



## 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.



**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.**

<b>I. Location of Tank System</b>				
Facility Name			Facility Identification Number -	
Street Address		City	State PA	Zip Code -
Municipality		County		
Contact Person			Phone Number ( ) -	
<b>II. Owner of Tank System</b>				
Owner Name				
Street Address			Phone Number ( ) -	
City		State	Zip Code -	
<b>III. This notification is for:</b>				
<input type="checkbox"/> New installation		<input type="checkbox"/> Complete system replacement		<input type="checkbox"/> Partial system replacement
<input type="checkbox"/> Change-in-service		<input type="checkbox"/> Complete system closure		<input type="checkbox"/> Partial system closure
<b>IV. Month/Day/Year of Proposed Installation / Closure</b> /    /				
<b>V. Certified Installer or Remover/Company Performing Tank Handling Activities</b>				
Certified Installer/Remover Name			Installer/Remover Certification Number	
Street Address		Phone Number ( ) -		
City		State	Zip Code -	
Certified Company Name			Company Certification Number	
<b>VI. (For Closure) Contractor/Individual Performing Site Assessment Activities</b>				
Name of Contractor or Individual				
Street Address			Phone Number ( ) -	
City		State	Zip Code -	
<b>VII. (For Installation) Briefly Describe Underground Storage Tank System(s) to be Installed</b>				
<u>Tank Size</u>	<u>Substance to be Stored</u>	<u>Tank Size</u>	<u>Substance to be Stored</u>	
<b>VIII. Signature of Tank System Owner</b>			<b>Title</b>	<b>Date</b> / /

**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)	<b>a. Petroleum</b>				
	Unleaded Gasoline	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Leaded Gasoline	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Aviation Gasoline	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Pure Ethanol	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Blended Ethanol _____%	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Kerosene	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Jet Fuel	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Diesel Fuel	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Biodiesel _____%	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Fuel Oil No. 1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Fuel Oil No. 2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Fuel Oil No. 4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Fuel Oil No. 5	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Fuel Oil No. 6	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	New Motor Oil	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Used Motor Oil	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Nonpetroleum Oil, Specify	_____	_____	_____	_____
	Other, Specify	_____	_____	_____	_____
	<b>b. Hazardous Substance</b>				
Name of Principal CERCLA Substance	_____	_____	_____	_____	
AND					
Chemical Abstract Service (CAS) No.	_____	_____	_____	_____	
<b>c. Unknown</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<b>Proposed Closure Method(s):</b>					
Partial System Closure		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Tank</b> <input type="checkbox"/> N/A	a. Removal	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	b. Closure-in-Place	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	c. Change-in-Service	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Piping</b> <input type="checkbox"/> N/A	a. Removal	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	b. Closure-in-Place	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	c. Change-in-Service	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Dispenser</b> <input type="checkbox"/> N/A	a. Removal	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	b. Closure-in-Place	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	c. Change-in-Service	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Other</b> _____	a. Removal	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	b. Closure-in-Place	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	c. Change-in-Service	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Describe Planned Closure Activities:</b>					



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

## ABOVEGROUND STORAGE TANK INTEGRITY/INSTALLATION INSPECTION SUMMARY

<p><b>I. <u>Type of Inspection</u></b></p> <p>Integrity  <input type="checkbox"/> In-service    <input type="checkbox"/> Out-of-service</p> <p>Installation  <input type="checkbox"/> New AST    <input type="checkbox"/> Relocated AST  <input type="checkbox"/> Uncertified install</p>	<p><b>II. <u>Inspection Date(s)</u></b></p> <p>Completion of this inspection _____                  Last in-service inspection _____                  Last out-of-service inspection _____                  Last lining inspection _____</p>	<p style="text-align: center;"><b>FOR DEP USE ONLY</b></p> <p>Reviewer _____                  Date _____                  Entered By _____                  Date _____</p>
<p><b>III. <u>Facility Information</u></b></p> <p>Facility I.D. Number _____                  Facility Name _____                  Facility Address _____                  _____                  Municipality _____                  GPS Location    Lat: _____ Long: _____</p>	<p><b>IV. <u>Inspector Information</u></b></p> <p>Name _____                  Certification number _____                  Phone _____                  E-mail _____                  Employer _____                  Employer certification number _____</p>	
<p><b>V. <u>Tank Identification</u></b>                      Owner's Tank</p> <p>DEP Tank ID number _____ A    ID Number _____                  Nominal Capacity (<b>gallons</b>) _____                  Size: diameter _____(ft) length/height _____(ft)                  Substance stored _____                  Original construction code _____                  Installation Date _____ (mm/dd/yy)</p>	<p><b>VI. <u>Fire/Safety Permit</u></b></p> <p>Number _____                  Issuing Authority _____                  Date Issued _____</p> <p> <input type="checkbox"/> Horizontal Saddle Tank                      <input type="checkbox"/> Shop Built  <input type="checkbox"/> Vertical Tank    <input type="checkbox"/> Field Built  <input type="checkbox"/> Elevated Vertical Tank                 </p>	
<p><b>VII. <u>Certified Inspector</u></b></p> <p>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 <input type="checkbox"/> <b>can</b> <input type="checkbox"/> <b>cannot</b> remain in service or be returned to service without additional evaluation or modification.</p> <p>_____ Date _____                  Certified Inspector's Signature</p>		
<p><b>VIII. <u>Owner or Owner's Representative</u></b> 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.</p> <p>_____ Name (Please Print)                      _____ Title                      _____ Phone Number</p> <p>_____ Signature                      _____ Date</p>		

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	<input type="checkbox"/>		<input type="checkbox"/>	
Foundation and tank supports	<input type="checkbox"/>		<input type="checkbox"/>	
Tank shell	<input type="checkbox"/>		<input type="checkbox"/>	
Tank roof	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
Tank bottom/floor	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
Internal linings & coatings, if installed	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
Tank Labeling	<input type="checkbox"/>	<input type="checkbox"/>		
External deterioration protection	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
Appurtenances	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Ancillary equipment (including piping)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Cathodic protection system	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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:  Next Inspection Dates to be Determined after repairs

In-service \_\_\_\_\_ (mm/dd/yy) Out-of-service \_\_\_\_\_ (mm/dd/yy) Internal Liner \_\_\_\_\_ (mm/dd/yy)

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

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. Cathodic Protection**

**None**

- Tank is non-metallic
- Tank bottom is not in contact with soil
- Corrosion expert determined tank bottom does not require Cathodic Protection.

**Impressed Current**

- Tank Bottom evaluated by a corrosion expert.
- Corrosion expert's specifications available.
- Rectifier is on and functioning within engineer's specifications.

**Galvanic**

- Tank Bottom evaluated by a corrosion expert.
- Corrosion expert's specifications available.

Most Recent CP test:

Tester: \_\_\_\_\_

Date: \_\_\_\_\_ Result: \_\_\_\_\_

Previous CP test:

Tester: \_\_\_\_\_

Date: \_\_\_\_\_ Result: \_\_\_\_\_

Most Recent CP test:

Tester: \_\_\_\_\_

Date: \_\_\_\_\_ Result: \_\_\_\_\_

Previous CP test:

Tester: \_\_\_\_\_

Date: \_\_\_\_\_ Result: \_\_\_\_\_

Facility ID \_\_\_\_\_ — \_\_\_\_\_ DEP Tank ID \_\_\_\_\_ A Inspection Date \_\_\_\_\_

**XIV. 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 (*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*

**XV. 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

**XVI. 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

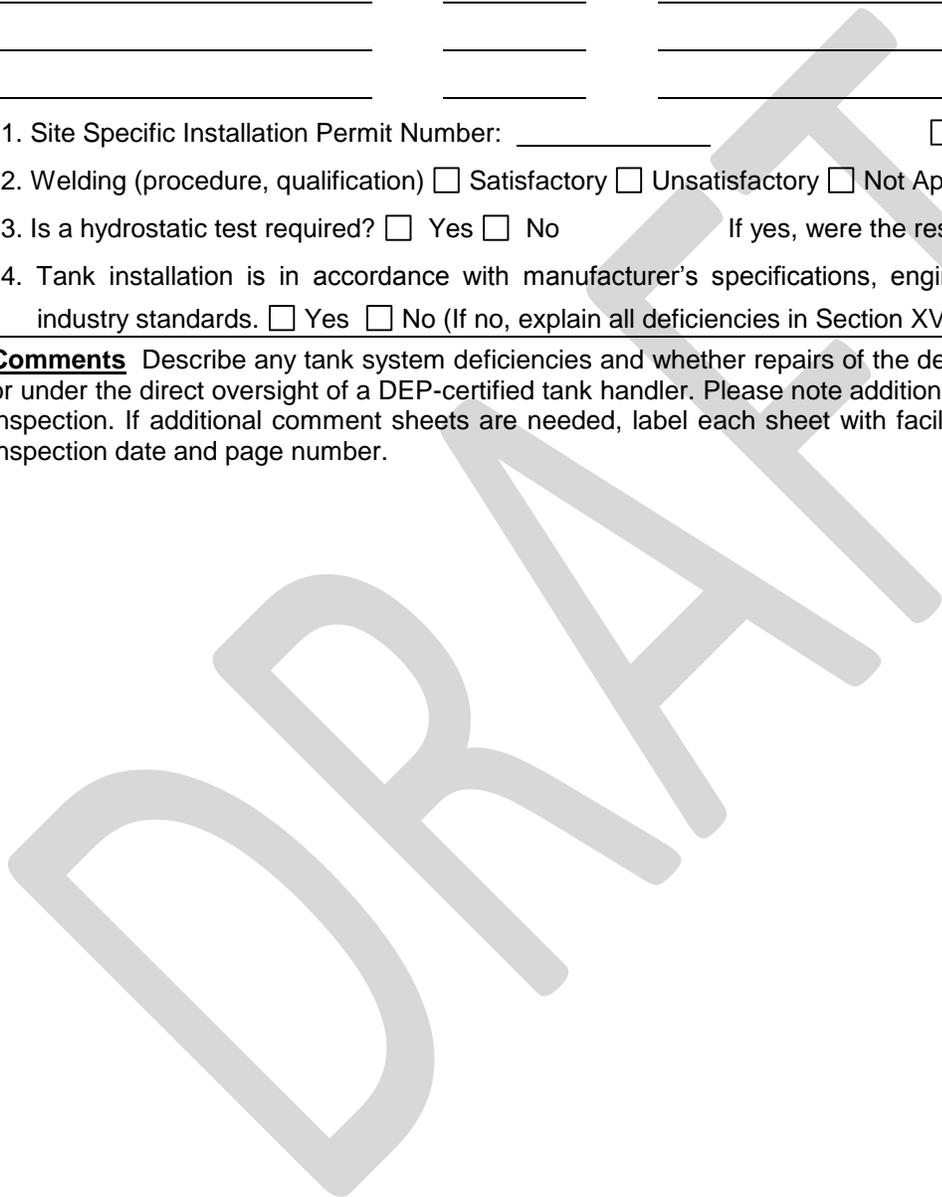
Facility ID \_\_\_\_\_ — \_\_\_\_\_ DEP Tank ID \_\_\_\_\_ A Inspection Date \_\_\_\_\_

**XVII. 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)

**XVIII. 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.



## INSTRUCTIONS



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

## ABOVEGROUND STORAGE TANK INTEGRITY/INSTALLATION INSPECTION SUMMARY INSTRUCTIONS

An installation inspection is required on an aboveground tank greater than 21,000 gallons in capacity at installation, reconstruction, or relocation. An installation inspection is also required on small aboveground *field constructed* tanks at installation, reconstruction, or relocation.

Information provided on the form should be typewritten or printed in a legible manner.

- I. **TYPE OF INSPECTION:** Indicate whether this is an in-service or out-of-service integrity inspection or an installation inspection for a new AST, a relocated AST, or an AST installed by an uncertified individual.
- II. **INSPECTION DATE(S):** Enter the date that you, the inspector, completed the inspection. Provide the dates of the last in-service, out-of-service, and lining inspections. Enter "NONE" if no previous integrity or lining inspections were performed.
- III. **FACILITY INFORMATION:** Enter the facility information as it appears on the blue registration certificate. If this is a new facility, enter "NEW" in the Facility ID number spaces. Include GPS coordinates.
- IV. **INSPECTOR INFORMATION:** Complete all information in this section. If self-employed, enter self employed or your name in the Employer space and leave the Company Certification Number blank. **NOTE:** When conducting an integrity inspection on aboveground field constructed metallic storage tanks, the DEP certified inspector must also possess current API Std 653, inspector certification in accordance with §245.113(f).
- V. **TANK IDENTIFICATION:** Enter the tank information as it appears on the blue registration certificate including the tank ID (sequence) number, capacity, and substance. If this is a new tank, enter "NEW" in the ID number space. Describe the tank dimensions and indicate which industry code or standard was followed during tank construction. Check the appropriate boxes to indicate the configuration of the tank (Horizontal, Vertical or Elevated Vertical Tank) and where the tank was constructed (Shop Built or Field Built). If the tank information on the registration form is incorrect, provide the correct information in Section XVIII and advise the owner to submit an amended Registration/Permitting form.
- VI. **FIRE/SAFETY PERMIT:** If a Fire/Safety permit is required for flammable and combustible liquids, enter the permit number, the permit date, and which authority issued the permit (State Police Fire Marshal, Labor & Industry, Allegheny County or Philadelphia County).
- VII. **CERTIFIED INSPECTOR:** As the DEP Certified inspector, sign and date the form in this area. Check the appropriate box indicating whether the tank system can or cannot remain in service or be returned to service. Fully explain the reason why additional evaluation or modification is needed and any activities to correct the deficiencies in Section XVIII.
- VIII. **OWNER OR OWNER'S REPRESENTATIVE:** Enter the name, title, and phone number of the person providing the tank information. Have the owner or designated representative sign and date the form. If the owner or representative refused to sign this section, please explain the situation in Section XVIII. A copy of a certified mail receipt may be used as evidence that the report has been provided to the owner.
- IX. **EVALUATION OF THE TANK SYSTEM:** Enter the condition of EACH of the system's components based on the technical requirements in Pennsylvania Code Title 25, Chapter 245, the guidelines of API 653 (tank) and API 570 (piping), the guidelines of STI SP001, and/or applicable manufacturer's specifications. List the methods used for testing and examining the system. Unsatisfactory conditions related to product compatibility

or observed in foundations, supports, shells, roofs, floors, and internal linings require that repairs be made before the tank can be returned to service and may require that the tank be removed from service if discovered during an in-service inspection. Other components may be checked as unsatisfactory and will require the inspector to determine whether deterioration is severe enough to cause the tank to remain out-of-service or be taken out-of-service. If a component is "Unsatisfactory" or "Not Applicable" explain the reason(s) in Section XVIII, and provide recommendations to correct unsatisfactory conditions.

When using this form to report an Installation Inspection, selecting "Satisfactory" for a system component in this section certifies that the component meets engineering specifications and/or technical requirements and was installed or constructed in accordance with the technical requirements in Pennsylvania Code Title 25, Chapter 245, the engineer's design, applicable industry standards, and applicable manufacturer's instructions.

NOTE: The technical requirements for ASTs >21,000 gallons are in Title 25 Pennsylvania Code, Chapter 245, Subchapter F and for ASTs ≤21,000 gallons, in Title 25 Pennsylvania Code, Chapter 245, Subchapter G.

- X. CALCULATED INFORMATION (*Integrity Inspections*):** Enter the calculated maximum corrosion/deterioration rates and minimum service life. Determine the next in-service inspection and out-of-service inspection intervals, when appropriate, and indicate the method used to determine the remaining tank life. If the tank cannot be returned to service without additional repairs or evaluations; check the "Next Inspection to be Determined..." box. If this box is checked, it is expected that the next inspection intervals will be determined at the time the modifications are inspected and reported on the Modification Inspection Summary Report. If a separate piping inspection was performed under API 570 standards, calculated corrosion rates from the separate inspection may be used. Explain irregularities in Section XVIII.
- XI. RECORD REVIEW:** Check the appropriate boxes based on the information provided by the tank owner. NOTE: Existing large aboveground storage tanks without secondary containment under the bottom of the tank that are in contact with the soil, and do not have cathodic protection or an internal lining shall be leak tested at each in-service inspection. The tank leak test must follow a Nationally-recognized procedure that is based on a volumetric/mass measurement, an acoustic measurement, or a soil-vapor monitoring method, such as those addressed in API Publication 334 "Guide to Leak Detection in Aboveground Storage Tanks."
- XII. TANK INFORMATION:** Provide information on the tank system by checking at least one box for EACH of the system components. If "other" is checked in any subsection, provide specific information. NOTE: Overfill prevention on large ASTs requires both a high-level alarm and a gauge or monitoring device. NOTE: In order to determine if the emergency containment meets the regulatory requirements please refer to technical guidance 263-0900-022, *Verification of Emergency Containment Structures for Aboveground Storage Tanks*. NOTE: Secondary containment refers to an additional layer of impervious material under the tank to create a space for detecting leaks.
- XIII. CATHODIC PROTECTION:** Check the appropriate box(es) based upon the method(s) used to protect the tank from corrosion. Complete additional information as appropriate to the method(s) used to protect the tank bottom from corrosion. NOTE: metallic tank bottoms that are in direct contact with the soil or other electrolyte must be evaluated by a corrosion expert to determine if cathodic protection is necessary or appropriate; These tank bottoms must be adequately protected from corrosion and deterioration. NOTE: Impressed current systems must be tested annually; Galvanic systems must be tested every three years.
- XIV. EMERGENCY CONTAINMENT:** Check the appropriate box based on the construction of the emergency containment structure. Verify compatibility, capacity and permeability of the emergency containment structure.
- XV. SECONDARY CONTAINMENT:** Describe the secondary containment structure. Indicate whether the facility monitors the secondary containment at least monthly for evidence of a release.

**XVI. DOUBLE WALLED TANKS:** If the tank is a double walled tank that relies SOLELY on the outer wall for containment, check the appropriate boxes. If the tank has another means for emergency containment and secondary containment, skip this section.

**XVII. INSTALLER INFORMATION** (*New and Relocated Tank Systems only*): Provide the information for each installer whose work you inspected. Verify this information with the installer’s DEP certificate or card. If a certified installer did not perform or oversee the work, show the name(s) of individual(s) and employer(s) who did the work and print “Not Certified” on the certification number line. Verify that welding was completed in accordance with industry practices and/or design criteria, and was performed by a qualified welder. Determine if hydrostatic testing is required and note the results of any hydrostatic testing conducted. Verify that the tank installation was conducted in accordance with manufacturer’s specifications, engineer’s design criteria and current industry standards. Provide any additional comments in Section XVIII.

**XVIII. COMMENTS:** Describe, in detail, any tank system deficiencies and note additional information discovered during the inspection. Provide recommendations to correct any deficiencies or unsatisfactory conditions. If additional comment sheets are needed, label each sheet with facility and tank identification numbers, the inspection date, and the page number.

**Completed integrity inspection summaries:** must be submitted to DEP by the certified inspector within **60 days** of conducting the inspection activities.

**Completed installation inspection summaries:** must be submitted to DEP by the certified inspector within **30 days** of conducting the inspection activities.

- Original to the appropriate DEP regional office
- Copy to DEP central office
- Copy to the tank owner
- Copy for tank inspector’s files

**Central Office**  
 Pennsylvania DEP, Central Office  
 Division of Storage Tanks  
 PO Box 8762  
 Harrisburg, PA 17105-8762

<p><b>Northwest Region</b>                  230 Chestnut Street                  Meadville, PA 16335-3481                  814-332-6648</p> <p>Counties: Butler, Clarion, Crawford, Elk, Erie, Forest, Jefferson, Lawrence, McKean, Mercer, Venango and Warren</p>	<p><b>Northcentral Region</b>                  208 West Third Street, Ste. 101                  Williamsport, PA 17701                  570-321-6525</p> <p>Counties: Bradford, Cameron, Centre, Clearfield, Clinton, Columbia, Lycoming, Montour, Northumberland, Potter, Snyder, Sullivan, Tioga and Union</p>	<p><b>Northeast Region</b>                  2 Public Square                  Wilkes-Barre, PA 18701-1915                  570-826-2511</p> <p>Counties: Carbon, Lackawanna, Lehigh, Luzerne, Monroe, Northampton, Pike, Schuylkill, Susquehanna, Wayne and Wyoming</p>
<p><b>Southwest Region</b>                  400 Waterfront Drive                  Pittsburgh, PA 15222-4745                  412-442-4000</p> <p>Counties: Allegheny, Armstrong, Beaver, Cambria, Fayette, Greene, Indiana, Somerset, Washington and Westmoreland</p>	<p><b>Southcentral Region</b>                  909 Elmerton Avenue                  Harrisburg, PA 17110                  717-705-4705</p> <p>Counties: Adams, Bedford, Berks, Blair, Cumberland, Dauphin, Franklin, Fulton, Huntingdon, Juniata, Lancaster, Lebanon, Mifflin, Perry and York</p>	<p><b>Southeast Region</b>                  2 East Main Street                  Norristown, PA 19401-4915                  484-250-5900</p> <p>Counties: Bucks, Chester, Delaware, Montgomery and Philadelphia</p>



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

# 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





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

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## 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	



**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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**UNDERGROUND STORAGE TANK  
FACILITY OPERATIONS INSPECTION  
REPORT FORM INSTRUCTIONS**

The Facility Operations Inspection (FOI) form is used to document and report underground storage tank (UST) facility operations inspections. The procedures found in the program guidance "Guidelines for Conducting Underground Storage Tank Facilities Operations Inspections" (263-3120-003), should be followed. Below are instructions for completing the FOI form.

**GENERAL**

Print clearly using a ballpoint pen or type all entries (except signatures). Fill out all applicable sections of the form. Follow this document, the instructions on the form and the inspection guidance to help ensure proper report completion. Incomplete or illegible forms can be returned and may subject the inspector to enforcement actions. Note: bulleted items on the FOI form are information to help the inspector during the inspection.

Number of tanks: When more than five regulated underground storage tanks are present at a facility, it will be necessary to use more than one set of inspection forms. In this case, label each form set at the bottom of the pages with the letters 'A' (first set), 'B' (second set), etc.

Comments: Provide essential details in the report comments section (VII on page 9). At minimum, comments should be provided on the following items: specific tank information, specific piping information, suspected contamination; improperly closed or unregistered tanks; "other" or "unknown" tank system attributes; tank system modifications (with date); estimated installation date when actual date is unknown; date when product was first deposited in the tank; periods when tank was empty (contained 1" or less of product); release detection exemptions, missing months and months with failures or inconclusives; description of suspected release investigations; owner/operator actions needed for compliance; changes at site, that would affect compliance, since initial inspection (with date); explanation of form entries marked "N/A," recommendations made to owner/operator; description of technical assistance given to the owner/operator; and other information that would be helpful to the owner, operator or DEP when reviewing the inspection. Include modifications and repairs to the tank system and the date(s) they were performed. List mailing addresses for the owner and/or operator when different from the facility address. Supply additional detail as appropriate. Use as many comments sheets as necessary. An example continuation page can be found on the Storage Tanks web site.

Cover letters are not considered part of the report and hinder report processing. Important information should be included in the report's comments section (page 9). Attach additional comments pages as necessary.

Amendments. If pages must be amended, initial all changes, write "amended" at the top of each modified page, and resubmit them.

Call (717-772-5599) or e-mail ([tanks@pa.gov](mailto:tanks@pa.gov)) the Division of Storage Tanks if you have questions about proper report completion.

**THE INSPECTION REPORT**

**PAGE 1**

Facility Information. Enter the DEP Storage Tank Facility Identification Number (2-digit county, dash and 5-digit serial number), facility name and location (911) address, including the municipality in which the facility is located. If the facility information does not correspond to the Registration Certificate, inform owner/operator of the requirement to submit an amended registration form to correct the information.

Representative Present During Inspection. Enter the name and phone number of the facility representative present during the inspection, and check the applicable relationship box; check "None" if no representative was present during your inspection.

Certified Inspector. Enter your name and DEP certification number (the inspector must be IUM certified). Keep phone number(s), mailing address and e-mail address current with the Certification Unit in case the Department needs additional information concerning an inspection report. Your email and phone number should be listed on the FOI form as well. The DEP will use this contact information for any questions that they may have about your FOI.

Date of First Site Visit. Enter the date you were first on-site to perform the inspection; this date is the "inspection date."

Owner. Provide the name of the tank owner. If the owner's mailing address differs from the facility location address, record the mailing address in the comments section (page 9).

Operator. Provide the name of the facility operator, e.g. a lessee, that the inspector met with during the FOI, if different from the tank owner, and their operator class (if trained). If their mailing address differs from the facility location address, record the mailing address in the comments section (page 9).

The remaining entries on page 1 should not be completed until the inspection is complete and information for pages 2 through 9 has been determined.

## **PAGE 2**

Enter the facility name, inspection date and DEP facility identification number on the top (header area) of page 2.

### **(Section I.) Tank System Information**

Enter the attributes for each tank system using the codes provided on page 2-1. Tank numbers must correspond to those on the registration certificate. Each attribute must be verified by personal observation and thorough review of the facility's records.

The inspector shall verify as much of the system as is visible without excavation – open all sumps and manways, look in fill openings and inside dispensers.

Indicate the current product and water level in each tank in inches. Product and water levels shall be determined by stick measurement. For systems with an ATG, the product and water level should be compared to the ATG measurements to verify that the ATG is properly calibrated and functional.

A copy of the code page (page 2-1) should be included in the owner's copy of the report, but does **not** need to be submitted to DEP.

When counting sumps/pans tested tight on lines 9b, 10b and 11c, count only if a copy of the last containment test is maintained by the owner.

Provide a site drawing to document the conditions at the site and the layout of the tank systems. Use site drawings to document unique and complex tank system conditions, including, but not limited to tank and piping manifolds, multiple piping constructions and/or ages at a facility or in the same piping run.

## **PAGES 3 through 8**

Enter the facility name, inspection date, DEP Facility Identification Number and tank system numbers on the top (header area) of pages 3 through 8. The tank system number is the sequence number that corresponds to the specific tank system, including associated piping.

### **(Section II.) Release Detection Reference**

Complete the section(s) for the method(s) being used by the owner/operator to meet the regulatory requirements – both the current (corresponding codes must be entered on page 2) and others used in the last 12 operating months (Section VII, page 9). For previous methods, write the dates they were used next to the header above the corresponding blocks on pages 3 through 5. For example, an automatic tank gauge (ATG) was used from January to August of 2004, the inspection is performed in January of 2005 and the owner is currently using statistical inventory reconciliation (SIR) – the inspector would write next to the ATG header on page 3, "January to August 2004," and next to the SIR header on bottom of page 3, "September 2004 to present."

When examining release detection certifications, consider the type of system in which the equipment is installed. For example, if the piping is flexible, is the line leak detector used in a pressurized system certified for flexible piping, and is the limitation on the maximum length of this type of piping exceeded in this particular system? Special attention must be paid to pressurized systems that have multiple turbine pumps.

For inspections of new tank systems that have been in operation for less than 12 months, release detection records are required for each month of operation (regulated substance stored in the tank). Note in the release detection recordkeeping block (Section V, page 8) and in the comments section (page 9) the date the system began to store regulated substance. Record the compliance on page 1 of the report based on the months of actual operation (storing product).

For all other systems that are not exempt from release detection, the last twelve operating months of records are required for each system – tank and piping. If a tank system has not been used and was empty for a portion of the 12 months preceding the inspection, note this in the comments section (page 9). Release detection records are required

for the most recent 12 months that the tank contained product. Review all records – those demonstrating the tank was empty as well as operating records described above – for a sufficient period to include the last 12 operating months. List in the comments section (page 9), by tank, months with missing release detection records. Also list, by tank, the months with failed or inconclusive release detection tests.

Before submitting the FOI report, ensure that the documents listed under the applicable release detection method(s) were reviewed, the blanks in the applicable section(s) are filled in and the information required in the comments section has been entered.

For a UST to be considered compliant with release detection, each block for the applicable method must be either checked or marked 'N/A,' including the recordkeeping subsection on page 8. Each 'N/A' must be adequately explained in the comments section.

### **(Section III.) Equipment Testing**

Complete all applicable sections relating to periodic equipment testing. Only facilities with containment sumps used for interstitial monitoring of piping must meet one the "Containment Sump Testing" requirements. Include the following for the most recent equipment testing: the name of the tester, date of the test, test method used (i.e. PEI RP1200, manufacturer's instructions), and the test results.

### **(Section IV.) Corrosion Protection (CP)**

Complete all applicable sections related to Corrosion Protection Compliance Criteria. Ensure all boxes and spaces in the appropriate sections are filled in accurately, and completely.

All CP testing must be conducted in accordance with an applicable industry standard and the Department's guidance titled, "Guidelines for the Evaluation of Underground Storage Tank Cathodic Protection Systems" (263-4200-002).

For any CP testing conducted after **[IMPLEMENTATION DATE]**, the "UST Cathodic Protection System Evaluation Form" (2630-FM-BECB0610) must be attached to and submitted with the FOI report form.

When cathodic protection or supplemental anodes have been added to a tank, be sure to enter the date of the shell assessment, date of installation and describe the tank shell assessment method. For supplemental anode addition to an sti-P3® tank, the tank system should be assessed in accordance with STI R972.

Valid assessments of CP upgrades depend on when the upgrade was conducted. Upgrades must be conducted in accordance with the applicable industry standard that was valid at the time the upgrade was completed. If there is a question concerning tank shell evaluation, contact the appropriate regional office. Note: there are no upgrade standards for piping. Bare steel piping, except as described in the, "Guidelines for Conducting Underground Storage Tank (UST) Facility Operations Inspections (FOI)" (263-3120-003), must be replaced rather than upgraded.

### **(Section V.) IUM Record Review**

Thoroughly review the facility's records including tank and piping release detection, equipment testing and maintenance, walkthrough inspections, and USTIF coverage. Verify that the conditions are met for each line. Check the appropriate boxes when the facility owner has met the condition. Describe areas of noncompliance in the comments section (page 9).

### **(Section VI.) Operator Training**

Review the facility's training records and posted operating procedures. Check appropriate boxes when the facility owner has met the condition. Describe areas of noncompliance in the comments section (page 9).

Informal Training Given by the Inspector. Areas of noncompliance must be discussed with the owner, Class A and/or Class B operator. When you speak directly to a Class A or B operator concerning noncompliance, describe the activity in the informal training section. Include the date, who was involved, their operator class, a description of the topics covered, the approximate depth of the coverage and whether the individual understood the discussion.

### **PAGE 9**

Enter the facility name, inspection date and DEP facility identification number on the top (header area) of page 9 and on any additional comments (continuation) sheets.

### **(Section VII.) Comments**

During the course of the inspection, the inspector must examine all containment sumps and spill prevention devices for the presence of product, water and debris; failure to do so may subject the inspector to enforcement action. After the inspection, the results of the inspectors examination of the containment sumps and spill prevention devices must

be listed in the comments section (page 9). If product is present in any sumps or any other evidence of a release is observed, the inspector must notify the Department.

Complete the information regarding tank and piping construction specifics. If several makes or types of tanks and piping are present, describe all of them in the space below.

Describe any unusual circumstances at the facility or any components of the storage tank systems that require further explanation.

The listing of descriptive comments on page 1 of these instructions is not meant to be exhaustive. The comments section should be used to note additional information discovered or actions taken during the inspection that affect compliance at the facility. For example, include comments concerning improperly closed or unregistered regulated tanks that were found during the inspection.

Record phone conversations or email correspondence with DEP personnel that took place concerning the inspection.

If additional comments sheets are needed, label each sheet with the report header information and attach the sheet(s) to the back of the inspection report. A sample continuation page may be found on the Storage Tanks web site.

### COMPLETING THE INSPECTION FORM

Ensure that the headings on all pages are filled out completely and correctly.

Return to page 1 to complete the observation entries, inspection summary and authentication of the inspection report.

#### **PAGE 1**

Financial Responsibility. Indicate whether you reviewed documentation that verified that the facility has continuously participated in USTIF.

Contamination. Indicate whether you observed suspected or confirmed contamination during the FOI. If you observe evidence of contamination during the FOI, you must report it to the appropriate regional office in writing within 48 hours of the initial observation.

Improperly Closed or Unregistered USTs. Indicate whether you observed improperly closed or other unregistered USTs during the FOI.

Fire/safety permits. If a fire/safety permit is required, document the name and issuing body.

Amended Registration. If during the course of the inspection any of the conditions requiring an amended registration were found, check the appropriate box. Strongly urge the owner to submit an amended registration when necessary.

Inspection summary. The inspection summary cannot be completed until the facility has been thoroughly evaluated. Complete this block at the **end** of the inspection. Providing blatantly wrong or unsubstantiated information can lead to enforcement actions. The Tank Number is the system sequence number; it must correspond to the information entered on pages 2 through 9 and the Registration Certificate. To be in compliance, applicable check boxes must either be checked or marked 'N/A' and the nonapplicable items adequately explained in the comments section.

Authentication. Handwritten signatures of both the inspector and owner (representative) should be the last entry made on the inspection report. Carefully read the certification before signing the report. Lack of a tank owner or representative's signature is an unusual circumstance and must be explained in the comments section (page 9). Once signed by the inspector, the report form must be submitted to the Department.

Attachments: Include groundwater or vapor monitoring authentication record. Attach as many comments continuation pages as needed to describe the site, inspection and actions the owner has taken to come into compliance. If not recorded on page 8, include corrosion protection evaluation/survey results and rectifier monitoring results (when applicable). If not provided on page 2, include site diagrams/drawings showing unique and complex tank system conditions.

Report Submission. Mail or otherwise deliver the completed inspection report to the Department addresses shown below and provide a copy to the facility owner or owner's representative.

Copy: Pennsylvania Department of Environmental Protection  
 Rachel Carson State Office Building  
 Division of Storage Tanks  
 P.O. Box 8763  
 Harrisburg, PA 17105-8763

Copy: Owner

Copy: Inspector's file – keep for at least 10 years

Original: Appropriate DEP regional office:

<p><b>Northwest Region</b></p> <p>230 Chestnut Street            Meadville, PA 16335-3481            814-332-6648</p> <p>Counties: Butler, Clarion,            Crawford, Elk, Erie, Forest,            Jefferson, Lawrence, McKean,            Mercer, Venango and Warren</p>	<p><b>Northcentral Region</b></p> <p>208 West Third Street, Ste.            101            Williamsport, PA 17701            570-321-6525</p> <p>Counties: Bradford, Cameron,            Centre, Clearfield, Clinton,            Columbia, Lycoming, Montour,            Northumberland, Potter, Snyder,            Sullivan, Tioga and Union</p>	<p><b>Northeast Region</b></p> <p>2 Public Square            Wilkes-Barre, PA 18701-1915            570-826-2511</p> <p>Counties: Carbon, Lackawanna,            Lehigh, Luzerne, Monroe,            Northampton, Pike, Schuylkill,            Susquehanna, Wayne and            Wyoming</p>
<p><b>Southwest Region</b></p> <p>400 Waterfront Drive            Pittsburgh, PA 15222-4745            412-442-4000</p> <p>Counties: Allegheny, Armstrong,            Beaver, Cambria, Fayette,            Greene, Indiana, Somerset,            Washington and Westmoreland</p>	<p><b>Southcentral Region</b></p> <p>909 Elmerton Avenue            Harrisburg, PA 17110            717-705-4705</p> <p>Counties: Adams, Bedford, Berks,            Blair, Cumberland, Dauphin,            Franklin, Fulton, Huntingdon,            Juniata, Lancaster, Lebanon,            Mifflin, Perry and York</p>	<p><b>Southeast Region</b></p> <p>2 East Main Street            Norristown, PA 19401-4915            484-250-5900</p> <p>Counties: Bucks, Chester,            Delaware, Montgomery and            Philadelphia</p>



**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 \_\_\_\_\_  
 GPS Location Lat: \_\_\_\_\_ Long: \_\_\_\_\_

**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):**

<input type="checkbox"/> Added tanks	<input type="checkbox"/> Change in substance stored
<input type="checkbox"/> Closed tanks	<input type="checkbox"/> Change of operational status (in or out of service)
<input type="checkbox"/> Change in tank size	<input type="checkbox"/> 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 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

**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.	DEP Use				
	_____	_____	_____	_____	_____	
1. Tank capacity (name plate gallons)						
2. Substance currently stored (and grade)						
3. Tank Installation date (mm/yyyy)						
3a. Piping 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):

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

## 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

**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 |
|-------------|-------------|-------------|-------------|-------------|
|             |             |             |             |             |

**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	<input type="checkbox"/>				
manufacturer's certification of ability to detect 0.2 gph release is available	<input type="checkbox"/>				
probes and gauge software certified for manifolded tank systems	<input type="checkbox"/>				
<ul style="list-style-type: none"> <li>• when not specifically certified, the siphon must be broken to properly test</li> </ul>	<input type="checkbox"/>				
maintenance records, for the last year, including calibration, preventative and repair	<input type="checkbox"/>				
equipment is operational	<input type="checkbox"/>				

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

tank capacity is 1,000 gallons or less	<input type="checkbox"/>				
tank installed on or before 11/10/2007	<input type="checkbox"/>				
performed weekly	<input type="checkbox"/>				
1/8th inch accuracy stick readings	<input type="checkbox"/>				
average 2 stick readings before and after test	<input type="checkbox"/>				
test length appropriate for each tank	<input type="checkbox"/>				
<ul style="list-style-type: none"> <li>• 36 hours minimum</li> <li>• 44 hours, 551-1000 gallons, 64" diameter</li> <li>• 58 hours, 551-1000 gallons, 48" diameter</li> </ul>	<input type="checkbox"/>				
variation is within standard (both weekly and monthly)	<input type="checkbox"/>				

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

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

**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	<input type="checkbox"/>				
data is collected according to the test vendor's instructions	<input type="checkbox"/>				
analysis completed and valid results supplied to owner/operator within 30 day monitoring period	<input type="checkbox"/>				
<ul style="list-style-type: none"> <li>• valid reports include calculated leak rate, minimum detectible leak rate, leak threshold, probability of detection and probability of false alarm</li> </ul>	<input type="checkbox"/>				
suspected releases properly investigated within 7 days of any inconclusive or failed report, to confirm or deny the occurrence of a release	<input type="checkbox"/>				

**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              |
|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| <input type="checkbox"/> |

**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	<input type="checkbox"/>				
wells are properly installed in accordance with site evaluation and regulations	<input type="checkbox"/>				
wells are monitored and results recorded monthly in accordance with site evaluation	<input type="checkbox"/>				
monitoring wells are marked and secured	<input type="checkbox"/>				
fill material is sufficiently porous to allow expeditious detection at the monitoring wells	<input type="checkbox"/>				
substance stored meets regulatory requirements for type of monitoring	<input type="checkbox"/>				
equipment manufacturer's performance claims are available	<input type="checkbox"/>				
equipment maintenance records, for the last year, including calibration, preventative and repair	<input type="checkbox"/>				

**Groundwater monitoring:**

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

**Vapor Monitoring:**

the monitoring device is not rendered inoperative by moisture	<input type="checkbox"/>				
background contamination will not interfere with vapor monitoring	<input type="checkbox"/>				
vapor monitors will detect increases in concentrations of stored substance	<input type="checkbox"/>				

**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)	<input type="checkbox"/>				
secondary enters sump and allows a release to be detected	<input type="checkbox"/>				
interstitial sensors properly placed (per manufacturer's instructions)	<input type="checkbox"/>				
monitoring wells or ports (when used) are clearly marked and secured	<input type="checkbox"/>				
maintenance records, for the last year, including preventative and repair	<input type="checkbox"/>				
equipment manufacturer's performance claims are available	<input type="checkbox"/>				
secondary barrier (pipe) is compatible with and impermeable to the stored substance	<input type="checkbox"/>				
(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	<input type="checkbox"/>				
(Code L only) system tested for operability within the last year	<input type="checkbox"/>				
(Code L only) monthly "sensor status" (or equivalent) records available	<input type="checkbox"/>				

**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	<input type="checkbox"/>				
the below grade piping slopes uniformly back to the tank	<input type="checkbox"/>				
there is no more than one check valve in the piping	<input type="checkbox"/>				
the check valve is located close to or inside the suction pump	<input type="checkbox"/>				
compliance with above specifications can be readily determined; describe in comments	<input type="checkbox"/>				

**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 |
|-------------|-------------|-------------|-------------|-------------|
|             |             |             |             |             |

**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	<input type="checkbox"/>				
performed by UTT certified installer (after 11/10/2008)	<input type="checkbox"/>				
test conducted at proper frequency	<input type="checkbox"/>				
<ul style="list-style-type: none"> <li>● conducted annually for <b>pressurized</b> piping without monthly monitoring</li> <li>● conducted every 3 years for <b>suction</b> piping not meeting code I requirements</li> </ul>	<input type="checkbox"/>				
if test device permanently installed, maintenance records, for the last year, including calibration, preventative and repair	<input type="checkbox"/>				

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

manufacturer: \_\_\_\_\_ model: \_\_\_\_\_  
 date last operability test: \_\_\_\_\_ tester name: \_\_\_\_\_  
 operability test result: \_\_\_\_\_

certification of ability to detect a release of 3 gph at 10 psig within 1 hour is available	<input type="checkbox"/>				
maintenance records, in addition to the annual test, for last year, including calibration, preventative and repair	<input type="checkbox"/>				

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

manufacturer: \_\_\_\_\_ model: \_\_\_\_\_  
 date of last 3gph test: \_\_\_\_\_ 3gph test result: \_\_\_\_\_  
 date last operability test: \_\_\_\_\_ tester name: \_\_\_\_\_  
 operability test result: \_\_\_\_\_

certification of ability to detect a release of 3 gph at 10 psig within 1 hour is available	<input type="checkbox"/>				
maintenance records, in addition to annual test, for last year, including calibration, preventative and repair	<input type="checkbox"/>				
continuously monitors piping	<input type="checkbox"/>				

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	<input type="checkbox"/>				
documentation of monthly test available for last year	<input type="checkbox"/>				

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	<input type="checkbox"/>				
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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 |
|-------------|-------------|-------------|-------------|-------------|
| ___         | ___         | ___         | ___         | ___         |

**Overfill Evaluation:**

tester name: \_\_\_\_\_ method: \_\_\_\_\_

date of last test: \_\_\_\_\_ result: \_\_\_\_\_

overfill testing conducted within the last 3 years and documentation available	<input type="checkbox"/>				
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**Spill Containment Testing:**

tester name: \_\_\_\_\_ method: \_\_\_\_\_

date of last test: \_\_\_\_\_ result: \_\_\_\_\_

spill containment testing conducted within the last 3 years and documentation available	<input type="checkbox"/>				
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**OR**

spill containment is double-walled	<input type="checkbox"/>				
------------------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------

both walls of spill containment are monitored at least monthly	<input type="checkbox"/>				
--	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------

**OR**

tank filled in less than 25 gallon increments	<input type="checkbox"/>				
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**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	<input type="checkbox"/>				
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**OR**

containment sump(s) is/are double-walled	<input type="checkbox"/>				
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both walls of sump(s) are monitored at least annually	<input type="checkbox"/>				
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**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	<input type="checkbox"/>				
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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 |
|-------------|-------------|-------------|-------------|-------------|
|             |             |             |             |             |

**Lined Tanks: (Tank only – code I)**

tank inspected and lined according to national standard date lined: _____	<input type="checkbox"/>				
tank initially inspected 10 years after lining and every 5 years thereafter dates inspected: _____	<input type="checkbox"/>				

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

<b>tank</b> structure to soil potential is equal to or more negative than -0.85 volts, <u>or</u> meets other nationally recognized protection standard: specify: _____	<input type="checkbox"/>				
potential on <b>tank</b> current monitoring (date) _____					
potential on <b>tank</b> previously monitored (date) _____					
<b>pipe/flex</b> structure to soil potential is equal to or more negative than -0.85 volts, <u>or</u> meets other nationally recognized protection standard: specify: _____	<input type="checkbox"/>				
potential on <b>pipe/flex</b> current monitoring (date) _____					
potential on <b>pipe/flex</b> previously monitored (date) _____					

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

system designed by a corrosion expert	<input type="checkbox"/>				
system is turned on and functioning within design limits	<input type="checkbox"/>				
any variation of ± 10% of the initial readings have been properly investigated	<input type="checkbox"/>				
documentation of last three amp readings (plus volt and runtime when meters available), recorded at least once every 60 days:	<input type="checkbox"/>				
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: \_\_\_\_\_

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

**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.**

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**UNDERGROUND STORAGE TANK FACILITY  
OPERATIONS INSPECTION**

Facility Name \_\_\_\_\_ Date \_\_\_\_\_ Facility ID \_\_\_\_\_ - \_\_\_\_\_

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

<b>Tank Manufacturer</b>		<b>Tank Construction</b> (i.e. Double-walled Act 100 with Anodes)	
<b>Piping Manufacturer</b>	<b>Piping Model/Brand</b>		<b>Piping Generation (if applicable)</b>

DRAFT

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

## 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.



## 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.

<b>I. Location of Tank System</b>			
Facility Name		Facility Identification Number	
Street Address		City	State PA
Municipality		Zip Code	
Contact Person		County	
Phone Number ( )			
<b>II. Owner of Tank System</b>			
Owner Name			
Street Address		Phone Number ( )	
City	State	Zip Code	
<b>III. Month/Day/Year of Proposed Closure</b> ___ / ___ / ___			
<b>IV. Certified Remover/Company Performing Tank Handling Activities</b>			
Certified Remover Name		Remover Certification Number	
Street Address		Phone Number ( )	
City	State	Zip Code	
Certified Company Name		Company Certification Number	
<b>V. Contractor/Individual Performing Site Assessment Activities</b>			
Name of Contractor or Individual			
Street Address		Phone Number ( )	
City	State	Zip Code	
<b>VI. Will this closure involve replacement of at least one old tank with a new tank?</b>			
Yes <input type="checkbox"/> No <input type="checkbox"/>			
<b>VII. Signature of Tank System Owner</b>			<b>Date</b>

<b>VIII. Description of Aboveground Storage Tank Systems</b> (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)	<b>a. Petroleum</b>				
	Unleaded Gasoline	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Leaded Gasoline	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Aviation Gasoline	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Pure Ethanol	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Blended Ethanol _____%	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Kerosene	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Jet Fuel	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Diesel Fuel	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Biodiesel _____%	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Fuel Oil No. 1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Fuel Oil No. 2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Fuel Oil No. 4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Fuel Oil No. 5	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Fuel Oil No. 6	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	New Motor Oil	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Used Motor Oil	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Nonpetroleum Oil, Specify				
	Other, Specify				
	<b>b. Hazardous Substance</b>				
Name of Principal CERCLA Substance					
AND					
Chemical Abstract Service (CAS) No.					
<b>c. Unknown</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<b>Proposed Closure Method(s):</b>					
Partial System Closure		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Tank</b> <input type="checkbox"/> N/A	a. Removal	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	b. Closure-in-Place	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	c. Change-in-Service	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Piping</b> <input type="checkbox"/> N/A	a. Removal	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	b. Closure-in-Place	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	c. Change-in-Service	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Dispenser</b> <input type="checkbox"/> N/A	a. Removal	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	b. Closure-in-Place	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	c. Change-in-Service	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Other</b> _____	a. Removal	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	b. Closure-in-Place	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	c. Change-in-Service	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Describe Planned Closure Activities:</b>					



## 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

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

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

CLOSURE METHOD(s):		DEP Tank ID Number:				
<b>Partial Storage Tank System Closure</b>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Tank</b> <input type="checkbox"/> N/A	a. Removal		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	b. Closure-in-Place		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	c. Change-in-Service		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Piping</b> <input type="checkbox"/> N/A	a. Removal		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	b. Closure-in-Place		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	c. Change-in-Service		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Dispenser</b> <input type="checkbox"/> N/A	a. Removal		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	b. Closure-in-Place		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	c. Change-in-Service		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Other</b> _____	a. Removal		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	b. Closure-in-Place		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	c. Change-in-Service		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**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: \_\_\_\_\_  
\_\_\_\_\_



## 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

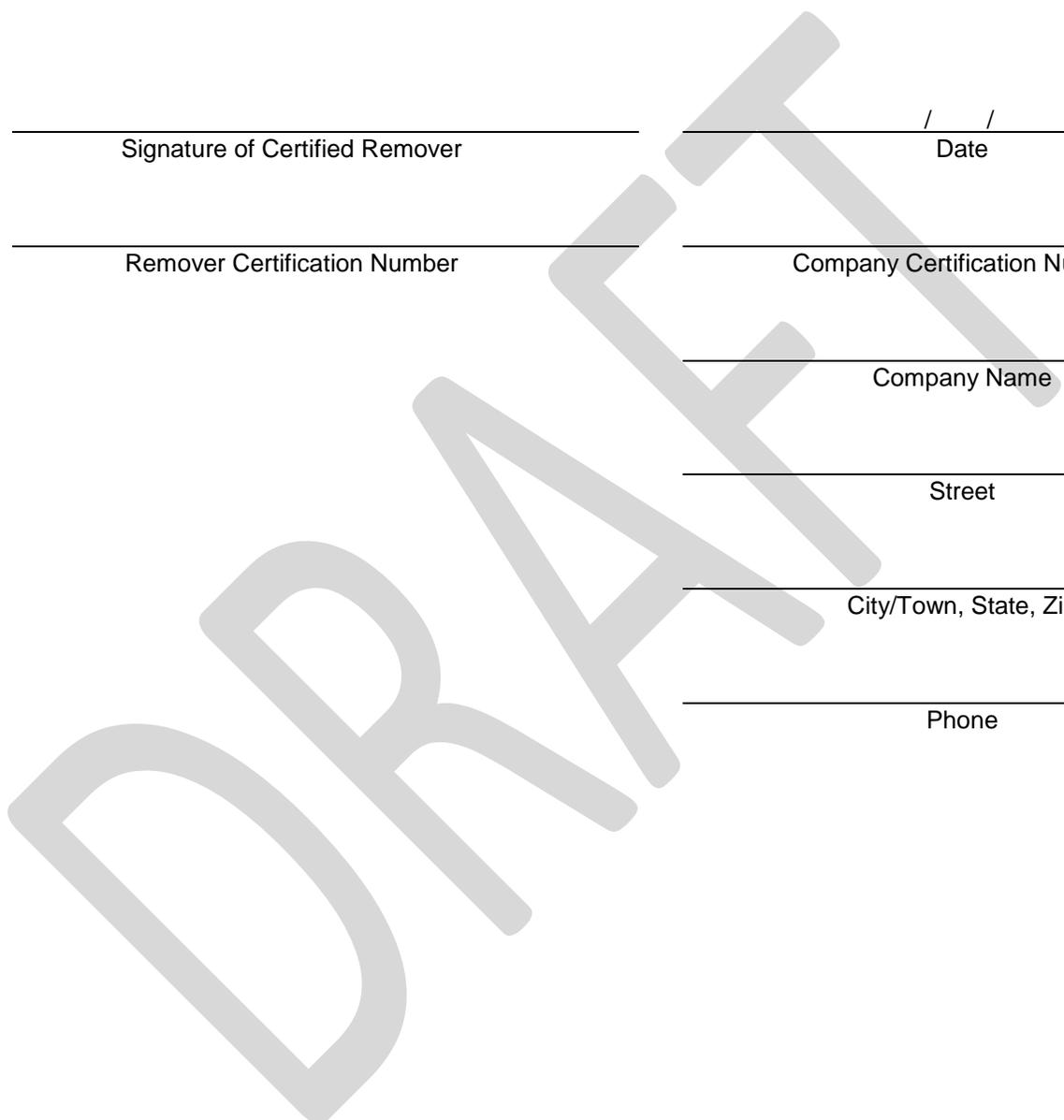
\_\_\_\_\_  
Company Certification Number

\_\_\_\_\_  
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	



**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:**

DRAFT



## UNDERGROUND STORAGE TANK MODIFICATION REPORT

<b>FOR DEP USE ONLY</b>	
Reviewer _____	Date _____
Entered by _____	Date _____

I. FACILITY INFORMATION	II. ACTIVITY INFORMATION
Facility I.D. Number _____ Facility Name _____ Facility Address _____ Municipality _____ GPS Location Lat: _____ Long: _____	This modification activity is? <input type="checkbox"/> Minor modification <input type="checkbox"/> Major modification  Is this modification in response to an inspection? <input type="checkbox"/> Yes <input type="checkbox"/> 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. <input type="checkbox"/> Yes <input type="checkbox"/> No  Tank modification complies with Fire Safety Requirements (for flammable & combustible liquids). If no, explain all irregularities in the comment section. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> 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

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

Tank #	Tank #	Tank #		Tank #	Tank #	Tank #
_____	_____	_____		_____	_____	_____
(1) Tank Modification (describe in VII. Comments) <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> C Cathodic protection (modified) <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 99 Other			(6) Spill Prevention Repair (describe repair, test and type in VII. Comments) ‡ <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Spill Bucket Insert/Repair <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> New Single-Wall <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> New Double-Wall			
(2) Underground Piping Installation or Modification (describe in VII. Comments) <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> B Cathodic protection added <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Field design by a "corrosion expert" _____ Industry Standard used for CP <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> H Modification of existing piping <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> I Double walled steel piping <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> J Double walled fiberglass <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> K Double walled plastic <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> M Jacketed piping <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 99 Other			(7) Overfill Prevention Installation or Modification (describe status of previous overfill prevention i.e. removed, remains as backup in VII. Comments) <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> S Drop tube shut-off device added <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> A Overfill alarm added			
(PFLEX) Piping Flexible Connection Installation or Modification (describe in VII. Comments) <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> B Metallic w/cathodic protection added <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> I Placed inside containment <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> M Jacket added <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 99 Other			(12) Tank Release Detection Modification (include manufacturer and model number in VII. Comments) <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> E Automatic tank gauge added/replaced <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> H Interstitial monitor (2 walls) added <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> J Groundwater monitoring added (attach site evaluation) <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> K Vapor monitoring added (attach site evaluation)			
(4) Product Delivery (Pump) System Modification (describe in VII. Comments) <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> A Suction: Check valve at pump <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> B Suction: Check valve at tank <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> C Pressure: Submersible pump (STP) <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> D Gravity Fed <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 88 Installed/removed siphon bar			(19) Stage I Vapor Recovery Modification <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> A Coaxial added/replaced <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> B 2 Port added/replaced			
(5) Pipe Release Detection Modification (describe in VII. Comments) <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> A Automatic line leak detector added <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> D Interstitial monitoring added <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> K Electronic line leak detector added <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> L Continuous Interstitial monitor added <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 88 STP shut off added <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 99 Other			(20) Stage II Vapor Recovery Modification <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> A Complete balance system added <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> B Complete assist system added <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> C Underground piping only added <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> D Stage II decommissioned			
			(21) Tank top Sump Installation or Repair (describe installation and test in VII. Comments) ‡ <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Y Yes			
			(22) Dispenser Pan Installation or Repair (describe installation and test in VII. Comments) ‡ <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 88 New dispenser installed <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 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 any modifications marked "99 Other" on page 2.)

*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)



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

## 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

Instructions

**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](http://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.

## Instructions

**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](http://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

## Instructions

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](http://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](http://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](http://soilmap.psu.edu) may assist in determining if the soil type in the project area could be considered prime farmland.

**Instructions**

- 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](http://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.

DRAFT



## 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) Course ID# \_\_\_\_\_
- If **amending** or **renewing** an existing training course

### 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**

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**SECTION IV – INSTRUCTOR INFORMATION**

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

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Instructor Last Name	First Name	MI	Suffix
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Title

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Affiliation

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

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Instructor Last Name	First Name	MI	Suffix
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Title

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Affiliation

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

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Instructor Last Name	First Name	MI	Suffix
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Title

---

Affiliation

---

Phone Number	Ext
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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 \_\_\_\_\_



## INSTRUCTIONS

### STORAGE TANK TRAINING COURSE APPROVAL APPLICATION

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#### GENERAL INFORMATION

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##### APPLICATION PACKAGES

To expedite the processing of the applicant's request, the Department (DEP) asks that you use the most up-to-date application package available. This Training Course Approval Package, as well as other Department-wide or program specific permit application packages is available in Microsoft Word format. Most forms are also available as PDF files. You can download the Word document file to your personal computer, complete it electronically, and print it for submission to the Department. To obtain DEP application packages visit our web site, write or call:

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

**1-800-42-TANKS (in PA only)  
717-772-5599**

For more information, visit  
[www.dep.pa.gov](http://www.dep.pa.gov). Search: Storage Tanks.

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#### GENERAL INSTRUCTIONS

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These instructions are designed to aid the applicant when completing the Training Course Approval Application Form. The information the Department needs to evaluate your request must be provided in the form of attachments to the application. The Department requests that you use 8 1/2 x 11 sized paper and that you print or type the applicant name, and identify the applicable section number in the top right-hand corner of the attachment.

##### File Copy & Submittal

Retain a copy of your application and all attachments for your records. Send the completed application materials to the address shown above. If you have any questions about the application, please call the Customer Service number above and ask for the Certification Unit.

##### Evaluation & Approval

Each course will be evaluated for approval in accordance with the provisions of Chapter 245 §241.141 (relating to Training Approval). Final approval of the training course may, at the discretion of the Department, require a presentation of the training course to the Department by the applicant.

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## INSTRUCTIONS

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### SECTION I – APPLICATION TYPE

**Initial** – Select this Application Type if this is your first request for approval of this training course. If you or your company have been approved to conduct technical training for installer categories not related to this request, record your Client ID # on the application.

**Amendment** – Select this Application Type if you are changing information previously submitted to the Department. Changes must be reported within 14 days of the change. When amending information please record your Client ID# and your Course ID# on the application. You are required to amend your application when there are changes to...

- Applicant Information (Section II)
- Course Title (Section III)
- Instructor Information (Section IV)
- Course Outline (Section V)
- Test Description (Section VI)

**Renewal** – Select this Application Type if you are renewing a previously approved training course. In order for you to continue offering the course you must renew the approved course every 3 years. The Renewal Application must be complete, and include all attachments whether or not there are changes. Please record your Client and Course ID numbers on the application.

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### SECTION II – APPLICANT INFORMATION

**Applicant Type Code** – The Applicant Type Code is also referred to as the Client Type Code. Enter the code that represents the structure of your company.

<u>Government</u>		<u>Non-Government</u>	
<b>AUTH</b>	Authority	<b>ASSOR</b>	Association/Organization
<b>CNTY</b>	County	<b>ESTST</b>	Estate/Trust
<b>FED</b>	Federal Agency	<b>INDIV</b>	Individual
<b>MUNI</b>	Municipality	<b>LLC</b>	Limited Liability Company
<b>OTHER</b>	Other (Govt)	<b>LLP</b>	Limited Liability Partnership
<b>SCHDI</b>	School District	<b>NPACO</b>	Non-Pennsylvania Corporation
<b>STATE</b>	State Agency	<b>OTHER</b>	Other (Non-Govt)
		<b>PACOR</b>	Pennsylvania Corporation
		<b>PARTG</b>	Partnership – General
		<b>PARTL</b>	Partnership – Limited
		<b>SOLEP</b>	Sole Proprietorship

**Federal Tax (EIN) or SSN** – A Federal Tax ID or Employer Identification Number (EIN) is assigned by the IRS. The EIN is an important part of the application. It aids the Department when identifying clients and helps prevent duplicate data entry. It is required for “company” applicants. The individual client’s SSN is required for the same reason.

**Name, Address, Phone Numbers** – Provide the information requested. Type or print legibly.

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**SECTION III – COURSE INFORMATION**

**Official Course Title** – Type or write the full name of this course.

**Target Audience and Categories** - Select the type of candidate that the training course targets.

For installer training, does this course fulfill the needs of those installers needing to meet the requirements for initial certification in a category, or will the course meet the requirements of those seeking to renew certification? Renewal courses may provide an update and overview of the referenced content versus the full training course needed for initial category certification. Indicate which certification category(ies) is/are applicable to the course. The complete category list and descriptions can be found in the Storage Tank Regulations at §245.110. Course content should closely match the industry standards and regulations referenced in the Department’s study guides for the applicable certification category.

For operator training, does this course fulfill the needs of a Class A operator, Class B operator, or both? Training courses for Class A operators must confer a broad scope of knowledge, and training courses for Class B operators must provide more in-depth knowledge, on the subject areas addressed in Appendix A. Also refer to required training provisions at §245.436(c).

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**SECTION IV – INSTRUCTOR INFORMATION**

Provide the information requested for each course instructor. For “professional background” include the instructor’s education and experience. If you need additional space to list all of your course instructors, copy Section IV.

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**SECTION V – COURSE OUTLINE ATTACHMENTS**

Provide each item of the course outline on an attachment to the application. In the top right-hand corner of the attachment write the applicant name and “Course Outline”. You must include a current course outline even if you are renewing the course.

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**SECTION VI – TEST DESCRIPTION ATTACHMENTS**

Provide each item of the test description on an attachment to the application. In the top right-hand corner of the attachment write the applicant name and “Test Description”. You must include the current test description even if you are renewing the course.

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**SECTION VII – CERTIFICATION**

The individual applicant, or an officer of a company requesting Pennsylvania Department of Environmental Protection approval and recognition of a category-specific Training Course must read and sign the certifying statement. Type or print the applicant’s name (individual, or company officer authorized to sign the application), and then sign and date the application.

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## Appendix A

### **Required Training Subjects for Class A Operators**

Class A operator training includes a general broad knowledge of underground storage tank (UST) system requirements and regulations. Training must provide information that should enable the Class A operator to make informed decisions regarding regulatory compliance and to ensure that appropriate persons are fulfilling operation, maintenance and recordkeeping requirements and standards of Chapter 245, including the following subject areas:

- Spill and overfill prevention
- Release detection and related reporting requirements
- Recordkeeping requirements
- Corrosion protection
- Emergency response
- Suspected or confirmed release investigation and related reporting
- Product and equipment compatibility
- Financial responsibility and related Underground Storage Tank Indemnification Program
- Notification and storage tank registration requirements, including DEP permitting
- Temporary and permanent tank system closure requirements
- Overview of Class B and Class C operator requirements

### **Required Training Subjects for Class B Operators**

Class B operator training includes in-depth knowledge and understanding of the operation and maintenance aspects of underground storage tank (UST) systems and related regulatory requirements. Training must provide specific information on the components of UST systems, materials of construction, methods of release detection and release prevention applied to UST systems and components. Training must address operation and maintenance requirements of Chapter 245, including the following subject areas:

- Spill and overfill prevention
- Release detection, methods and related reporting requirements
- Corrosion protection and related testing
- Emergency response
- Product and equipment compatibility
- Reporting and recordkeeping requirements
- Manufacturer's equipment maintenance requirements
- Class C operator training requirements and instructions



**STORAGE TANK INSTALLER AND INSPECTOR CERTIFICATION APPLICATION**  
*(Read the instructions before completing this application)*

OFFICIAL USE ONLY		
<b>DATE</b>		Application # _____
Appl. Appr.	Appl. Denied	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.

INSTALLER CATEGORIES	Initial	Renewal		Delete
		Retest	Training	
<b>Underground</b>				
UMX _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
UMI _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
UMR _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
UTT _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Aboveground</b>				
AMMX _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
AMNX _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
AMR _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
AFMX _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
AFR _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
AMEX _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ACVL _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Underground/Aboveground</b>				
TL _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>INSPECTOR CATEGORIES</b>				
<b>Underground</b>				
IUM _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Aboveground</b>				
IAM _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
IAF _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**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)

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**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](http://www.dep.pa.gov), Search: Storage Tanks.



## INSTRUCTIONS

### STORAGE TANK INSTALLER AND INSPECTOR CERTIFICATION APPLICATION

***Do not return these instructions with the completed application***

When completing the application, type or print legibly. Illegible applications will be returned unprocessed. Unless otherwise directed, include with the application all attachments, certificates, or licenses required to support qualification for category-specific certification. The license, certificate or any other documentation, whether provided by a manufacturer, government agency, or training course provider must specifically name the applicant.

The Department must receive the application at least 60 days prior to the announced date of the scheduled examination. If you are renewing your certification you should submit your application 60-120 days before your certificate expires.

#### **NOTE:**

*If you only need to change applicant contact information or company affiliation, use the Storage Tank Installer and Inspector Amendment Form. The Amendment Form must be submitted within 14 days of any change of information.*

#### **SECTION I – APPLICANT INFORMATION**

Provide information for each item; leave nothing blank. If, for example, you do not have an email address, Client ID#, or Certification ID#, write "NA" (not applicable) on the appropriate line. Record your full Social Security number.

This application is for *individuals* requesting *individual* certification. For that reason, as an *individual* DEP Client, the Department prefers to have your home address and phone number. If you have a DEP Client ID # please record the number on your application. You can find your DEP Client ID # on your certificate or any correspondence from the Department.

#### **SECTION II – APPLICATION TYPE**

There are 3 types of applications; **First**, **Modification**, and **Renewal**. The first application is indicated for an applicant who has **never been granted DEP certification** as an Installer or Inspector.

A **modification** application is selected by DEP certified Installers and Inspectors who are requesting certification in a **new certification category** that they have not previously held.

Applicants should select **renewal** when requesting re-certification in a category currently held, or held previously and which has expired.

#### **SECTION III – CURRENT EMPLOYER INFORMATION**

Provide information for each section. If your employer is a **DEP Certified company** it will have a **DEP Client ID#** and a **DEP Certification#**. If the company is not DEP certified, one of the company officers will have to complete a Storage Tank Company Certification Application. You may not perform tank handling or inspection activities as an employee of a non-DEP certified company. If you work for more than one employer, copy page 2 and submit information for each employer.

Note: Employer means that the company withholds taxes and issues you a W-2 form for the period of your employment. You are not an employee if you perform work as a sub-contractor.

The Department has provided a list of Client Type Codes for use by Installers and Inspectors, as well as by companies. Installers and Inspectors requesting certification are always Individual Clients. A company Client Type Code is determined by the structure of the company. A complete list of codes follows:

**DEP Client Type Codes**

**Government**

<b>AUTH</b>	Authority
<b>CNTY</b>	County
<b>FED</b>	Federal Agency
<b>MUNI</b>	Municipality
<b>OTHG</b>	Other (Government)
<b>SCHDL</b>	School District
<b>STATE</b>	State Agency

**Non-Government**

<b>ASSOR</b>	Association/Organization
<b>ESTST</b>	Estate/Trust
<b>INDIV</b>	Individual
<b>LLC</b>	Limited Liability Company
<b>LLP</b>	Limited Liability Partnership
<b>NPACO</b>	Non-Pennsylvania Corporation
<b>OTHER</b>	Other (Non-Government)
<b>PACOR</b>	Pennsylvania Corporation
<b>PARTG</b>	General Partnership
<b>PARTL</b>	Limited Partnership
<b>SOLEP</b>	Sole Proprietorship

**SECTION IV – MAIL CORRESPONDENCE TO ADDRESS**

Tell us where you want to receive mail. If you choose “employer’s address” and you are employed by more than one DEP certified company be certain to indicate which company should receive your mail.

**SECTION V – CERTIFICATION CATEGORIES**

In this section mark in which of the 15 categories you are requesting certification, and which application type applies to your request. The Storage Tank Installer and Inspector Certification Application provides the applicant with specific guidance.

**SECTION VI – APPLICANT’S CERTIFYING STATEMENT**

The applicant is required to read and sign Section VI.

**SECTION VII – EMPLOYER’S CERTIFYING STATEMENT**

An officer representing the applicant’s employer must read and sign Section VII.

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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. Send the application materials (not the instructions) to:

**Pennsylvania Department of Environmental Protection**  
**Bureau of Environmental Cleanup and Brownfields**  
**Division of Storage Tanks**  
**PO Box 8762**  
**Harrisburg, PA 17105-8762**  
**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 our website [www.dep.pa.gov](http://www.dep.pa.gov), Search: Storage Tanks.

## 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	<sup>1</sup> 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	<sup>1</sup> 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

<sup>1</sup> 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
<sup>2</sup> IUM	Inspector, Underground Storage Tank Systems and Facilities	<ul style="list-style-type: none"> <li>• 4 years, or college degree and 2 years</li> <li>• Department approved tank tightness testing familiarization or UTT Certification.</li> <li>• UMX Certification</li> <li>• Corrosion Protection Training</li> </ul>	None
<sup>2</sup> IAM	Inspector, Aboveground Manufactured Storage Tank Systems and Facilities	<ul style="list-style-type: none"> <li>• 4 years, or college degree and 2 years</li> <li>• API 653 Certification Or STI Inspector Certification Or Department approved AST inspector certification</li> </ul>	None
<sup>2</sup> IAF	Inspector, Aboveground Field Constructed Storage Tank Systems and Facilities	<ul style="list-style-type: none"> <li>• 4 years, or college degree and 2 years</li> <li>• API 653 Certification Or Department approved AST Inspector certification</li> </ul>	12 Integrity or construction inspections

<sup>2</sup> 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.

## 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 <sup>1</sup> Administrative Training
UMI	Underground Storage Tank System Minor Modification	Examination or Technical training <sup>1</sup> Administrative Training
UMR	Underground Storage Tank Removal	Examination or Technical training <sup>1</sup> Administrative Training
UTT	Underground Storage Tank System Tightness Tester	Testing Equipment Manufacturer's Certification <sup>1</sup> Administrative Training
AMMX	Aboveground Manufactured Metallic Storage Tank or Storage Tank System Installation and Modification	Examination or Technical training <sup>1</sup> Administrative Training
AMNX	Aboveground Manufactured Non-Metallic Storage Tank or Storage Tank System Installation and Modification	Examination or Technical training <sup>1</sup> Administrative Training
AMR	Aboveground Storage Tank Removal	Examination or Technical training <sup>1</sup> Administrative Training
AFMX	Aboveground Field-Constructed Metallic Storage Tank Installation, Modification & Removal	Examination or Technical training <sup>1</sup> Administrative Training
AFR	Aboveground Field-Constructed Storage Tank Removal	Examination or Technical training <sup>1</sup> Administrative Training

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

**INSPECTOR CATEGORIES**

<b>Category Code</b>	<b>Description</b>	<b>Experience and Training</b>
IUM	Inspector, Underground Storage Tank Systems and Facilities	Department Inspector Training
IAM	Inspector, Aboveground Manufactured Storage Tank Systems and Facilities	<ul style="list-style-type: none"> <li>• Department Inspector Training And</li> <li>• API 653 Certification Or STI Inspector Certification Or Department Approved Inspector Certification</li> </ul>
IAF	Inspector, Aboveground Field Constructed Storage Tank Systems and Facilities	<ul style="list-style-type: none"> <li>• Department Inspector Training And</li> <li>• API 653 Certification Or Department Approved Inspector Certification</li> </ul>

<sup>1</sup>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.



## INSTRUCTIONS

### STORAGE TANK INSTALLER AND INSPECTOR CERTIFICATION ATTACHMENT A

#### Do not return these Instruction Sheets with completed application form

All information must be either typed or printed in a legible manner. A separate copy of a complete Attachment A package (pages 1 through 4) must be attached to the application form for **each certification category** being requested. An application requesting a category for which the Attachment A package is incomplete or missing will be denied for the subject category.

Section I. Enter the name and the full Social Security Number that appears in Section I of the application form. Enter the certification category for which this Attachment A documents.

Section II. Indicate the number of years of experience in the specific certification category being requested. This number must be at least that stated in the "total experience and qualifications or education plus experience" requirement in Sections 245.111 and 245.113 of Chapter 245 for the category being requested in order for the applicant to be considered qualified for that category. Refer to **Installer/Inspector Description Sheet** for this information.

The employment history for the years of experience (and substantial involvement) listed in Section II must be listed in the space provided. The history dates should be listed as month/year and must cover the years being considered as experience, but need not be consecutive. If additional space is required to provide the experience employment history, additional pages may be added to the Attachment A section of the application. Each additional page must have applicant's SSN (Last four #) in upper right corner.

The applicant may, at his or her option, substitute documentation of acceptable education for part of the "total experience and qualifications" requirement as allowed by Sections 245.111 and 245.113 of Chapter 245 for the certification category being requested. Refer to **INITIAL QUALIFICATIONS – STORAGE TANK INSTALLER AND INSPECTOR CERTIFICATION** for a listing of the "total experience and qualifications or education plus experience" requirements by category.

The types of education that are acceptable as a partial substitute for experience for installer certification include bachelor's degrees in:

civil engineering, mechanical engineering, environmental engineering, petroleum engineering, chemical engineering, structural engineering, geotechnical engineering, hydrology, geology, or equivalent degree as determined by the Department.

The types of education that are acceptable as a partial substitute for experience for inspector certification include bachelor's degrees in:

civil engineering, mechanical engineering, environmental engineering, petroleum engineering, chemical engineering, structural engineering, geotechnical engineering, hydrology, geology, or equivalent degree as determined by the Department.

Section III. In this section, the applicant must provide all the information requested for each activity being documented as completed, for the certification category in question.

This information includes:

**Date activity completed** – Provide the month and year the activity being documented was completed.

To qualify for initial certification, the activities completed must have occurred within the three-year period immediately prior to submitting the application. Type of activity completed – Enter one appropriate code per line from below.

- I Installation (tank handling associated with installation)
- M Modification (tank handling associated with modification)
- P Operations, integrity, and construction inspections or tank tightness test performed on a storage tank system or facility
- R Removal (tank handling associated with removal)

Tank Handling Activities are those activities in which the applicant has had substantial hands-on personal involvement at the storage tank site. Supervision or oversight of tank handling activities do not qualify for initial certification.

Be aware that an activity is considered to be an installation if it involves activities to construct, reconstruct, or erect the components of a storage tank system or storage tank facility so as to put that system or facility into service.

In the category for aboveground field constructed metallic storage tank (AFMX), for installation or reconstruction activities involving tanks greater than 90 feet in diameter, each activity shall count as two installations for purposes of meeting the total number of activities requirement.

Modification involves activities to upgrade, repair, refurbish, or restore any part of an existing storage tank system or storage tank facility. Major modification activities involve modifications that alter the design of the storage tank or system and modifications that affect the integrity of the system as defined at Chapter 245.1.

For example, activities to install a tank, its associated piping and a release detection system for a new storage tank system installation would be considered one installation activity. Activities to replace associated piping and/or add a release detection system for an existing storage tank system would be considered as separate modification activities.

Inspection of installations, modifications, and operations or integrity inspections also qualify as activities completed for inspector categories and would be entered as “P” in the “Type of activity completed” block.

**System component involved** – Enter one appropriate code per line from below.

- A Underground storage tank system
- F Aboveground manufactured metallic storage tank or storage tank system
- G Aboveground nonmetallic storage tank system
- H Aboveground field constructed metallic storage tank greater than 90 foot diameter
- I Aboveground field constructed metallic storage tank less than or equal to 90 foot diameter
- K Aboveground storage tank system mechanical (piping, valves, corrosion protection, release detection, spill and overfill prevention, etc)
- L Aboveground storage tank system civil (foundations, field grading systems, vaults, pump supports, pipe supports, drainage systems, etc)
- M Underground or Aboveground storage tank lining

**Brief Description of Activity Completed** – Provide a brief description of the specific activity completed.

To qualify for certification, the number of activities completed, the type of activity completed and the system component involved must be appropriate to the certification category being requested. (Only one activity code and one component code should appear on each line.)

For example, for an applicant to qualify initially for Aboveground storage tank – mechanical – installation/modification (AMEX), he or she would have to list at least 12 activities completed within the last three years. These 6 installations and 6 modifications must be related to aboveground storage tank system piping, valves, corrosion protection systems, release detection systems, spill and overflow prevention systems, or other storage tank mechanical appurtenances.

The tank handling activities used to document required activities for initial certification must be on Storage Tank Program regulated tanks. The term regulated tank is based on the definition of “Aboveground Storage Tank” and “Underground Storage Tank” (Chapter 245, Section 245.1). These tanks are or will be registered with the DEP. Activities on these tanks require a certified installer/inspector to submit tank registration/permitting forms for installation and removal and tank modifications reports to document modifications. Certified inspectors are required to report underground facility operation inspections and aboveground inspections on DEP reporting forms.

Include tank registration number for inspections, modifications and removals. New installations of tank systems and out-of-state tanks must include information on tank capacity and substance stored to prove that these tanks are similar to PA regulated storage tanks.

Section IIIb. In this section, the applicant must provide all the information as to the storage tank facility involved and the applicant’s employer for each of the activities documented in section IIIa. The storage tank facility and employer information listed under each activity number in section IIIb must correspond to the number of the activity being documented in section IIIa.

For example, an applicant documenting the installation of an underground storage tank system in item number 1 of section IIIa must provide in item number 1 of section IIIb, the required information regarding the storage tank facility where the storage tank system was installed and the applicant’s employer at the time of the installation.

In cases where the applicant completed more than one activity at the same facility, the applicant may enter “Same as ‘n’” (where ‘n’ is the “activity number” of first activity at that facility) in the “Owner Name” block for that activity in IIIb. In cases where the applicant completed more than one activity under the same employer, the applicant may follow the same procedure by entering “Same as ‘n’” (where ‘n’ is the “activity number” for the first listing of that employer) in the “Company name” block.

If the applicant’s employer for an activity completed in Section IIIa is his **present** employer, then a **company official must sign the form, confirming and verifying the activity.** A signature from past employers is not required.

**The certification number of the individual under whose supervision the activity was reported must appear under the employer in Section IIIb.** PA Certification Numbers are only required for activities completed in Pennsylvania.

**The current telephone number for the contact or facility for which the activity was completed must appear under Section IIIb.**



## STORAGE TANKS REGISTRATION / PERMITTING APPLICATION FORM

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

	<b>DEP USE ONLY</b>
_____	Client ID#
_____	Site ID#
_____	Account #
_____	Auth ID#
_____	APS ID#
_____	Master Auth ID#

Facility ID #

Facility Name

### I. PURPOSE OF SUBMITTAL

**INITIAL** (Applies to First-Time Facility Registration)

- |   |  |
|---|--|
| <input type="checkbox"/> Register Tanks(s) to be Used*  | <input type="checkbox"/> Register Tank(s) to be Temporarily Out of Use |
| <input type="checkbox"/> Register Tank(s) to be Removed | <input type="checkbox"/> Register Tank(s) to be Closed in Place        |

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

- |  |  |
|--|--|
| <input type="checkbox"/> Changed Owner Information                 | <input type="checkbox"/> Changed Contact Information                   |
| <input type="checkbox"/> Changed Facility Information              | <input type="checkbox"/> Changed Facility Operator Information         |
| <input type="checkbox"/> Changed to Currently In Use Tank(s)*      | <input type="checkbox"/> Added Tank(s) to Existing Facility*           |
| <input type="checkbox"/> Changed to Temporarily Out of Use Tank(s) | <input type="checkbox"/> Changed to Permanently Closed Tank(s)/Removed |
| <input type="checkbox"/> Changed Product                           | <input type="checkbox"/> 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)		
		<input type="checkbox"/> Volunteer Fire Co/EMS Org	<input type="checkbox"/> State Govt	<input type="checkbox"/> 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
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
County Name	Municipality	City	Boro	Twp	State
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
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	<input type="checkbox"/> North American Datum of 1927 <input type="checkbox"/> North American Datum of 1983 <input type="checkbox"/> World Geodetic System of 1984					
Horizontal Collection Method Code						
Reference Point Code						
Altitude	Feet	--or--	Meters			
Altitude Datum Name	<input type="checkbox"/> The National Geodetic Vertical Datum of 1929 <input type="checkbox"/> 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

<input type="checkbox"/> Same as Owner Identified in Section II.		<input type="checkbox"/> 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

**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 Manufacturer:						
Model:						
A. Unprotected Steel (Single Wall)	<input type="checkbox"/>					
B. Cathodically Protected Steel (Galvanic)	<input type="checkbox"/>					
C. Cathodically Protected Steel (Impressed Current)	<input type="checkbox"/>					
D. Unprotected Steel (Double Wall)	<input type="checkbox"/>					
E. Fiberglass (Single Wall)	<input type="checkbox"/>					
F. Fiberglass (Double Wall)	<input type="checkbox"/>					
G. Steel W/Plastic or Fiberglass Jacket or Double Wall Act 100	<input type="checkbox"/>					
H. Steel With FRP Coating (Act 100 or Equivalent)	<input type="checkbox"/>					
I. Steel With Lined Interior	<input type="checkbox"/>					
J. Concrete	<input type="checkbox"/>					
O. Cathodically Protected Double Wall Steel (Galvanic)	<input type="checkbox"/>					
P. Cathodically Protected Steel With Liner	<input type="checkbox"/>					
Q. Double Bottom (AST's Only)	<input type="checkbox"/>					
R. Molded Plastic Form (AST's Only)	<input type="checkbox"/>					
S. Stainless Steel	<input type="checkbox"/>					
T. Aluminum	<input type="checkbox"/>					
U. Fire Protected Double Wall AST	<input type="checkbox"/>					
V. Steel with Plastic or Fiberglass Jacket or Double Wall Act 100 with Anodes	<input type="checkbox"/>					
W. Steel with FRP Coating (Act 100 or Equivalent) with Anodes	<input type="checkbox"/>					
X. Molded Plastic Form (Double Wall) (AST's Only)	<input type="checkbox"/>					

Facility ID#

Facility Name

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

Facility ID#

Facility Name

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

Facility ID#

Facility Name

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

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.

<i>Items 2 &amp; 3 below apply to large ASTs and all USTs</i>	Tank #					
1. Contamination suspected or observed and notification of contamination form was submitted to the appropriate DEP regional office.	<input type="checkbox"/>					
2. Closure document submitted to the appropriate DEP regional office.	<input type="checkbox"/>					
3. Closure document kept on file by owner.	<input type="checkbox"/>					

DRAFT

### 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#									



## STORAGE TANKS REGISTRATION / PERMITTING APPLICATION INSTRUCTIONS

### GENERAL INFORMATION

**To Obtain DEP Application Packages.** To expedite the processing of the applicant's request, the Department of Environmental Protection (DEP) asks that you use the most up-to-date application package available. The most recent version of this package can be obtained by contacting the appropriate DEP office, or through our website noted below. This package, as well as other DEP-wide and/or program-specific permit application form packages are available in Microsoft Word format at this same web location. Applicants can download the appropriate form to a personal computer, complete the form electronically and print the document for submittal to DEP using the following steps:

- Type in DEP's website address: [www.dep.pa.gov](http://www.dep.pa.gov)
- Select: Businesses → Land
- Select: Storage Tanks
- Select: Forms and Applications

**Owners are Required to Register Storage Tanks.** If you own regulated storage tanks that are not registered as required by law, you must immediately submit a registration/permitting form. The following are instructions for completing the Registration/Permitting of Storage Tanks application form.

***It is unlawful to use, in any way, any regulated storage tank that has not been registered and permitted. Tank owners must submit a registration form within 30 days of any change in previously submitted information or the installation of regulated tanks.***

### STORAGE TANKS REGISTRATION/PERMITTING APPLICATION COMPLETION GUIDE

The following information is to assist the applicant in completing the Storage Tanks Registration/Permitting Application form.

- R = The completion of this Section of the application is **required**.
- M = This completion of this Section of the application **may possibly be required**, based on regulatory requirements or information changes.

Purpose of Submittal	Section of Application											
	I	II	III	IV	V	VI	VII	VIII	IX	X	XI	XII
<b>Initial Registration - New Facility</b>												
-- Tank To Be Used	R	R	R	R		R	R		R	R	M	M
-- Tank Temporarily Out of Use	R	R	R	R		R	M		R	R	M	M
-- Tank Removed/Closed in Place	R	R	R	R		R		R	R	R		
<b>Amended Information - Existing Facility</b>												
-- Tank Owner*	R	R							R			
-- Facility	R	R	M	R					R			
-- Contact*	R	R	M	R					R			
-- Operator*	R	R		R					R			
-- Tank*	R	R				R			R			
-- Add Tank	R	R				R	R		R	R	M	M
-- Remove/Close Tank	R	R				R		R	R	R		
-- Change Ownership	R	R	M		R	M			R			

\* To change previously submitted information, you may be allowed to use the Storage Tank Registration Amendment Form (2630-FM-BECB0607)

## DEFINITIONS

To provide the applicant with a better understanding of terminology, we are including the following definitions.

**eFACTS (Environment, Facility, Application, Compliance Tracking System).** DEP's electronic application system to document and maintain client, site and facility data for purposes of authorizing regulated activities and tracking compliance.

**eNotice.** DEP has developed a comprehensive environmental compliance information reporting system to give the public access to permitting and compliance information on individual facilities by program and by geographic area. This system is available by logging on to the DEP website and selecting eNOTICE.

**Client (Responsible Party).** A client (also referred to as applicant or permittee) is a person or organization that requests approval from DEP to perform a regulated activity. Client information is documented and assigned an internal DEP Client ID# for tracking purposes.

**Site (Place).** A site is a physical location of importance to DEP. A site may include locations where a regulated facility is physically located or where a regulated activity occurs that has the potential to impact the health and safety of the citizens and/or the natural resources of the Commonwealth. A site is not solely defined by geographical location (can span several municipalities and even counties in some cases) but rather by the client/applicant's purpose of doing business. All DEP programs' involvement at a physical location of importance to DEP is grouped under one 'entity' – site. This holistic view of site will promote an understanding of the interrelationships of facilities to support pollution prevention, multi-media inspections, a DEP-wide view of compliance and public understanding and access of information. Site information is documented and assigned an internal DEP Site ID# for tracking purposes.

**Site-to-Client Relationships.** DEP will create internal records to relate (link) each site with all clients associated with the site and/or its facilities.

**Facility.** A facility (also referred to as Primary Facility [PF]) is a logical bridge between sites and sub-facilities that allows DEP to provide a framework for a facility's or an activity's regulation. Primary Facility is a way to group a program's involvement at a site (what it regulates) under one heading. For example, the storage tank program groups all of their involvement (regulated entities) under the Primary Facility type of 'Storage Tank Location'. Facility information is documented and assigned an internal DEP Facility ID# for tracking purposes.

**Sub-Facility.** A sub-facility (SF) is program-specific. A SF is what DEP regulates. For example, a storage tank is a SF of a Storage Tank Location primary facility.

**Project.** A project includes all the construction, installation and/or renovation needed to achieve the applicant's goal. An applicant must obtain all required permits/approvals from DEP before beginning regulated activities or the construction or expansion of a regulated facility. Project information is documented and assigned an internal DEP application processing system number (APS ID#) for tracking purposes.

**Authorization.** Any DEP approval. For example, permits, plans, approvals, licenses, registrations, certifications, etc. Authorization information is documented and assigned an internal DEP Auth ID# for tracking purposes.

## STORAGE TANKS GENERAL INFORMATION

**Regulated Underground Storage Tanks (USTs).** Regulated USTs are defined as tanks used to contain regulated substances with a capacity of more than 110 gallons, where 10 percent or more of the volume (including the volume contained in the underground piping) is below the surface of the ground.

*The following tanks are considered exempt and are NOT regulated USTs under the Storage Tank and Spill Prevention Act of 1989:*

Reference Code	Description
U1	Tanks with a capacity of 110 gallons or less.
U2	Farm or residential tanks with a capacity of 1,100 gallons or less which store motor fuel for noncommercial purposes (not for resale).
U3	Tanks which store heating oil used on the premises where stored. Diesel, kerosene, etc., are included as long as they are used exclusively for heating.
U4	Pipeline facilities (including gathering lines) regulated under the Natural Gas Pipeline Safety Act of 1968, or the Hazardous Liquid Pipeline Safety Act of 1979, or which are intrastate pipeline facilities regulated under comparable state laws.
U5	Surface impoundments, pits, ponds or lagoons.
U6	Storm water or wastewater collection systems.
U7	Flow-through process tanks.
U8	Liquid traps or associated gathering lines directly related to oil or gas production and gathering operations.
U9	Storage tanks situated in an underground area (such as a basement, cellar, mine working, drift, shaft or tunnel) if the tank is situated upon or above the surface of the floor. The tank must be able to be visually inspected. These tanks may be regulated as aboveground storage tanks.
U10	Tanks regulated under the Solid Waste Management Act of 1980, including, but not limited to, piping, tanks, collection and treatment systems used for leachate, methane gas and methane gas condensate management, except if regulated under 40 CFR Part 280. Waste oil tanks are not included in this exemption.
U11	Septic tanks and other subsurface sewage treatment tanks.
U12	Tanks which store unregulated substances such as asphalt (solid @ 60°F), propane, water, sand and liquid animal wastes and any other unregulated substances.
U13	Tanks which store any substance defined as hazardous waste under Subtitle C of Resource Conservation and Recovery Act (RCRA) and not regulated under other Comprehensive Environmental Response, Compensation and Liability Act (CERCLA) programs.
U14	Change in service from a regulated to a non-regulated substance or use. If the use or substance was changed to a non-regulated substance, the closure guidance requirements must be met.
U15	Sump tanks which are used as temporary storage for emergency spill or overflow containment and are expeditiously emptied after use.
U17	Tanks which have been "out-of-operation" and empty since Dec. 22, 1988. Tanks which do not pose a current or potential threat to human health and the environment.
U19	A wastewater treatment tank system such as an oil and water separator. Does not include an oil catch tank connected to an oil-water separator.
U20	Equipment or machinery that contains regulated substances for operational purposes such as hydraulic lift tanks (elevators) and electrical equipment tanks (electric transformers).
U21	Deminimus Concentration Tank. A tank that contains a regulated substance of insufficient concentration to be required to appear on a Material Safety Data Sheet (MSDS).

**Regulated Aboveground Storage Tanks (ASTs).** Regulated ASTs are defined as stationary tanks used to contain regulated substances, with a capacity of more than 250 gallons, where 90 percent of the volume is upon or above the supporting surface of the ground and can be visually inspected. This includes tanks which can be visually inspected in an underground area or in a building

*The following tanks are considered exempt and are NOT regulated ASTs under the Storage Tank and Spill Prevention Act of 1989:*

Reference Code	Description
A1	Tanks with a capacity of 250 gallons or less.
A2	Tanks with a capacity of 30,000 gallons or less which store heating oil used on the premises where stored. Diesel, kerosene, etc., are included as long as they are used exclusively for heating.
A3	Tanks with a capacity of 1,100 gallons or less which store motor fuel for non-commercial purposes (not for resale).
A4	Tanks located on a farm with a capacity of 1,100 gallons or less which store or contain substances that are used to facilitate the production of crops, livestock and livestock products on said farm.
A5	Pipeline facilities (including gathering lines) regulated under the Natural Gas Pipeline Safety Act of 1968, or the Hazardous Liquid Pipeline Safety Act of 1979, or which are intrastate pipeline facilities regulated under comparable state laws.
A6	Surface impoundments, pits, ponds or lagoons.
A7	Storm water or wastewater collection systems.
A8	Flow-through process tanks, including but not limited to, pressure vessels or process vessels and oil and water separators.
A9	Non-stationary tank, liquid trap or associated gathering lines directly related to oil and gas production or gathering operations.
A10	Tanks which store brines, crude oil, drilling or frac fluids and similar substances or materials and are directly related to the exploration, development or production of crude oil or natural gas regulated under the Oil and Gas Act of 1984.
A11	Tanks which are used for surface coal mining and are regulated under the Surface Mining Conservation and Reclamation Act of 1945.
A12	Tanks used for the storage of products which are regulated pursuant to the Federal Food, Drug and Cosmetic Act.
A13	Tanks regulated under the Solid Waste Management Act of 1980, including, but not limited to, piping, tanks, collection and treatment systems used for leachate, methane gas and methane gas condensate management.
A14	Tanks which store unregulated substances such as asphalt (solid @ 60°F), propane, water, sand, liquid animal wastes, refrigerant condensing material, any gaseous substances used in the administration of medical care.
A16	Tanks which store any substance defined as hazardous waste under Subtitle C of RCRA.
A17	Tanks that are non-stationary and are designed to be moved. In addition, the use of the tank requires that the tank be moved at least once in every 12-month period.
A18	Change in service from a regulated substance to a non-regulated substance or use. If there was any sign of contamination, it must be reported to the appropriate regional office.
A19	Sump tanks which are used as temporary storage for emergency spill or overflow containment and are expeditiously emptied after use.
A20	Tanks which store used motor oil and waste oil are regulated under the Solid Waste Management Act of 1980.
A21	Tanks with a capacity of 1,100 gallons or less which store new motor oil including lubricating and operational fluids for the mechanical components associated with the engine including any hydraulic, transmission, gear or braking systems.
A22	Tanks containing radioactive materials or coolants that are regulated under the Atomic Energy Act of 1954.
A23	Tanks regulated under the act of May 2, 1929, known as the Boiler Regulation Law.
A24	Equipment or machinery that contains regulated substances for operational purposes such as hydraulic lift tanks (elevators) and electrical equipment tanks (electric transformers).
A25	Deminimus Concentration Tank, a tank that contains a regulated substance of insufficient concentration to be required to appear on a Material Safety Data Sheet (MSDS).

**Regulated Substance.** A regulated substance is an element, compound, mixture, solution or substance that when released into the environment may present substantial danger to the public health, welfare or the environment. This includes:

- Any substance defined as hazardous in Section 101 of CERCLA **not** to include hazardous wastes regulated by Subtitle C of RCRA;
- Petroleum, including crude oil and/or any fraction thereof and hydrocarbons which are liquid at standard conditions of temperature and pressure, including, but not limited to oil, petroleum, fuel oil, used oil, oil sludge, oil refuse, oil mixed with other non-hazardous wastes and crude oils, naphtha gasoline, diesel and kerosene;
- Nonpetroleum oils including biodiesel, synthetic fuels and oils, tung oils, wood-derivative oils and inedible seed oils from plants; and
- Pure ethanol intended for blending with motor fuel.

**Closure Requirements.** An amended Registration/Permitting Form must be submitted to DEP's central office at the time of **removal/closure of any regulated tank**, except for the removal/closure of regulated but currently unregistered tanks. For unregistered tanks to be closed, the form must be submitted to the appropriate regional office.

The removal or closure date should be the actual date the tank was removed or closed. If a date is not specified, the date of the certified Remover's signature will be used as the removal/closure date and fees will be charged up to that date.

When an underground tank or large aboveground tank (greater than 21,000 gals) is removed/closed in place or the substance stored is changed from a regulated to an unregulated substance or use, closure guidelines must be adhered to and an amended Registration/Permitting Form must be submitted. For underground or large aboveground (greater than 21,000 gallons) tanks, a Closure Report either must be retained at the facility site or submitted to the appropriate regional office (identified at the end of these instructions). **These records must be maintained for at least three years.**

A written notification of intent to close or a Closure Notification Form must be submitted to the appropriate regional office 30 days prior to the removal or closure of all regulated USTs and all ASTs greater than 21,000 gallons.

**Relocating Tanks.** When an underground or aboveground tank is relocated from one facility to another and both facilities are owned by the same owner, closure guidelines must be adhered to, and an amended Registration/Permitting Form must be submitted showing the tank status as removed. This tank must also meet new tank requirements and must be registered as a new tank on a separate Registration/Permitting Form for the facility at which it was re-installed.

When an underground or aboveground tank is relocated at the same facility, a Modification Report Form, which is a separate DEP form completed by a certified tank handler, must be submitted instead of an amended Registration/Permitting Form. All current regulations regarding removal and installation activities apply.

When all or some registered storage tanks at a facility are sold and these **tanks are relocated to another facility owned by a different owner**, the previous owner as well as the new owner must submit a Registration/Permitting Form. The previous owner's form must include the tanks' removal/closure dates. The new owner must submit a Registration/Permitting Form with all sections properly completed including the tanks' installation dates at the new facility.

This is further described in the following table:

<b>TANKS MOVED TO A DIFFERENT LOCATION (This is NOT a Change of Ownership)</b>			
<b>Scenario</b>	<b>New Owner</b>	<b>Previous Owner</b>	<b>Results</b>
1. Some or all tanks relocated from one facility to another. (Both facilities are owned by the same owner.)*	Not Applicable Note: SSIP requirements may apply. See Section XII.	Submits <i>two separate</i> Registration forms for Amended Registration.  Submits form for the old facility showing the removal of the tanks.  Submits form for the new facility showing the addition of tanks to existing facility.	Tanks removed from previous facility and tanks added to new facility. No change of ownership.
2. Some or all tanks relocated from one location at a facility to a different location at the same facility.*	Not Applicable	Not Applicable	Tanks relocated at same facility, no change of ownership, no Registration form is required. Certified handler submits a modification form.
3. Some or all tanks sold and relocated to a different <i>unregistered</i> facility of a different owner.*	Submits a Registration form for an Initial Registration with all sections completed showing the installation of the purchased tanks. NOTE: SSIP requirements may apply. See Section XII.	Submits a Registration form for an <b>Amended Registration</b> with all sections completed showing the removal of the sold tanks.	Tanks are removed from previous facility, and tanks are added to <i>newly</i> registered facility.
4. Some or all tanks sold and relocated to a different <i>currently registered</i> facility of a different owner.*	Submits a Registration form for an <b>Amended Registration</b> with all sections completed showing the addition of the purchased tanks at an existing facility. NOTE: SSIP requirements may apply. See Section XII.	Submits a Registration form for an <b>Amended Registration</b> with all sections completed showing the removal of the sold tanks.	Tanks are removed from previous facility, and tanks added to <i>currently</i> registered facility.

*\*Re-used underground tanks are tanks that are removed from their current location, moved to a different location and re-used. Either the manufacturer or persons certified by the manufacturer, or a registered professional engineer must certify re-used tanks to ensure tank requirements have been met. The tank owner should retain documentation.*

**Permits Necessary to Operate Storage Tanks.** Prior to operating storage tanks, the tank owner is required to obtain the necessary state and/or local permits. This form serves as both the Registration and Operating Permit application as required by the Storage Tank and Spill Prevention Act. Tank owners may not store, dispense from or place a regulated substance in a storage tank that does not have an operating permit. The DEP may register a tank, but may withhold or deny the operating permit for the tank if the owner is not in compliance with storage tank regulations, including payment of registration fees. Other permits may be required by other DEP programs, other State agencies and/or local jurisdictions.

**Certified Underground Storage Tank (UST) Operators.** All UST facilities must have designated Class A, Class B, and Class C operators. Documentation of the Class A and Class B operators must be provided to the department in the following situations:

- Change of Ownership
- New Facility
- New UST at an existing facility
- Changing a UST to “C” – currently in use status from “T” temporarily out of use or “E” – exempt status

Documentation is provided to the department via the UST Operator Training Documentation Form (2630-PM-BECB0514a), along with copies of the Class A and Class B operator training certificates. If an IUM– or UMX–certified individual is serving as the Class A or Class B operator, submit a signed statement from that individual attesting to their role as the certified operator.

## COMPLETING THE REGISTRATION/PERMITTING APPLICATION FORM

**Incomplete forms will be returned, delaying registration/permitting. Tanks cannot be used until properly registered and permitted.**

Type or print (in ink) all items except the signatures of the owner, installer/remover and inspector. Always include the Storage Tank Facility ID No. on the Registration/Permitting Form, unless the application is for a new facility.

A separate form is to be completed for EACH facility that has regulated storage tanks. If you need space for additional tanks, photocopy the appropriate section(s) of the form, write the Facility ID No. and Facility Name at the top and staple all sheets together.

An amended Registration/Permitting Form or Storage Tank Registration Amendment Form (2630-FM-BECB0607) must be submitted for any changes made to the owner, operator, facility, tank and/or contact information within 30 days of a change in information.

### I. PURPOSE OF SUBMITTAL

This section identifies the purpose for the submission of the Registration/Permitting Form.

**Initial.** This area of the form is only for first-time tank registrations at new facilities. Once a tank is registered and a facility number is assigned, these blocks should not be checked.

**Amended.** This area of the form is only for amendments or changes to currently registered facilities, or changes to Owner, Operator, Contact, Tank or Facility information and are NOT to be checked the first time a tank is registered at a new facility.

**Change of Ownership.** This area of the form is for change of ownership with all or some tanks remaining at the same facility. This should not be confused with instances when tanks change ownership and are relocated to a different facility, or when tanks are moved to another facility of the same owner. For those type of instances, see instructions under Relocating Tanks.

### II. CURRENT OR NEW TANK OWNER/CLIENT INFORMATION

This section identifies the current or new owner associated with the storage tanks registered at the facility.

**DEP Client ID#.** DEP-wide unique identification number assigned by DEP to the client after client information is entered into DEP’s computer system. This one number identifies the client regardless of the program with which the client is working. This identification number will be identified on future correspondence from DEP as well as on client information available on our DEP website. When replying to DEP, inclusion of this number will make it easier to process your request in a timely manner. If you know your Client ID#, enter it. If you are a new client to DEP, skip to the next request for information.

**Client Type & Code.** Enter the code that represents the type of client acting as the responsible authority for the permitted activity. The list of Client Codes is included in this application package or may be found electronically on DEP’s website under “Permit and Authorization Packages.”

**Fee Kind** - If applicable, check the appropriate box that determines applicable registration fees or exemptions. These companies are still required by law to maintain current registration on all regulated tanks, but fees are either exempted or discounted as follows:

Volunteer Fire Co./EMS Organizations. Fees for regulated USTs only are exempted if the tanks are owned by volunteer fire companies and/or volunteer emergency medical services organizations whose staff provides these services without compensation. **NOTE:** Municipalities that provide fuel for volunteer companies/organizations from their municipally owned USTs are NOT exempt from registration fees.

State Government. State Government-owned tanks must be registered; however, underground and aboveground tanks are exempt from registration fees.

Federal Government. Federal Government-owned tanks are discounted 20% of the registration fees.

**Organization Name or Registered Fictitious Name.** Clients other than individuals must provide the name under which they conduct the activity or business for which the permit or other authorization will be issued.

Individuals should complete the “Organization Name” if they conduct their business or activity under a name other than their own (for example, “Jones Construction Company,” rather than “Mary Jones”).

For partnerships, be sure to list the business name of the partnership as it appears on legal partnership papers.

If the applicant is an individual(s) or partnership, be sure to also provide the appropriate information on the individual name lines.

**Employer ID# (EIN).** Also referred to as “Federal Tax ID#.” The EIN aids DEP in identifying the organization and prevents duplicate data entry from occurring. This information is required.

**Dun & Bradstreet ID#.** If known, supply the applicant’s Dun & Bradstreet Identification Number. This information is optional.

**Individual Last Name, First Name, MI, Suffix, Social Security Number (SSN).** This information, with the exception of the SSN, must be provided for applicants who are individuals or partnerships. The SSN aids DEP in identifying the individual and prevents duplicate data entry, although it is optional. This information is not accessible by the public or other government agencies.

**Additional Individual Last Name, First Name, MI, Suffix, Social Security Number.** This information, with the exception of the SSN, must be provided for additional applicants who are individuals or partnerships. The SSN aids DEP in identifying the individual and prevents duplicate data entry, although it is optional. This information is not accessible by the public or other government agencies.

**Mailing Address.** The mailing address of the client identified above (this should *not* include locational data that is not appropriate for a mail piece). In addition to the street number and name, PO Box#, RR#, Box# or Highway Contract# designations, use any appropriate designation and number to further define the mailing address of the applicant.

e.g.,	APT	(Apartment)	DEPT	(Department)	RM	(Room)
	BLDG	(Building)	FL	(Floor)	STE	(Suite)

**City, State, ZIP+4, Country.** Enter an appropriate city, borough or town designation (do not enter a township designation in this area). Do *not* use abbreviations for the city name. Use the two-character abbreviation for the state. Include the four-digit extension to the ZIP code. If other than USA, provide country.

**Client Contact Information.** Clients that are organizations must provide the name of a person representing the client (organization). This client contact must be an employee of the organization and must be located at the mailing address of the client and may receive correspondence on behalf of the client. Include the individual's name, title, daytime phone number and e-mail address. DEP will use this contact information for maintaining client data. This individual should be a high-level employee such as CEO, VPs, Operations Manager, etc. or someone capable of answering informational questions regarding the organization such as EIN, fictitious name ownership, address data, related organizations, corporate changes, etc. Project contact information should be entered in the Site Contact found in the Site Information section.

### III. SITE INFORMATION

This section identifies the site, its location and contact person.

**DEP Site ID#.** DEP-wide unique identification number assigned to the site. This one number identifies the site regardless of the program with which the applicant is working. This identification number will be identified on future correspondence from DEP as well as on site information available on our DEP website. When replying to DEP, inclusion of this number will make it easier to process your application in a timely manner. If you know your Site ID#, enter it. If you are identifying a new site to DEP, skip to the next request for information.

**Site Name.** The name of the site at the specific physical location. Do not use abbreviations, acronyms, etc.

**Environmental Protection Agency (EPA) ID#.** If known, supply the EPA ID# for the site (this number is also referred to as a FINDS ID#). This is optional.

**Estimated Number of Employees to be Present at Site.** To assist with future Pollution Prevention and Compliance Assistance initiatives, please include the estimated number of employees to be present at the site once it is active.

**Description of Site.** Provide a written description of the proposed site (e.g., water treatment plant, sewage treatment plant, toy factory, etc.).

**County, Municipality, State.** Indicate the county(ies) and municipality(ies) in which the site is located. Check the appropriate box to identify the type of municipality entered (city, borough, township). Include the two-character abbreviation for the state.

**Site Location.** Provide the physical address of the location where the permitted activities will occur. No P.O. Box Numbers will be accepted for site location information. Provide the City (or Municipality), State and the ZIP+4, if known.

**Detailed Written Directions to Site.** When providing written directions, do not use P.O. Box address data. Include landmarks and approximate distances from the nearest highway.

**Site Contact Information.** Provide the name of the person having overall responsibility for environmental matters at the site. Include the individual's name, title, firm, mailing address, daytime phone number and e-mail address (optional).

**NAICS Codes.** Clients applying for an authorization from DEP need to provide the appropriate North American Industry Classification System (NAICS pronounced nākes) code(s) at the Sector level (at a minimum). Enter all NAICS codes that pertain to the activity for which the application is being completed. More than one two-digit or three-digit NAICS code may be entered in the box provided. If you know your six-digit NAICS code, enter it in the optional box provided. This list of NAICS Sector and Subsector level codes can be found by referencing the list of NAICS Codes included with this application package or may be found electronically on DEP’s website.

**IIIa. PROPERTY OWNER INFORMATION**

This section identifies the owner of the property, if different from the storage tank system(s) owner.

**Organization Name or Registered Fictitious Name.** Clients other than individuals must provide the name under which they conduct the activity or business for which the permit or other authorization will be issued.

Individuals should complete the “Organization Name” if they conduct their business or activity under a name other than their own (for example, “Jones Construction Company,” rather than “Mary Jones”).

For partnerships, be sure to list the business name of the partnership as it appears on legal partnership papers.

**Employer ID# (EIN).** Also referred to as “Federal Tax ID#.” The EIN aids DEP in identifying the organization and prevents duplicate data entry from occurring. This information is required.

**Dun & Bradstreet ID#.** If known, supply the applicant’s Dun & Bradstreet Identification Number. This information is optional.

**Mailing Address.** The mailing address of the property owner identified above (this should *not* include locational data that is not appropriate for a mail piece). In addition to the street number and name, PO Box#, RR#, Box# or Highway Contract# designations, use any appropriate designation and number to further define the mailing address of the applicant.

e.g.,            APT      (Apartment)            DEPT    (Department)            RM      (Room)  
                  BLDG    (Building)                    FL      (Floor)                    STE    (Suite)

**City, State, ZIP+4, Country.** Enter an appropriate city, borough or town designation (do not enter a township designation in this area). Do not use abbreviations for the city name. Use the two-character abbreviation for the state. Include the four-digit extension to the ZIP code. If other than USA, provide country.

**Property Owner Contact Information.** Property owners that are organizations must provide the name of a person representing the organization. This contact must be an employee of the organization and must be located at the mailing address of the property owner and may receive correspondence on behalf of the property owner. Include the individual’s name, title, daytime phone number and e-mail address. This individual should be a high-level employee such as CEO, VPs, Operations Manager, etc. or someone capable of answering informational questions regarding the organization such as EIN, fictitious name ownership, address data, related organizations, corporate changes, etc.

#### IV. FACILITY INFORMATION

This section identifies the facility, facility operator and Fire Safety Permit Number.

**Storage Tank Facility ID#.** Upon receipt of an initial Registration/Permitting Form, the Storage Tank Program assigns a Facility ID# for the new facility. The Facility ID# will consist of a two-digit county code and a five-digit code to identify the first facility (E.G., 12-12345).

**Storage Tank Facility Name.** The name of the facility at the specific physical location. Do not use abbreviations, acronyms, etc.

**Facility Kind.** The Facility Kind more clearly defines the facility. The following are some examples for each Facility Kind. Start at the top of the list and choose the first Kind that best describes the facility.

Code	Facility Kind	Examples
MILIT	Military	US Army, Navy, Air Force or Marine Corps
AVIAT	Aviation	Airport, Hanger or Private airstrip
MFULS	Motor fuel for sale	Gas station, Service station, Convenience store, Card lock or Car wash
PDIST	Product distributor	Bulk facility, Refinery, Terminal or Regulated substance manufacturer
RESEX	Resource extraction	Mining or quarrying
FARM	Farming	More than 50% of the site is a farm (involved in the production of crops)
MARIN	Marina	Marina or Boat dock
PADMN	Public administration	Pa National Guard, State University, Veterans Medical Center, Post Office, Dept. of Public Works or Public Water treatment plant
UTSAN	Utility or Sanitary Services	Electric company, Telephone company, Waste water treatment plant (WWTP) or Private Water treatment plant
TRANS	Transportation	Package shipping, Trucking company or Bus line
AGRIC	Agriculture	Nursery, or Pesticide manufacturer or distributor
MFGIN	Manufacturing or Industrial	Durable goods manufacturer
RETCO	Retail or commercial	Auto dealership, Department store or Warehouse
SVC	Service organization	Hotel, Catering service, or Teaching or not-for-profit hospital
MFULN	Motor fuel not for retail sale	Golf course*, Tool rental*, Cemetery or Lawn service

\* No separate charge for fuel

**Latitude/Longitude.** Latitude and longitude measures aid in providing the physical location of the facility. If known, indicate appropriate degrees, minutes and seconds for the project. The Latitude/Longitude Point of Origin is the place or location where the reading was actually taken.

**Additional Locational Data Information.** This information is being requested in order to determine the method, accuracy and description of the latitude and longitude information that is being provided with the application. If known, please provide this information for your locational data. The list of locational data codes and descriptions can be found electronically on DEP's website under "Permit and Authorization Packages."

**Facility Operator Information.** This facility operator is the person or organization responsible for the daily operation of the storage tank facility. The facility operator information is to be completed by following the instructions for Section II, Current or New Tank Owner/Client Information. If operator information is the same as the owner information provided in Section II, check the appropriate box and skip to "Flammable & Combustible Liquid Permit Number." If different, check the appropriate box and provide the requested information.

**Flammable & Combustible Liquid Permit #.** Owners must obtain a permit prior to installing storage tanks that will store a flammable or combustible product with a flash point of less than 200 degrees Fahrenheit. The State Fire Marshal's Office had been issuing permits for these types of tanks since 1924. In 1998, this responsibility was transferred to the Department of Labor and Industry.

For more information or to apply for a Flammable and Combustible Liquid Permit, tank owners (except those in Allegheny and Philadelphia counties) should contact the Department of Labor and Industry's Bureau of Occupational and Industrial Safety. Tank owners in Allegheny County should contact their County Fire Marshal's Office, and tank owners in Philadelphia County should contact the Philadelphia County Office of Licensing and Inspections.

Complete this section by providing the Flammable and Combustible Liquid Permit Number and the state or municipal agency which issued the permit.

**V. CHANGE OF OWNERSHIP INFORMATION**

When all currently registered storage tanks at a facility are purchased and all tanks remain at that facility, the new owner must promptly submit an amended Registration/Permitting Form with all sections properly completed, including the Change of Ownership information.

When some currently registered storage tanks at a facility are purchased and those tanks remain at that facility, the new owner must promptly submit an amended Registration/Permitting Form with all sections properly completed, including the Change of Ownership information. The new owner will be assigned a new Facility ID Number by DEP.

This is further described in the following scenarios:

<b>Tanks Sold to a New Owner &amp; Remain at Same Facility (Change of Ownership)</b>			
<b>Scenario</b>	<b>New Owner</b>	<b>Previous Owner</b>	<b>Results</b>
1. All tanks purchased and remain at same facility.	Submits a Registration form with Owner, Facility, Contact and Change of Ownership sections completed.	Signs Section V of the Registration Form.	The entire facility is transferred to the new owner and retains the same Facility ID number.
2. Some tanks purchased and remain at same facility.	Submits a Registration form with Owner, Facility, Contact and Change of Ownership sections completed. Previous tank numbers for tanks purchased must be supplied.	Signs Section V of the Registration form.	A new facility is created for the new owner. A new Facility ID number is assigned for the purchased tanks.

If the previous owner's signature is not available, the new owner must provide a deed of transfer or other proof of ownership.

## VI. STORAGE TANK DESCRIPTION

This section identifies each regulated storage tank at the facility.

Do not include aboveground tanks which were removed or closed in place prior to Feb. 5, 1990, or underground tanks which were removed or closed in place prior to Nov. 5, 1989.

**Tank Number.** Aboveground tank numbers begin with 001A and continue sequentially (002A, 003A, etc.). If the tanks are removed/closed, the numbers are **not reused**.

Underground tank numbers begin with 001 and continue sequentially (002, 003, etc.). If the tanks are removed/closed, the numbers are **not reused**.

**Previous Status.** The status code selected should reflect the previous status of the tank. This does not apply to new tank installations.

**New Status.** The status code selected should reflect the new or initial status of the tank at the time of submitting the Registration/Permitting Form.

Status Code	Description
C	Currently in Use
T	Temporarily Out of Use
E	Exempt
R	Tank Removed
P	ASTs Cleaned, Piping Dismantled & System Left On-Site
P	USTs Cleaned On-Site & Filled with an Inert, Non-Shrinking Material

**Type.** The type code indicates whether the tank is manufactured (M) or field-constructed (F).

**Install Date and Change of Status Date.** The date (month-day-year) must be included on the registration form. Proposed dates are not acceptable.

The Install Date is the date the tank system was physically installed at the facility. This date will never change. The Change of Status date is the date used for all changes of status.

If a tank is currently in use or will be in use after registration, write "C" in the status column and the date installed in the Install Date column.

If a tank is temporarily out of use, write "T" in the Status column and enter the date the tank was taken out of use in the Change of Status Date column. All applicable registration fees are still required. **Tanks in "T" status will have their operating permit withheld or withdrawn, and are required to be empty.** Proof of tank pump-out or a letter certifying that the tank contains less than 1 inch of product must accompany the amended registration. An inspection may be required prior to returning to "C" status.

If a tank is exempt, write "E" in the Status column, and enter the appropriate exempt reference code (noted on pages 3 and 4 of these instructions). If the substance or use changed from regulated to unregulated, write the date changed in the change of status date column. A cover letter that clarifies the exemption reason should be included with the application.

If a tank has been removed, write "R" in the Status column and the date removed in the Change of Status Date column.

If a tank has been permanently closed-in-place, write "P" in the Status column and the closure date in the Change of Status Date column.

**Capacity.** The capacity reflects the name plate rating, not the amount customarily put in the tank.

***Each compartment of a multi-compartment tank should be registered as a separate tank if the compartment contains a regulated substance and meets the capacity criteria and acts separately from the other compartments.***

**Substance Code** – Use the substance code for the currently-stored or last-stored substance as follows:

Code	Description	Code	Description
AVGAS	Aviation Gasoline	JET	Jet Fuel
BIDSL	Biodiesel (>20% biodiesel)	KERO	Kerosene
DIESL	Diesel Fuel	NMO	New Motor Oil
ETHNL	Ethanol	NPOIL	Nonpetroleum Oil <sup>4</sup>
GAS	Gasoline	OTHER	Other (unlisted petroleum) <sup>5</sup>
GSHOL	Gasohol (> 15% alcohol)	UNREG	Unregulated Substance
HIHAZ	Highly Hazardous Substance <sup>1</sup>	USDOL	Used Oil (all forms)
HO	Heating Oil <sup>2</sup>		
HZSUB	Hazardous Substance <sup>3</sup>		

- 1 Hazardous substances with a CERCLA reportable release quantity of ten pounds or less. Tank systems that are less than 1,100 gallon capacity are not considered to be highly hazardous. These tanks need to be registered as hazardous.
- 2 Heating oil is defined as No. 1, No. 2, No. 4-Light, No. 4-Heavy and No. 6 grades of fuel oil. Also included in this definition are other residual fuel oils such as Navy Special and Bunker C.
- 3 Specify the full CERCLA Name(s) and CAS No(s). of the hazardous substance. Do not use the acronym or brand name of the substance. This includes hazardous mixtures.
- 4 Includes synthetic fuels and oils, wood-derivative oils and inedible seed oils.
- 5 Specify the full name(s) of the substance if it is "Other Petroleum Substance." Do not use the acronym or brand name of the substance.

**For mixtures of biodiesel or ethanol and petroleum products, indicate each component's percentage. Storage of alternative fuel blends, such as gasoline-ethanol blends containing greater than 10% alternative fuel, or biodiesel blended fuel containing greater than 5% biodiesel, may require submittal of the Alternative Fuel Storage Tank Installation/Conversion Form (2630-FM-BECB0608).**

**Tank Exempt Reference Code.** If the tank is exempt, write the appropriate exemption reference code from the Instructions.

**VII. ABOVEGROUND & UNDERGROUND NEW TANK INSTALLATION INFORMATION**

The DEP-certified installer should complete this section. Complete this section by writing the tank number and placing a check in the appropriate box for each new tank and component that was installed. This section is not to be completed for tank modification activities. For tank modifications, submit a "Tank Modification Report" form and not a Registration/Permitting Form.

New tanks listed in Section VI must also be listed in Section VII.

At least one block should be checked for each appropriate section (i.e., Tank Construction, Underground or Aboveground Piping, Pump System, etc. should all have at least one check in their respective section).

**All tank installations and removals/closures must be performed by a DEP-certified individual certified in the appropriate category. Owners of USTs must notify DEP 30 days prior to the installation, relocation or removal of a regulated tank. Owners of large aboveground tanks (capacity greater than 21,000 gallons) must obtain a Site Specific Installation Permit prior to construction and notify DEP 30 days prior to closure.**

**VIII. ABOVEGROUND & UNDERGROUND TANK INFORMATION FOR PERMANENT CLOSURE**

The certified remover should complete this section by writing the tank number and placing a check in the appropriate box for each tank that was removed or closed in place.

### IX. OWNER CERTIFICATION

The owner is responsible for completing this Section. Type or legibly print the name and title of the owner. The owner must sign the form and enter the date the Registration/Permitting form was completed.

**Information & Invoices Mailed to.** The owner must indicate the location where information and invoices should be mailed.

### X. INSTALLER/REMOVER CERTIFICATION

This section must be completed by the certified installer(s)/remover(s) responsible for the installation or removal from service of the aboveground and underground storage tanks listed in Section VI. Account for each tank that was installed or removed from service. Only enter the applicable categories required for each tank installation or removal. Do **NOT** enter all the categories in which you are certified.

**Construction Standard.** Provide the Construction Standard(s) which applies to the tank being installed as follows:

Construction Standard	
ACT-100/100U	Composite UST
API 12A	Steel Riveted AST
API 12B	Steel Bolted AST
API 12C	Steel Welded AST
API 12P	Fiberglass/Plastic AST
API 620	Steel Low Pressure AST
API 650	Welded AST
API 653	Re-Built AST
ASME	
ASME B96.1	Welded Aluminum Alloy
ASME RTP-1	Thermoplastic AST
ASME VIII	Pressure Vessel

Construction Standard	
ASTM D	
ASTM D1998	Polyethylene Upright Tank
ASTM D3299	Filament Wound Fiberglass
ASTM D4097	Contact Molded Fiberglass
OTHER	(specify)
STI-93	Cathodic Protected UST
UL-58	Steel UST
UL 142	Manufactured Steel AST
UL 1316	Fiberglass UST
UL 1746	External Cathodic Protected UST
UL 2085	Fire Rated AST
UNKNOWN	

### XI. INSPECTOR CERTIFICATION

This section must be completed by the certified inspector(s) responsible for verifying installation standards for field constructed tanks and aboveground tanks greater than 21,000 gallons listed in Section VI. Account for each tank that was inspected.

**Construction Standard.** Provide the Construction Standard(s) which applies to the tank. Refer to the above chart for construction standard.

### XII. SITE SPECIFIC INSTALLATION PERMIT NUMBER

This section identifies the tank number and Site Specific Installation Permit (SSIP) number assigned to tanks requiring an SSIP. The following tank types require an SSIP before a storage tank system can be installed:

- AST systems with a capacity greater than 21,000 gallons;
- New facilities with an aggregate AST capacity greater than 21,000 gallons;
- New field constructed UST systems; and
- New storage tank systems with a capacity greater than 1,100 gallons containing a highly hazardous substance.

## PROOF OF REGISTRATION

A letter serving as a temporary 90-day proof of registration for all new tank installations will be mailed to the facility's responsible official to permit product deliveries from the distributor until the official certificate is received.

**Invoicing.** After the Registration/Permitting Form is processed, an invoice will be generated and mailed to the owner's designated contact for payment. Thereafter, an invoice will be sent each year for the upcoming year's registration.

**Payment.** Do not submit payment until you have been invoiced. Submitting payment for new tanks which have not been invoiced will delay processing. Fees are pro-rated for the first year only. The annual registration fee schedule is as follows:

Storage Tanks	Capacity	Annual Registration Fee
Underground Storage Tanks (USTs)	All	\$50 per year, per tank
Aboveground Storage Tanks (ASTs)	5,000 gallons or less	\$50 per year, per tank
	5,001 to 50,000 gallons	\$125 per year, per tank
	Greater than 50,000 gallons	\$300 per year, per tank

***Operating permit is renewed with the payment of registration fee.***

**Registration Certificate.** When full payment is received and processed, a certificate is generated and mailed to the owner's designated contact. The certificate shows the annual expiration date and is proof of registration for the facility's storage tanks.

***The certificate should be posted in a protected area. The certificate must be available to the public at the facility where the tank(s) is located.***

## QUESTIONS / CONCERNS / FORMS

When calling and/or writing DEP in reference to the application, have your Facility ID# available.

If you have any questions or concerns or need to order forms, call our customer services staff at the following numbers:

Toll Free in PA: 1-800-42-TANKS  
Local or Out-of-State: 717-772-5599

You can also obtain forms and information by accessing the DEP website at [www.dep.pa.gov](http://www.dep.pa.gov), search: **Storage Tanks.**

## FINANCIAL RESPONSIBILITY REQUIREMENTS FOR UNDERGROUND TANK OWNERS

The release of regulated substances stored in USTs poses a threat to the environment and the public health and safety of the Commonwealth's citizens. A release is generally considered to be any leak, spill or discharge from an UST or interstitial space into soil or groundwater.

The Storage Tank and Spill Prevention Act, Act 32 of 1989 as amended, created the Underground Storage Tank Indemnification Fund (USTIF) to assist owners and operators in meeting the federal financial responsibility requirements. The Fund makes claim payments to eligible UST owners or operators for damages caused by a release from their UST, above the deductibles. To be eligible, the release must have occurred on or after February 1, 1994. There are other eligibility requirements.

Upon registration of an underground tank, the owner's information is given to the USTIF. The owner of a registered UST is billed according to the substance that is contained in the UST and its capacity. Participation in the USTIF is mandatory unless you have a deregulated heating oil tank for which coverage is optional. The USTIF fees are due annually, and monthly statements are sent until the balance due is paid in full.

The USTIF is located in the Department of Insurance and operates similar to an insurance company providing cleanup and third party liability coverage to UST owners and operators. For more information contact the USTIF at:

901 North 7<sup>th</sup> Street  
 Harrisburg, PA 17102  
 Telephone: (800) 595-9887 (toll free in PA) or 717-787-0763  
 email: [ra-ustif@state.pa.us](mailto:ra-ustif@state.pa.us)  
 website: [ustif.pa.gov](http://ustif.pa.gov)

**WHERE TO SEND REGISTRATION FORM**

PA DEP Division of Storage Tanks P.O. Box 8762 Harrisburg PA 17105-8762	<i>or</i>	PA DEP Division of Storage Tanks 400 Market St Harrisburg, PA 17101
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**WHERE TO SEND OTHER LETTERS, FORMS & REPORTS**

Thirty-day Letters of Intent to Close, Closure Notification forms and Registration/Permitting forms for Removing/Closing Unregistered Tank(s) must be mailed to the appropriate DEP regional office. Closure reports must be either retained at the facility site or submitted to the appropriate regional office.

DEP regional offices and the counties they serve:

<b>Southeast Region (1)</b> 2 East Main Street Norristown, PA 19401-4915	484-250-5900	<u>Counties:</u> Bucks, Chester, Delaware, Montgomery and Philadelphia
<b>Northeast Region (2)</b> 2 Public Square Wilkes-Barre, PA 18701-1915	570-826-2511	<u>Counties:</u> Carbon, Lackawanna, Lehigh, Luzerne, Monroe, Northampton, Pike, Schuylkill, Susquehanna, Wayne and Wyoming
<b>Southcentral Region (3)</b> 909 Elmerton Ave Harrisburg, PA 17110-8200	717-705-4705	<u>Counties:</u> Adams, Bedford, Berks, Blair, Cumberland, Dauphin, Franklin, Fulton, Huntingdon, Juniata, Lancaster, Lebanon, Mifflin, Perry and York
<b>Northcentral Region (4)</b> 208 W Third St Ste 101 Williamsport, PA 17701-6448	570-321-6525	<u>Counties:</u> Bradford, Cameron, Centre, Clearfield, Clinton, Columbia, Lycoming, Montour, Northumberland, Potter, Snyder, Sullivan, Tioga and Union
<b>Southwest Region (5)</b> 400 Waterfront Dr Pittsburgh, PA 15222-4745	412-442-4000	<u>Counties:</u> Allegheny, Armstrong, Beaver, Cambria, Fayette, Greene, Indiana, Somerset, Washington and Westmoreland
<b>Northwest Region (6)</b> 230 Chestnut St Meadville, PA 16335-3481	814-332-6648	<u>Counties:</u> Butler, Clarion, Crawford, Elk, Erie, Forest, Jefferson, Lawrence, McKean, Mercer, Venango and Warren

**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.

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 a suspected release 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  
2 East Main Street  
Norristown, PA 19401  
PHONE: 484-250-5900  
FAX: 484-250-5961

**Counties**

Bucks, Chester, Delaware,  
Montgomery, Philadelphia

Northeast Region  
2 Public Square  
Wilkes-Barre, PA 18701-1915  
PHONE: 570-826-2511  
FAX: 570-820-4907

**Counties**

Carbon, Lackawanna, Lehigh,  
Luzerne, Monroe, Northampton,  
Pike, Schuylkill, Susquehanna,  
Wayne, Wyoming

South-central Region  
909 Elmerton Avenue  
Harrisburg, PA 17110  
PHONE: 866-825-0208  
FAX: 717-705-4830

**Counties**

Adams, Bedford, Berks, Blair, Cum-  
berland, Dauphin, Franklin, Fulton,  
Huntingdon, Juniata, Lancaster,  
Lebanon, Mifflin, Perry, York

North-central Region  
208 W. Third Street, Suite 101  
Williamsport, PA 17701  
PHONE: 570-321-6525/327-3636  
FAX: 570-327-3420

**Counties**

Bradford, Cameron, Centre,  
Clearfield, Clinton, Columbia,  
Lycoming, Montour,  
Northumberland, Potter, Snyder,  
Sullivan, Tioga, Union

Southwest Region  
400 Waterfront Drive  
Pittsburgh, PA 15222  
PHONE: 412-442-4000  
FAX: 412-442-4328

**Counties**

Allegheny, Armstrong,  
Beaver, Cambria, Fayette,  
Greene, Indiana, Somerset,  
Washington, Westmoreland

Northwest Region  
230 Chestnut Street  
Meadville, PA 16335-3481  
PHONE: 814-332-6945  
800-373-3398  
FAX: 814-332-6121

**Counties**

Butler, Clarion, Crawford, Elk,  
Erie, Forest, Jefferson,  
Lawrence, McKean, Mercer,  
Venango, Warren

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I. FACILITY INFORMATION (Both O/O and I/I)	II. OWNER/OPERATOR INFORMATION (Both O/O and I/I)
Facility Name _____ Facility I.D. Number _____ Street Address (P.O. Box not acceptable) _____ City _____ State _____ Zip Code _____ County _____ Municipality _____ Contact Person _____ Telephone Number _____ ( ) - _____	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 <input checked="" type="checkbox"/> ): <u>Both O/O and I/I</u>	B. Quantity (Gallons) of Product(s) Released: <u>O/O Only</u>	C. Contamination Suspected [S] or Confirmed [C] (Mark All That Apply <input checked="" type="checkbox"/> ): <u>I/I Only</u>
Leaded Gasoline ..... <input type="checkbox"/>	.....	..... <input type="checkbox"/> [S] ..... <input type="checkbox"/> [C]
Unleaded Gasoline ..... <input type="checkbox"/>	.....	..... <input type="checkbox"/> [S] ..... <input type="checkbox"/> [C]
Aviation Gasoline ..... <input type="checkbox"/>	.....	..... <input type="checkbox"/> [S] ..... <input type="checkbox"/> [C]
Kerosene ..... <input type="checkbox"/>	.....	..... <input type="checkbox"/> [S] ..... <input type="checkbox"/> [C]
Jet Fuel ..... <input type="checkbox"/>	.....	..... <input type="checkbox"/> [S] ..... <input type="checkbox"/> [C]
Diesel Fuel ..... <input type="checkbox"/>	.....	..... <input type="checkbox"/> [S] ..... <input type="checkbox"/> [C]
New Motor Oil ..... <input type="checkbox"/>	.....	..... <input type="checkbox"/> [S] ..... <input type="checkbox"/> [C]
Used Motor Oil ..... <input type="checkbox"/>	.....	..... <input type="checkbox"/> [S] ..... <input type="checkbox"/> [C]
Fuel Oil No. 1 ..... <input type="checkbox"/>	.....	..... <input type="checkbox"/> [S] ..... <input type="checkbox"/> [C]
Fuel Oil No. 2 ..... <input type="checkbox"/>	.....	..... <input type="checkbox"/> [S] ..... <input type="checkbox"/> [C]
Fuel Oil No. 4 ..... <input type="checkbox"/>	.....	..... <input type="checkbox"/> [S] ..... <input type="checkbox"/> [C]
Fuel Oil No. 5 ..... <input type="checkbox"/>	.....	..... <input type="checkbox"/> [S] ..... <input type="checkbox"/> [C]
Fuel Oil No. 6 ..... <input type="checkbox"/>	.....	..... <input type="checkbox"/> [S] ..... <input type="checkbox"/> [C]
Other (Specify) _____ <input type="checkbox"/>	.....	..... <input type="checkbox"/> [S] ..... <input type="checkbox"/> [C]
Unknown ..... <input type="checkbox"/>	.....	..... <input type="checkbox"/> [S] ..... <input type="checkbox"/> [C]

IV. CONFIRMED RELEASE INFORMATION (O/O Only)		
Date Release was Confirmed: _____ / _____ / _____ m / d / y	Date Owner/Operator Sent Copy of this Written Notification to Local Municipality(ies) and Name of Municipality(ies) Notified:	
Date Owner/Operator Verbally Notified Appropriate Regional Office of Release and Office Notified:	Date: _____ / _____ / _____ Municipality _____ m / d / y	
Date: _____ / _____ / _____ Office _____ m / d / y	Date: _____ / _____ / _____ Municipality _____ m / d / y	
Source (Mark All That Apply <input checked="" type="checkbox"/> ):	How Discovered (Mark All That Apply <input checked="" type="checkbox"/> ):	Environmental Media Affected and Impacts (Mark All That Apply <input checked="" type="checkbox"/> ):
Tank (DEP Assigned Nos. _____)..... <input type="checkbox"/>	During Closure ..... <input type="checkbox"/>	Soil ..... <input type="checkbox"/>
Piping System (Aboveground Regulated) ..... <input type="checkbox"/>	Lining Installation..... <input type="checkbox"/>	Sediment ..... <input type="checkbox"/>
Piping System (Underground Regulated)..... <input type="checkbox"/>	Routine Leak Detection ..... <input type="checkbox"/>	Surface Water ..... <input type="checkbox"/>
Piping System (Non-Regulated)..... <input type="checkbox"/>	Third Party Inspection..... <input type="checkbox"/>	Ground Water ..... <input type="checkbox"/>
Dispenser/Dispensing Equipment..... <input type="checkbox"/>	Tightness Testing Activities ..... <input type="checkbox"/>	Bedrock ..... <input type="checkbox"/>
Spill Prevention Equipment..... <input type="checkbox"/>	Visible Product or Odor Reports ..... <input type="checkbox"/>	Water Supplies ..... <input type="checkbox"/>
Accident/Natural Disaster ..... <input type="checkbox"/>	Water in Tank..... <input type="checkbox"/>	Vapors/Product in Buildings ..... <input type="checkbox"/>
Submersible Turbine Pump Head/Fittings..... <input type="checkbox"/>	Construction ..... <input type="checkbox"/>	Vapors/Product in Sewer/Utility Lines ..... <input type="checkbox"/>
Containment/Sump Failure ..... <input type="checkbox"/>	Upgrade/Repair ..... <input type="checkbox"/>	Ecological Receptors..... <input type="checkbox"/>
Other (Specify) _____ <input type="checkbox"/>		
Unknown ..... <input type="checkbox"/>		

Cause (Mark All That Apply ☑):		
Faulty Installation.....		
Corrosion.....		
Physical/Mechanical Failure .....		
Spill During Delivery .....		
Overfill at Delivery .....		
Vehicle Gas Tank Overfill .....		
Product Delivery Hose Rupture.....		
Other (Specify) _____		
Unknown .....		

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**V. INTERIM REMEDIAL ACTIONS (O/O Only)**

(Mark All That Apply ):

	Planned	Initiated	Completed	Not Applicable
Regulated Substance Removed from Storage Tanks .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fire, Explosion and Safety Hazards Mitigated .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Contaminated Soil Excavated .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Free Product Recovered .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Water Supplies Identified and Sampled .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Temporary Water Supplies Provided .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other (Specify) _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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

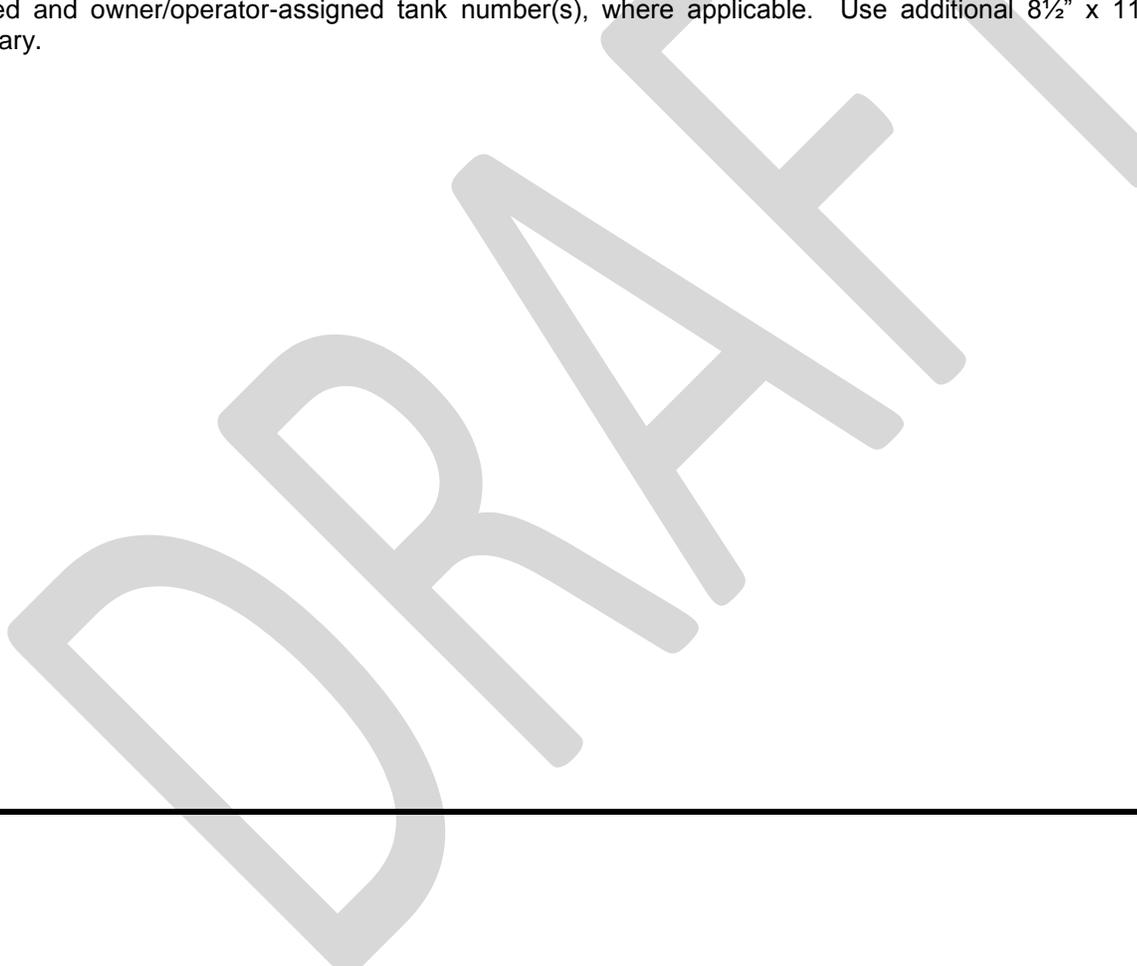
Date of Observation of Suspected/Confirmed Contamination:      /      /       
m                      d                      y

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<b>Indication of Suspected Contamination (Mark All That Apply ☒):</b>	<b>Extent of Confirmed Contamination (Mark All That Apply ☒):</b>
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