

2018



## RETROFIT/REPAIR CHECKLIST FOR UNDERGROUND STORAGE TANKS

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

I. UST FACILITY		II. ICC SERVICE PROVIDER			
Facility Compliance Tag #: <b>A5421</b>	Service Provider Name: <b>ZACH SATHER</b>				
UST ID #: <b>426</b>	Company Name: <b>Pacific Environmental Services Company</b>				
Site Name: <b>PUBLIC HOSPITAL DISTRICT #4</b>	Address: <b>8585 HWY 20</b>				
Site Address: <b>9575 ETHAN WADE WAY SE</b>	ETH City: <b>Port Townsend</b> State: <b>WA</b> Zip: <b>98368</b>				
City: <b>SNOQUALMIE</b>	Phone: <b>(360) 385-4221</b> Email: <b>pescoadmin@olympus.net</b>				
County: <b>KING</b>	Certification Type: <b>N.A.C.E CP-1/ICC-U4</b>				
Phone: <b>425-831-2300</b>	Certification Number: <b>25935/528</b> Exp. Date: <b>2/19</b> <b>1612-U4</b>				
III. UST OWNER/OPERATOR					
Name:		Phone:		Email:	
Address:		City:		State: Zip:	
IV. UST SYSTEM INFORMATION (use bolded names, where applicable)					
	<b>Tank ID:</b>	<b>Tank ID:</b>	<b>Tank ID:</b>	<b>Tank ID:</b>	
1. Tank ID # (tank name registered with Ecology)					
2. Date installed					
3. Tank capacity in gallons	<b>10,000</b>				
4. Tank material (specify for each tank): Steel ( <b>ST</b> ); Steel Clad w/ Corrosion Resist ( <b>CLAD</b> ); Fiberglass Reinforced Plastic ( <b>FRP</b> ); <b>STIp3</b>	<b>STIP3</b>				
5. Tank construction (specify for each tank): Single wall ( <b>SW</b> ); double wall ( <b>DW</b> ); compartment ( <b>COMP</b> )	<b>SW</b>				
6. Piping material (specify for each tank): Steel ( <b>ST</b> ); Fiberglass Reinforced Plastic ( <b>FRP</b> ); Flexible Plastic ( <b>FLEX</b> ); Other (specify):	<b>COPPER</b>				
7. Piping construction (specify for each tank): Single wall ( <b>SW</b> ); Double wall ( <b>DW</b> )	<b>SW</b>				

**V. TANK**

**RETROFIT/REPAIR INFORMATION**

(circle INSTALL or REPAIR for each job completed)

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

**VI. PIPING**

**Retrofit/Repair Information**

(circle INSTALL or REPAIR for each job completed)

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



**VII. CHECKLIST**

The following items shall be initialed by the Certified Supervisor whose signature appears below.	YES	NO	N/A
1. Have all items checked above been installed, repaired, or replaced per code and manufacturer's requirements and in accordance with federal and/or state regulations?	Yes		
2. Has the owner/operator been provided with written documentation of the item(s) installed, repaired or replaced?	Yes		
Date work was completed:	2-8-18		

**VIII. SIGNATURES**

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

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

		Zach Sather
Date	Signature of ICC Certified Provider	Print or Type Name
3/1/2018		Rodolfo Martinez
Date	Signature of UST Owner/Operator	Print or Type Name