	☐	☐	☐	☐	☐	☐
K. Double Wall Flexible Primary	☐	☐	☐	☐	☐	☐
L. Trench Liner	☐	☐	☐	☐	☐	☐
Aboveground Piping Construction & Corrosion Protection (3)	**Tank #**	**Tank #**	**Tank #**	**Tank #**	**Tank #**	**Tank #**
A. Carbon Steel	☐	☐	☐	☐	☐	☐
B. Cathodically Protected Metallic	☐	☐	☐	☐	☐	☐
C. Copper	☐	☐	☐	☐	☐	☐
D. Single Wall Fiberglass	☐	☐	☐	☐	☐	☐
E. Single Wall Flexible (Non-Metallic)	☐	☐	☐	☐	☐	☐
F. PVC	☐	☐	☐	☐	☐	☐
G. None	☐	☐	☐	☐	☐	☐
I. Double Wall - Metallic Primary	☐	☐	☐	☐	☐	☐
J. Double Wall - Rigid (FRP) Primary	☐	☐	☐	☐	☐	☐
K. Double Wall - Flexible Primary	☐	☐	☐	☐	☐	☐
L. Stainless Steel	☐	☐	☐	☐	☐	☐

Facility ID# Facility Name

Product Delivery System (4)	Tank #	Tank #	Tank #	Tank #	Tank #	Tank #
A. Suction: Check valve at pump	☐	☐	☐	☐	☐	☐
B. Suction: Check valve at tank	☐	☐	☐	☐	☐	☐
C. Pressure	☐	☐	☐	☐	☐	☐
D. Gravity fed	☐	☐	☐	☐	☐	☐
E. None	☐	☐	☐	☐	☐	☐
Spill Prevention (6) UST Only	**Tank #**	**Tank #**	**Tank #**	**Tank #**	**Tank #**	**Tank #**
Y. Installed and Liquid Tight	☐	☐	☐	☐	☐	☐
N. None	☐	☐	☐	☐	☐	☐
E. Fill In Less Than 25 Gallons (Exempt)	☐	☐	☐	☐	☐	☐
Overfill Prevention (7)	**Tank #**	**Tank #**	**Tank #**	**Tank #**	**Tank #**	**Tank #**
A. Overfill Alarm	☐	☐	☐	☐	☐	☐
B. Ball Float Valve and No Air Eliminator	☐	☐	☐	☐	☐	☐
E. Fill In Less Than 25 Gallons (Exempt)	☐	☐	☐	☐	☐	☐
N. None	☐	☐	☐	☐	☐	☐
S. Drop Tube Shutoff Device	☐	☐	☐	☐	☐	☐
Y. Yes (AST only)	☐	☐	☐	☐	☐	☐
Emergency Containment (16) ASTs Only	**Tank #**	**Tank #**	**Tank #**	**Tank #**	**Tank #**	**Tank #**
E. Exempt	☐	☐	☐	☐	☐	☐
N. No	☐	☐	☐	☐	☐	☐
Y. Yes	☐	☐	☐	☐	☐	☐
V. Underground Vault	☐	☐	☐	☐	☐	☐
Secondary Containment (17) ASTs Only	**Tank #**	**Tank #**	**Tank #**	**Tank #**	**Tank #**	**Tank #**
E. Exempt	☐	☐	☐	☐	☐	☐
N. No	☐	☐	☐	☐	☐	☐
Y. Yes	☐	☐	☐	☐	☐	☐
V. Underground Vault	☐	☐	☐	☐	☐	☐

Facility ID# Facility Name

Stage I Vapor Recovery (19) USTs and ASTs When Applicable	Tank #	Tank #	Tank #	Tank #	Tank #	Tank #
A. Coax	☐	☐	☐	☐	☐	☐
B. 2 Point	☐	☐	☐	☐	☐	☐
N. None or Incomplete	☐	☐	☐	☐	☐	☐
Stage II Vapor Recovery (20)	**Tank #**	**Tank #**	**Tank #**	**Tank #**	**Tank #**	**Tank #**
A. Complete Balance System	☐	☐	☐	☐	☐	☐
B. Complete Assist System	☐	☐	☐	☐	☐	☐
C. UG Piping Only	☐	☐	☐	☐	☐	☐
N. None	☐	☐	☐	☐	☐	☐
Tank-top Containment Sumps Present (Product Piping Only) (21) USTs Only	**Tank #**	**Tank #**	**Tank #**	**Tank #**	**Tank #**	**Tank #**
N. None	☐	☐	☐	☐	☐	☐
S. At some penetrations and liquid tight	☐	☐	☐	☐	☐	☐
A. At all penetrations and liquid tight	☐	☐	☐	☐	☐	☐
Under-dispenser Containment Present (22) USTs Only	**Tank #**	**Tank #**	**Tank #**	**Tank #**	**Tank #**	**Tank #**
N. None	☐	☐	☐	☐	☐	☐
S. At some dispensers and liquid tight	☐	☐	☐	☐	☐	☐
A. Under all dispensers and liquid tight	☐	☐	☐	☐	☐	☐
Line Leak Detector Shuts Off Pump (23) USTs Only	**Tank #**	**Tank #**	**Tank #**	**Tank #**	**Tank #**	**Tank #**
N. No	☐	☐	☐	☐	☐	☐
Y. Yes	☐	☐	☐	☐	☐	☐

Facility ID# Facility Name

VIII. ABOVEGROUND & UNDERGROUND TANK INFORMATION FOR PERMANENT CLOSURE

Write the Tank Number(s) and place an ☒ in the appropriate box for each tank that was removed or closed in place.

Items 2 & 3 below apply to large ASTs and all USTs	Tank #	Tank #	Tank #	Tank #	Tank #	Tank #
1. Contamination suspected or observed and notification of contamination form was submitted to the appropriate DEP regional office.	☐	☐	☐	☐	☐	☐
2. Closure document submitted to the appropriate DEP regional office.	☐	☐	☐	☐	☐	☐
3. Closure document kept on file by owner.	☐	☐	☐	☐	☐	☐

IX. OWNER CERTIFICATION

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. This registration is conditioned upon compliance with provisions of the Storage Tank and Spill Prevention Act of 1989, all applicable regulations, and with the requirements for obtaining and maintaining a permit required under this Act. I certify my responsibility for assuring the following permit requirements:

- Storage tank systems are in compliance with applicable administrative, technical and operational requirements as specified in Subchapter E for underground tanks or Subchapter F or G for aboveground tanks.
- Tank handling and inspection activities are performed by an individual possessing DEP certification in the appropriate category as required in Subchapters A and B.
- Underground storage tanks meet the applicable financial responsibility requirements of Subchapter H (relating to financial responsibility requirements).
- A Spill Prevention Response (SPR) Plan must be submitted to the appropriate DEP regional office for facilities that have aboveground storage tanks where the total capacity of all aboveground tanks is greater than 21,000 gallons.
- Other state and local permits required for operation of the tank system have been attained.

My signature represents to the Department that I own the storage tank(s) and am aware of the responsibilities and potential liabilities as an "owner" arising under the Storage Tank and Spill Prevention Act of 1989 and all applicable regulations. I am also advised that statements made on this registration is made subject to the penalties of 18 PA. C.S.A. Section 4904 relating to unsworn falsification to authorities.

Type or Print Owner Name

Owner Signature | Title | Date

Information & Invoices should be sent to:

- ☐ Tank Owner Contact
- ☐ Site Contact
- ☐ Facility Operator
- ☐ Other Responsible Party Identified Below

Organization Name or Registered Fictitious Name | Employer ID# (EIN) | Dun & Bradstreet ID#

Individual Last Name | First Name | MI | Suffix | SSN

Additional Individual Last Name | First Name | MI | Suffix | SSN

Mailing Address Line 1 | Mailing Address Line 2

Address Last Line – City | State | ZIP+4 | Country

Contact Title | Phone | Ext.

E-mail Address

Client to Site (Facility) Relationship

X. INSTALLER / REMOVER CERTIFICATION

This section must be completed by the certified tank handler(s) who is responsible for the installation or removal from service of the aboveground and underground storage tank systems listed in Section VI. Tank modification activity must be submitted on a "Tank Modification Report" form.

SIGNATURE & CERTIFICATION OF INSTALLER(S) / REMOVER(S)

As the certified tank handler responsible for the tank handling activities in the category or categories listed, I certify that all tank handling activities were conducted in compliance with the design, installation and operation standards of the Storage Tank and Spill Prevention Act of 1989 and all applicable regulations. I also certify, under penalty of law as provided in 18 PA C.S.A. 4904 (relating to unsworn falsification to authorities), that the information provided therein is true, accurate and complete to the best of my knowledge and belief.

Tank#	Installer/Remover Name	Construction Standard	Individual Certification#	Certification Category	Company Certification#	Installer/Remover Signature	Date

XI. INSPECTOR CERTIFICATION

This section must be completed by the DEP Certified Tank Inspector(s) who is responsible for verifying the installation standards for field constructed tanks and aboveground tanks greater than 21,000 gallons listed in Section VI. (Type or Print legibly) A DEP Certified Inspector may also be responsible for inspecting existing ASTs which are entering regulated service for the first time with no tank handling activities.

SIGNATURE & CERTIFICATION OF INSPECTOR(S)

As the certified tank inspector responsible for verifying tank handling activities and construction standards, I certify that the tank(s) listed below are constructed to appropriate industry standards and, if applicable, to manufacturer's specifications; that the tank(s) have been tested as required by industry standards; and that the tank(s) meet or exceed applicable design and operating standards; and are in compliance with the requirements of the Storage Tank and Spill Prevention Act of 1989, and all applicable regulations. I also certify under penalty of law as provided in 18 PA C.S.A. 4904 (relating to unsworn falsification to authorities), that the information provided herein is true, accurate and complete to the best of my knowledge and belief.

Tank#	Inspector Name	Construction Standard	Individual Certification#	Certification Category	Company Certification#	Inspector Signature	Date

XII. SITE SPECIFIC INSTALLATION PERMIT NUMBER

If a site-specific permit was required for a new tank installation, write the tank number(s) and permit number(s) in the appropriate box.

Site-Specific Installation Permit	Tank#	Tank#	Tank#	Tank#	Tank#	Tank#	Tank#	Tank#	Tank#	Tank#

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STORAGE TANK INSTALLER AND INSPECTOR CERTIFICATION APPLICATION

(Read the instructions before completing this application)

OFFICIAL USE ONLY	
DATE Appl. Appr. / Appl. Denied	Application # _____ Client ID # _____ Employer ID # _____ Master Auth. # _____ Auth. ID# _____ Date Rec'd _____

SECTION I – APPLICANT INFORMATION

Name _____ SSN _____
Last First MI

Home Address _____

City _____ State _____ Zip +4 _____

Municipality _____ County _____
(City, Boro, Twp)

Home Telephone (_____) _____ Cell Phone (_____) _____

Email Address _____

DEP Client ID # _____ DEP Certification ID # _____

SECTION II – APPLICATION TYPE

☐ **FIRST** certification request ☐ **MODIFY/ADD** certification ☐ **RENEW** certification

Is this application being submitted in response to a Letter of Denial under Chapter 245?

☐ Yes ☐ No

Has an enforcement action (NOV, suspension, revocation, order, etc.) pursuant to the Storage Tank Act ever been taken against the applicant?

☐ Yes ☐ No

If Yes, explain: _____

_____

_____

SECTION III – CURRENT EMPLOYER INFORMATION (If more than one, attach additional pages)

Hire Date _____ Employer's Federal Tax ID # (EIN) _____

Employer's DEP Client ID # _____ Employer's Certification # _____

Name _____ Company Type Code _____

Street Address _____

City _____ State _____ Zip +4 _____

Municipality _____ County _____
(City, Boro, Twp)

Telephone (_____) _____- _____ Fax (_____) _____- _____

Company Contact Person _____

Email Address _____

SECTION IV – MAIL CORRESPONDENCE TO ADDRESS

☐ Applicant Address ☐ Employer's Address

If the applicant has more than one employer and chooses to have correspondence delivered to the employer's address, provide the name of that employer _____

SECTION V – CERTIFICATION CATEGORIES

(A) INITIAL Category Approval (Not a Renewal)

Select category items under the heading **INITIAL** for those categories in which you are qualified. An Installer/Inspector Description Sheet is available for your review in determining qualifications for each category of certification. An applicant ***must*** complete a separate ***Attachment A for each certification category requested.***

If the certification category requires technical training, manufacturer's certification, or inspector certification, you must submit a copy of the certificate with this application. The certificate must specifically name the applicant.

(B) RENEWAL

- **Retest** – Retaking and passing the category-specific examination may be used for renewal.
- **Training** – An applicant may choose to attend, and must complete successfully, a Department approved category-specific training course instead of retesting. Successful completion of the course means attendance at all sessions of the course and attainment of the minimum passing grade for the approved course. You must submit a copy of the course completion certificate with this application.

Also select Training if you are submitting a manufacturer's training certificate for UTT or TL categories. You must submit a copy of the certificate with this application. The certificate must specifically name the applicant. Individuals holding IUM, IAM, or IAF certification are trained by DEP staff. *A training record for inspectors is maintained by the Department so no training certificate needs to be submitted with the application..*

(C) DELETIONS

If the applicant wants to withdraw a category certification before the scheduled date of expiration, indicate which category by selecting the delete box adjacent to that category.

	Initial	Renewal		Delete
		Retest	Training	
INSTALLER CATEGORIES				
Underground				
UMX	☐	☐	☐	☐
UMI	☐	☐	☐	☐
UMR	☐	☐	☐	☐
UTT	☐	☐	☐	☐
Aboveground				
AMMX	☐	☐	☐	☐
AMNX	☐	☐	☐	☐
AMR	☐	☐	☐	☐
AFMX	☐	☐	☐	☐
AFR	☐	☐	☐	☐
AMEX	☐	☐	☐	☐
ACVL	☐	☐	☐	☐
Underground/Aboveground				
TL	☐	____	☐	☐
INSPECTOR CATEGORIES				
Underground				
IUM	☐	____	☐	☐
Aboveground				
IAM	☐	____	☐	☐
IAF	☐	____	☐	☐

SECTION VI – APPLICANT'S CERTIFYING STATEMENT

I certify under penalty of law as provided in 18 PA C.S.A. §4904 (relating to unsworn falsification to authorities), that I am the applicant herein named, that I have received the safety training as provided for under §245.111(h) of the regulations, and that the information I have provided on this Application for Certification is true, accurate, and complete to the best of my knowledge and belief.

_____ _____/_____/_____

Signature of the Applicant (In Ink) Date

SECTION VII – EMPLOYER'S CERTIFYING STATEMENT

I certify under penalty of law as provided in 18 PA C.S.A. §4904 (relating to unsworn falsification to authorities), that I am an officer of the applicant's employer. The applicant herein named has been provided with adequate safety training as provided for under §245.111(h) of the regulations. I further certify that the information provided on this Application for Certification is true, accurate, and complete to the best of my knowledge and belief.

_____ _____/_____/_____

Signature & Title of Company Officer (In Ink) Date

APPLICANT'S CHECKLIST (Please type or print your name below)

_____

***INITIAL* REQUEST FOR CERTIFICATION IN A CATEGORY**

☐ This Application, signed by the applicant and the employer

☐ Attachment A (If required)

☐ A Copy of the Applicable Training Certificate(s)

REQUEST FOR RENEWAL OF CERTIFICATION IN A CATEGORY

☐ This Application, signed by the applicant and the employer

☐ Select the RETEST checkbox if renewing by examination, or

☐ Select the TRAINING checkbox if renewing by training, or equipment manufacturer's certification.

*IF YOU ARE **RENEWING** YOUR CERTIFICATION*

Please record the date you last attended administrative training

☐ I last attended Administrative Training on _____, 20____.

☐ I am not required to attend Administrative Training because I am certified as an INSPECTOR ONLY and I DO NOT hold a tank handling certification of any kind.

The Department reserves the right to request additional information necessary to determine whether the issuance of a certification conforms to Act 32 and Chapter 245.

The applicant should retain a copy of the application and all attachments. Mail, DO NOT FAX, the original application (not the instructions) & copies of applicable training certificates to:

Pennsylvania Department of Environmental Protection
Bureau of Environmental Cleanup and Brownfields
Division of Storage Tanks
PO Box 8762
Harrisburg, PA 17105-8762

If you have questions please call Customer Service at:

717-772-5599
or
1-800-42-TANKS (In PA)

Additional information may be obtained by calling Storage Tanks customer service at the above numbers, or by visiting www.dep.pa.gov, Search: Storage Tanks.

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INITIAL QUALIFICATIONS
STORAGE TANK INSTALLER AND INSPECTOR CERTIFICATION

This table displays the minimum experience, education, and training required to be met by applicants for their initial certification in a technical category. Adoption of the regulations promulgated under PA Code 25, Chapter 245 (Administration of the Storage Tank and Spill Prevention Program) established criteria for applicants requesting category-specific certification in a technical category never held previously by the applicant. See 245.11 (Certified Installer Experience and Qualifications), and 245.113 (Certified Inspector Experience and Qualifications).

INSTALLER CATEGORIES

Category Code	Description	Experience, Education, Training, or Certification	[1] Total Number Of Activities Completed
UMX	Underground Storage Tank System Installation & Modification	2 years, or college degree and 1 year. Technical Training	10 Installations or major modifications (at least 5 installations)
UMI	Underground Storage Tank System Minor Modification	2 years, or college degree and 1 year. Technical Training	10 Minor Modifications
UMR	Underground Storage Tank Removal	2 years, or college degree and 1 year. Technical Training	6 Removals
UTT	Underground Storage Tank System Tightness Tester	Department approved training with testing equipment manufacturer's certification	None
AMMX	Aboveground Manufactured Metallic Storage Tank or Storage Tank System Installation and Modification	2 years, or college degree and 1 year. Technical Training	10 Installations or major modifications (at least 5 installations)
		Or UMX Certification	None
		Or AFMX Certification	None
AMNX	Aboveground Manufactured Non-Metallic Storage Tank or Storage Tank System Installation and Modification	2 years, or college degree and 1 year. Technical Training	10 Installations or Major Modifications (at least 5 installations)
		Or AMMX Certification	6 AST Installations

Category Code	Description	Experience, Education, Training, or Certification	[1] Total Number Of Activities Required
AMR	Aboveground Storage Tank Removal	2 years, or college degree and 1 year. Technical Training	6 Removals
		Or UMR Certification	None
		Or AFR Certification	None
AFMX	Aboveground Field-Constructed Metallic Storage Tank Installation, Modification & Removal	3 years, or college degree and 2 years Technical Training	12, which may be Installations or Major Modifications
AFR	Aboveground Field-Constructed Storage Tank Removal	2 years, or college degree and 1 year. Technical Training	6 Removals
AMEX	Aboveground Storage Tank Mechanical Installation, Modification, & Removal	3 years, or college degree and 2 years Technical Training	12, At Least 6 Installations
ACVL	Aboveground Storage Tank Civil Installation & Modification of Tank Related Structural Components	3 years, or college degree and 2 years Technical Training	12, At Least 6 Installations
TL	Aboveground & Underground Storage Tank Liner	2 years Manufacturer's Certification	9 Tank Linings

[1] The total number of activities completed required by subsection (a) shall have been completed within the 3-year period immediately prior to submitting the application for certification. The activities shall have been completed in compliance with Federal and State requirements and the applicant shall have had substantial personal involvement at the storage tank site in the activities. Non-certified individuals may work at the site but the certified installer is directly responsible to assure that the activities are conducted properly. This work qualifies toward the total number of activities completed requirement.

INSPECTOR CATEGORIES

Category Code	Description	Experience, Education, Training, or Certification	Total Number Of Activities Completed
[2]IUM	Inspector, Underground Storage Tank Systems and Facilities	• 4 years, or college degree and 2 years • Department approved tank tightness testing familiarization or UTT Certification. • UMX Certification • Corrosion Protection Training	None
[2]IAM	Inspector, Aboveground Manufactured Storage Tank Systems and Facilities	• 4 years, or college degree and 2 years • API 653 Certification Or STI Inspector Certification Or Department approved AST inspector certification	None
[2]IAF	Inspector, Aboveground Field Constructed Storage Tank Systems and Facilities	• 4 years, or college degree and 2 years • API 653 Certification Or Department approved AST Inspector certification	12 Integrity or construction inspections

[2] Inspector certification will be granted to applicants meeting the experience, education, training, certification, and examination requirements; however, the inspector may not conduct unsupervised Facility Operations, Integrity or Construction Inspections until completion of DEP-provided training for new inspectors.

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RENEWAL QUALIFICATIONS
STORAGE TANK INSTALLER AND INSPECTOR CERTIFICATION

This table displays the minimum experience, education, and training required to be met by applicants for certification in a technical category. Adoption of the regulations promulgated under PA Code 25, Chapter 245 (Administration of the Storage Tank and Spill Prevention Program) established new criteria for applicants requesting renewal of category-specific certification in a technical category held previously by the applicant. See 245.114 (Renewal and Amendment of Certification).

INSTALLER CATEGORIES

Category Code	Description	Experience and Training
UMX	Underground Storage Tank System Installation & Modification	Examination or Technical training [1]Administrative Training
UMI	Underground Storage Tank System Minor Modification	Examination or Technical training [1]Administrative Training
UMR	Underground Storage Tank Removal	Examination or Technical training [1]Administrative Training
UTT	Underground Storage Tank System Tightness Tester	Testing Equipment Manufacturer's Certification [1]Administrative Training
AMMX	Aboveground Manufactured Metallic Storage Tank or Storage Tank System Installation and Modification	Examination or Technical training [1]Administrative Training
AMNX	Aboveground Manufactured Non-Metallic Storage Tank or Storage Tank System Installation and Modification	Examination or Technical training [1]Administrative Training
AMR	Aboveground Storage Tank Removal	Examination or Technical training [1]Administrative Training
AFMX	Aboveground Field-Constructed Metallic Storage Tank Installation, Modification & Removal	Examination or Technical training [1]Administrative Training
AFR	Aboveground Field-Constructed Storage Tank Removal	Examination or Technical training [1]Administrative Training

Category Code	Description	Experience and Training
AMEX	Aboveground Storage Tank Mechanical Installation, Modification, &Removal	Examination or Technical training [1]Administrative Training
ACVL	Aboveground Storage Tank Civil Installation & Modification of Tank Related Structural Components	Examination or Technical training [1]Administrative Training
TL	Aboveground & Underground Storage Tank Liner	Manufacturer's Certification [1]Administrative Training

INSPECTOR CATEGORIES

Category Code	Description	Experience and Training
IUM	Inspector, Underground Storage Tank Systems and Facilities	Department Inspector Training
IAM	Inspector, Aboveground Manufactured Storage Tank Systems and Facilities	• Department Inspector Training And • API 653 Certification Or STI Inspector Certification Or Department Approved Inspector Certification
IAF	Inspector, Aboveground Field Constructed Storage Tank Systems and Facilities	• Department Inspector Training And • API 653 Certification Or Department Approved Inspector Certification

[1]Administrative training will be provided by the department. Applicants shall have completed administrative training within the 24-month period immediately preceding submission of their renewal application. Applications are not to be submitted to the department more than 120 days prior to certification expiration, except in pre-approved circumstances.

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BUREAU OF ENVIRONMENTAL CLEANUP AND BROWNFIELDS

STORAGE TANK TRAINING COURSE APPROVAL APPLICATION

This application must be complete and accurate. Type or print legibly. If additional space is needed use a clean sheet of white paper upon which you must include the applicant name, and identify the section being continued.

OFFICIAL USE ONLY

Received _____ Approved ☐ Denied ☐ Returned ☐ Client ID# _____

Reviewed by _____ Date _____ Course Approval # _____

SECTION I – APPLICATION TYPE

☐ **INITIAL** Approval (First time applying under Chapter 245)

☐ **AMENDMENT** (Change information previously submitted) Client ID# _____

☐ **RENEWAL** (Required every 3 years)

If **amending** or **renewing** an existing training course Course ID# _____

SECTION II – APPLICANT INFORMATION

Applicant Type Code _____ Federal Tax ID# (EIN) or SSN _____

Company or Individual's Name _____

Address _____

City _____ State _____ Zip +4 _____ Country _____

Company Contact Name _____ _____ _____

Last First MI Suffix

Phone (___) ___ - ____ Ext. ____ Fax (___) ___ - ____

Company Email Address _____

SECTION III – COURSE INFORMATION

Official Course Title _____

Does this training course **target** individuals seeking:

☐ **INITIAL** Category Certification
☐ Category Certification **RENEWAL**
☐ **UST Operator** Training

Underground Tanks

☐ **UMR** ☐ **UMX and UMI** ☐ **UTT**

Aboveground Tanks

☐ **AMMX** ☐ **AMNX** ☐ **AMEX** ☐ **AFMX** ☐ **ACVL** ☐ **AMR** ☐ **AFR**

UST Operator Training

☐ **CLASS A** ☐ **CLASS B** ☐ **CLASS A & B**

SECTION IV – INSTRUCTOR INFORMATION

Provide the information requested for each training course instructor. If you need additional space copy this page.

Instructor Last Name | First Name | MI | Suffix

Title

Affiliation

Phone Number | Ext

Professional Background (Education & Experience – Use space below if needed)

Instructor Last Name | First Name | MI | Suffix

Title

Affiliation

Phone Number | Ext

Professional Background (Education & Experience – Use space below if needed)

Instructor Last Name | First Name | MI | Suffix

Title

Affiliation

Phone Number | Ext

Professional Background (Education & Experience – Use space below if needed)

SECTION V – COURSE OUTLINE ATTACHMENTS

You must provide the following information as attachments to this application. Label the attachment "Course Outline" and type or print the applicant's name in the top right-hand corner of each attachment sheet. The Course Outline must include all of the following:

1. A description of the subject matter to be presented, to include a list of industry standards and regulations referenced ..... ☐
2. The order in which each topic will be presented ..... ☐
3. The amount of time dedicated to the presentation of each topic ..... ☐
4. The name of the instructor presenting each topic, and ..... ☐
5. The location where the training course will be conducted ..... ☐

SECTION VI – COURSE TEST DESCRIPTION ATTACHMENTS

You must provide the following information as attachments to this application. Label the attachment "Test Description" and type or print the applicant's name in the top right-hand corner of each attachment sheet. The Test Description must include all of the following:

1. A description of the preparation of the test, to include organization and format. ..... ☐
2. A description of the test content, including representative questions. The test must measure the participant's knowledge of the technical, administrative, and legal requirements related to the subject matter of the training course. ..... ☐
3. A description of the procedures for administering, monitoring and grading the test. ..... ☐
4. An indication of the passing score. This score must be achieved by the participant in order to receive a passing grade and certificate from the training provider. ..... ☐
5. A copy of the Certificate given to the participant upon successful completion of the training course. Successful completion means attendance at all sessions and attainment of a minimum passing grade. The Certificate must include the name of the participant, the course title, the name of the training provider, course approval number, the date the training was completed, the date the certificate expires, and the signature of the training course provider. ..... ☐

SECTION VII – CERTIFICATION

I understand that final approval of the training course may, at the discretion of the department, involve a presentation of the training course to the department by the applicant. In addition, the department may audit the approved training course to ensure adherence to the material submitted in this application.

I certify under penalty of law as provided in 18 PA C.S.A. §4904 (relating to unsworn falsification to authorities) that the information provided in this application is true, accurate and complete to the best of my knowledge and belief.

Typed or printed name of applicant _____ Title _____

Signature _____ Date _____

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STORAGE TANK
SITE-SPECIFIC INSTALLATION PERMIT
APPLICATION INSTRUCTIONS

GENERAL INFORMATION

The following instructions are intended to assist the applicant in properly completing a DEP Storage Tank Site Specific Installation Permit (SSIP) Application. Permitting regulations are in 25 PA Code Chapter 245 Subchapter C. Information is available from and the application must be submitted to:

Department of Environmental Protection
Bureau of Environmental Cleanup and Brownfields
Division of Storage Tanks
P.O. Box 8762
Harrisburg, PA 17105-8762
(717) 772-5599

The application package must contain two (2) complete copies of all parts of the application and the required fee. Information must be typed or clearly printed. The application package contains the following:

- General Information Form (GIF)
- Site Specific Installation Permit Form Part I
- Site Specific Installation Permit Form Part II (if required)
- Attachments
- Fee

Please review the application form and attachments carefully before submitting to the Department. The Department will only begin its review after the receipt of a complete application package. Use the Site-Specific Installation Permit Completeness Review Checklist to ensure the submittal of a complete application package.

Applicants are highly encouraged to contact the Department for a pre-application conference or discussion.

Site-Specific Installation Permits will expire five years from the date of issuance unless the Department receives a written extension request from the owner prior to the expiration date and grants an extension.

INSTALLATION ACTIVITIES WHICH REQUIRE A PERMIT

A SSIP Application is required before the following storage tank systems can be installed:

- Aboveground storage tank (AST) systems with a capacity greater than 21,000 gallons.
- New AST facilities with an aggregate AST capacity greater than 21,000 gallons.
- Field constructed underground storage tank (UST) systems not installed within a previously registered underground storage tank system.
- Storage tank systems with a capacity greater than 1,100 gallons containing a highly hazardous substance.

Refer to the following matrix to determine the applicable requirements:

Tank Type	Facility Type	Tank Location	Part I Required	Mapping Part II #1	Siting Part II #2	Geological Part II #3	Environmental Assessment Part II #4
Large AST	Existing Large	New	Yes	Yes	Yes	Yes	No
Large AST	Existing Small	New	Yes	Yes	Yes	Yes	Yes
Large AST	Existing Large	Same Footprint	Yes	No	No	Yes	No
Large AST	New	New	Yes	Yes	Yes	Yes	Yes
Small ASTs (aggregate >21,000 gal)	New Large	New	Yes	Yes	Yes	Yes	No
Highly Haz AST/UST	Existing or New	New or Same Footprint	Yes	No	No	No	No
UST Field Constructed	Existing or New	New or Same Footprint	Yes	No	No	No	No

Tank Type: Applies to proposed storage tank

Large AST – Aboveground Storage Tank with a capacity greater than 21,000 gallons
Small AST – Aboveground Storage Tank with a capacity less than or equal to 21,000 gallons
Highly Haz – UST greater than 1,100 gallons or AST greater than 1,100 and equal or less than 21,000 gallons; storing a Highly Hazardous Substance as listed in the Regulated Substances List.
UST Field Constructed – Underground Storage Tank that is fabricated on site

Facility Type: Applies to current facility status

Existing Large – Storage tank facility with aggregate registered AST capacity greater than 21,000 gallons.
Existing Small – Storage tank facility with aggregate registered AST capacity less than or equal to 21,000 gallons.
New – No registered AST at facility.
New Large – Facility has no registered AST but aggregate AST capacity will be greater than 21,000 gallons.
Existing or New – Applies to both existing AST and new facilities.

INSTRUCTIONS FOR COMPLETING THE SSIP APPLICATION FORM

PART I must be completed by **ALL** applicants.

I. Indicate if the storage tank facility is new or existing. Indicate if the existing facility has regulated aboveground storage tanks.

II. Enter the owner/business name and telephone number.

III. Enter the facility name and telephone number. If the facility has a storage tank facility identification number, enter the number as it appears on the registration certificate.

IV. Indicate if the proposed tank(s) is an UST or AST. Enter the substance which will be stored and the substance's CAS No. (Chemical Abstract Service Number). Enter the proposed tank capacity in gallons. List the Fee for each Tank (see V. below to calculate fee).

V. The minimum fee for a SSIP application is $20. The fee for USTs is $20 per tank. Fees for ASTs at an existing AST facility are based on each tank's capacity. The fee is $20 for each 10,000 gallons of capacity. Round the capacity to the nearest 10,000 gallons and multiply the number of 10,000s by $20. **Example:** An AST with a capacity of 42,000 gallons would have an application fee of $80.

42,000 rounded to nearest 10,000 is 40,000
40,000 divided by 10,000 is 4
4 times $20 equals $80

*The fee for a new large aboveground tank facility is calculated on the aggregate regulated AST capacity. Add the tank capacities and round to the nearest 10,000 gallons.

Make checks payable to "Commonwealth of Pennsylvania".

VI. Certification that the general requirements for the SSIP will be met and that the application information is true and correct, must be completed by the tank owner or a responsible official of the applicant. The general requirements are found in 25 PA Code §245.232. Acknowledgment of the general requirements is indicated by the responsible official placing his/her handwritten initials in the space before each appropriate statement.

Include a summary describing how the community was informed of the project, and any interaction with the public regarding the project. For new facilities and facility expansions, it is recommended that a notice be published in a newspaper of general circulation or the project be otherwise advertised to the neighboring community. See DEP technical guidance 012-0900-003, "Policy on Public Participation in the Permit Application Review Process" for more information.

Municipal and County notifications should follow the guidelines in DEP Policy 012-0200-001, "Policy for Consideration of Local Comprehensive Plans and Zoning Ordinances in DEP Review of Permits for Facilities and Infrastructure." This policy explains how DEP takes local land use planning and zoning ordinances into account during the permit review process. View this policy online at www.dep.pa.gov, Search: eLibrary.

A Spill Prevention Response (SPR) Plan is required for facilities with a total aboveground storage tank capacity greater than 21,000 gallons. An updated SPR Plan, which includes the proposed tanks, must be submitted with the SSIP application or to the appropriate DEP regional Environmental Cleanup Program's Storage Tank Section before a SSIP application can be reviewed. Indicate, by checking the appropriate box, the type of submission, complete new plan or revision of an existing plan, and enter the date that the SPR Plan or revision was submitted.

The Department is required to determine the applicant's compliance status with the applicable state and federal laws pursuant to Section 1301 of the Storage Tank Act, 35 P.S. §6921.1301. Please include the applicant's company structure and the names and tax identification numbers of any related companies (i.e. partner, parent company, subsidiary) owning or operating tanks in Pennsylvania.

The certification statement must be signed by the tank owner or a responsible official of the owner.

PART II

It is recommended that this part of the application be completed by a person experienced in siting requirements and environmental assessment.

1. Mapping requirements include a plot plan and a copy of the 7½ minute USGS topographic map showing the exact location of the proposed tank(s). **Maps, plans and cross sections shall be prepared and sealed by a Pennsylvania registered professional engineer, Pennsylvania registered land surveyor or a Pennsylvania registered geologist** and be on a scale no less than 1 inch to 400 feet. Mapping requirements are found at §245.233.

   The latitude and longitude needs to be shown on the plot plan for the approximate center of each proposed storage tank. DEP expects the level of accuracy for the latitude and longitude coordinates to be within 25 meters. This information and method of determination must be included on the plot plan and in the following format:

   * Latitude & Longitude expressed in the following format/detail:

     Latitude = Degrees as 2-digit decimal ranging from 00 thru 90
     Minutes as 2-digit decimal ranging from 00 thru 60
     Seconds as 2-digit and expressed to ten-thousandths of a second (SS.S)

     Longitude = Degrees as 3 digit decimal ranging from 000 thru 180
     Minutes as 2-digit decimal ranging from 00 thru 60
     Seconds as 2-digit and expressed to ten-thousandths of a second (SS.S)

   * **Specific method used to determine latitude/ longitude coordinates:**
     Map Interpolation, or
     Geographic Position System (GPS) or
     Other method (Specify)

   * **Specify the level of accuracy** ie. 6 meter, 10 meter, 25 meter

   The plot plan must include:
   - facility name
   - facility boundaries
   - tank locations
   - public roads within or adjacent to the facility
   - streams, lakes or surface watercourses located in or adjacent to the facility
   - municipality and county name
   - location of test borings
   - location of any mining activities
   - location of public and private groundwater supplies
   - latitude and longitude for each new tank

   The topographic map must include:
   - facility name
   - municipality and county name
   - facility boundaries
   - tank location(s)
   - quadrangle name
   - location of ground water supply sources within 2,500 feet of facility
   - surface drainage courses

2. Siting requirements include determination of floodplains, wetlands, and geological features that are in the vicinity of this construction or installation. Siting requirements are found at §245.234. The following agencies may be able to provide information that could assist you in making siting determinations:

   Floodplain: eMAP PA http://www.depgis.state.pa.us/emappa/

   County or Local Emergency Management Agencies

   Federal Emergency Management Agency
   www.fema.gov
   (877) 336-2627

   Wetlands: Local County Conservation District

   DEP Bureau of Waterways Engineering and Wetlands
   Division of Wetlands, Encroachment and Training
   PO Box 8460
   Harrisburg, PA 17105-8460
   (717) 787-3411

3. Answers of "yes" to any of the questions regarding geological considerations requires the submittal of additional geotechnical analysis. Depending on the extent of geological concerns, tank foundation design considerations may need to be included. **An appropriately registered professional must complete the Professional Certification enclosed in the SSIP application package, as well as seal any additional geotechnical analysis and/or tank foundation design documentation.** The following agency may be able to provide information that could assist you in making geological interpretations.

   Geological Features:

   Department of Conservation and Natural Resources
   Bureau of Topographic and Geological Survey
   3240 Schoolhouse Road
   Middletown, PA 17057
   (717) 702-2017
   www.dcnr.state.pa.us/topogeo

4. The environmental assessment addresses the potential impact the proposed tank(s) may have on the environment and public safety. Provide adequate information about the investigation done to determine any potential threats and the proposed mitigation process, which will allow the Department to determine if adequate protection will be provided. The investigation must consider conditions at the site, adjacent locations and down gradient areas. The potential impact considerations must address the possibility of a release from the storage tank system including the containment structures. Environmental assessment requirements are found at §245.235.

   A. **COMMUNITY WATER SUPPLIES** – Applicants seeking public water system location information should use eMapPa. This program contains a buffer tool that allows users to identify nearby water supplies using a GIS application. The tool will also provide the public water supply contact information so users can contact the water supplier if more information is needed. Please note that specific location data of public water supplies is considered sensitive information and may not be provided. Here is the link: http://www.depgis.state.pa.us/emappa/

   B. **PRIVATE WATER SUPPLIES** – Use of the eMAP PA tool (http://www.depgis.state.pa.us/emappa/) and the Pennsylvania Groundwater Information System (PAGWIS) database (http://www.dcnr.state.pa.us/topogeo/groundwater/pagwis/index.htm) will assist you in determining and locating any private wells in the vicinity of your project. The PAGWIS is included as a layer in eMAP PA. Note that all wells within 2,500 feet of the project must be plotted on the topographic map and submitted with the application.

   C. **WETLANDS** – Use available means to determine the presence or absence of wetlands on and near the project site. The agencies listed previously in the instructions under "wetlands" may be able to assist. Also available is an online soil survey tool, USDA Web Soil Survey (https://websoilsurvey.sc.egov.usda.gov/App/HomePage.htm), which may assist in determining if hydric soils exist on the site.

   D. **CRITICAL OR UNIQUE WILDLIFE HABITATS / AREA WHICH SUPPORTS ENDANGERED, THREATENED, OR RARE PLANT OR ANIMAL SPECIES** – The Pennsylvania Natural Diversity Inventory (PNDI) Environmental Review Tool, online at www.naturalheritage.state.pa.us, is the first step in determining any potential impacts to endangered or threatened species in the area of the project. Click on the link to the "PNDI Project Planning Environmental Review" and follow the directions to produce a PNDI receipt for your project. If the PNDI results indicate that further review is required, follow the instructions on the report to contact the appropriate agency for follow-up. Include the agency's response with the SSIP application.

   E. **HISTORICAL OR ARCHAEOLOGICAL SITES** – Identification of any impact to historical or cultural resources that could be affected during earth-moving activities can be accomplished by contacting the PA Historical and Museum Commission, address below, with a description of the project and location information. A response will be given noting whether or not additional investigation is required.

      PA Historical and Museum Commission
      Bureau of Historic Preservation
      Commonwealth Keystone Building, Second Floor
      400 North Street
      Harrisburg, PA 17120-0093
      Phone: (717) 783-8946

   F. **RECREATIONAL PARKS AND FORESTS, NATURAL AREAS OR ENVIRONMENTAL CENTERS** – Identify any parks, recreational areas, or natural areas in the vicinity of your project. This can be done through the use of maps or by contacting any pertinent Federal, State, or Local agency.

   G. **PENNSYLVANIA SCENIC RIVERS / NATIONAL WILD AND SCENIC RIVER SYSTEM** – Information regarding both PA and national scenic rivers can be found online at http://www.dcnr.state.pa.us/brc/conservation/rivers/scenicrivers/index.htm

   H. **PRIME FARMLAND OR AGRICULTURAL SECURITY AREA** – Information regarding farmland issues can be found by contacting the county conservation district. The online Pennsylvania SoilMap tool at soilmap.psu.edu may assist in determining if the soil type in the project area could be considered prime farmland.

I. **SPECIAL PROTECTION WATERSHEDS AS DESIGNATED IN CHAPTER 93** – Identify whether your project is near or could impact any watersheds designated as High Quality or Exceptional Value in 25 PA Code, Chapter 93. Applicants seeking Watershed location information should use eMapPa. This program contains a buffer tool that allows users to identify nearby watersheds using a GIS application. Here is the link: http://www.depgis.state.pa.us/emappa/

Other Sources of Information

USGS Topographic maps

DCNR Recreational Guide and Highway Map

Local Emergency Management Agency

TECHNICAL GUIDANCE REFERENCES

(Available online at www.dep.pa.gov, Search: eLibrary)

012-0200-001	Policy for Consideration of Local Comprehensive Plans and Zoning Ordinances in DEP Review of Permits for Facilities and Infrastructure
012-0900-003	Policy on Public Participation in the Permit Application Review Process
400-0200-001	Policy for Pennsylvania Natural Diversity Inventory (PNDI) Coordination During Permit Review and Evaluation
021-2100-001	Policy for Implementing the Department of Environmental Protection (Department) Permit Review Process and Permit Decision Guarantee.

2630-FM-BECB0602 Rev. 3/2013
Form

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DEPARTMENT OF ENVIRONMENTAL PROTECTION

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF ENVIRONMENTAL PROTECTION
BUREAU OF ENVIRONMENTAL CLEANUP AND BROWNFIELDS

ABOVEGROUND STORAGE TANK INSTALLATION INSPECTION SUMMARY

I. Reason for Inspection

- ☐ New tank system
- ☐ Relocated tank system
- ☐ Uncertified installation

II. Inspection Date(s)

_____
_____
_____

FOR DEP USE ONLY

Reviewer _____
Date _____
Entered By _____
Date _____

III. Facility Information

Facility I.D. Number _____
Facility Name _____
Facility Address _____
_____
Municipality _____

IV. Inspector Information

Name _____
DEP Inspector Certification Number _____
Inspection Category _____
Phone (___) _____
Employer _____
DEP Company Certification Number _____

V. Tank Identification

DEP Tank ID number _____A
Owner Tank ID Number _____
Capacity (gallons) _____
Tank Configuration: ☐ Horizontal ☐ Shop Built ☐ Vertical ☐ Field Built ☐ Elevated Vertical
Construction Code _____
Substance stored _____
Size: diameter _____ (ft) length/height _____ (ft)

VI. Permit Information

DEP Site Specific Installation Permit Number _____
Fire/Safety Permit Number _____
Issuing Authority _____
Date Issued _____

VII. Next Integrity Inspections (If applicable)

In-Service _____ (mm/dd/yy)
Out-of-Service _____ (mm/dd/yy)

VIII. Certified Inspector

I, the DEP Certified Inspector, have inspected the above referenced tank system. Based on my observation of the tank system, review of examination and tests results and information provided by the owner, I certify under penalty of law as provided in 18 Pa. C.S.A. Section 4904 (relating to unsworn falsification to authorities), that the information provided by me is true, accurate, and complete to the best of my knowledge and belief.

_____ Certified Inspector's Signature
_____ Date

IX. Owner or Owner's Representative

I have reviewed the completed inspection report. I certify under penalty of law as provided in 18 PA C.S.A. Section 4904 (relating to unsworn falsification to authorities), the information provided by me is true, accurate, and complete to the best of my knowledge and belief.

_____ Name (Please Print)
_____ Title
_____ Phone Number

_____ Signature
_____ Date

Facility ID ____ - _____ DEP Tank ID _____A Inspection Date _____

X. Installer Information

Installer Name	Certification Number	Company Name	Company Certification

XI. Evaluation of Tank System Enter the condition of the following components by marking the appropriate blocks.

	Satisfactory	Unsatisfactory	Not Applicable
Materials meet specifications	☐	☐	
Foundation and tank supports	☐	☐	
Welding (procedure, qualification)	☐	☐	☐
Tank construction (floor, shell, and roof)	☐	☐	
Appurtenances	☐	☐	
Ancillary equipment (including piping)	☐	☐	
Normal venting	☐	☐	
Emergency venting	☐	☐	☐
Secondary containment (under the tank bottom)	☐	☐	
Please describe:			
Emergency containment design & permeability	☐	☐	
Cathodic Protection	☐	☐	☐
Internal lining/coating	☐	☐	☐
External coating & labeling	☐	☐	
Overfill prevention (gauge, HLA, & automatic shut off or manned operating procedure)	☐	☐	
Hydrostatic test	☐	☐	☐
Alternative test for tightness	☐	☐	☐
Nondestructive testing (procedure, qualifications)	☐	☐	
Fire Safety Standards	☐	☐	☐
Operations & Maintenance plan	☐	☐	
Spill Prevention & Response Plan	☐	☐	☐

☐ Yes ☐ No Tank installation is in accordance with manufacturer's specifications, engineers design criteria and current industry standards. If no, explain all deficiencies in Section XII.

XII. Comments Describe any tank system deficiencies and note additional information discovered during the inspection. If additional comment sheets are needed, label each sheet with facility and tank identification numbers, inspection date and page number.