

# **RETROFIT/REPAIR CHECKLIST** FOR EXISTING UNDERGROUND STORAGE TANK SYSTEMS

UST ID #: 102338

County: Okanogan

*This checklist certifies that installation and repair activities were performed and conducted in accordance with Chapter 173-360A WAC. Read instructions on page 5-6.* 

			DATE WO	rk <b>C</b> omple	TED: 08	3-22-24
I. UST FACILITY			II. CERTIFIE	D UST INS	TALLER	
Facility Compliance Tag #: A1472		Service Provider Na	me: Eli C	lson		
UST ID #: 102338		Company Name: S	ME Solut	tions, LL	С	
Site Name: The Junction		Address: 10107 \$	S.Tacom	a Way-S	Suite #A2	2
Site Address: 509 Whitcomb Ave		City: Lakewood		State:W	<b>4</b> Zip: <b>984</b>	.99
City: Tonasket		Phone:	Ema	il:		
County: Okanogan		Certification Type:	U1/U3			
Site Phone:		Certification #: 10	267749 I	Exp. Date: (	03/23/2	2025
	II. US	T OWNER/OPERATO	R			
Owner/Operator Name:	Phone	2:	Email:			
IV. UST System Information						
(only identify	ssociated with work p	erformed)	ſ			
Tank ID # as registered with Ecology or identified	on AT	G	Diesel	Premium	UNL#1	UNL#2
Product stored (including % of alternative fuels)			Diesel	Premium	Unleaded	UNLEADED
Tank or compartment capacity (gallons)			12K	5K	10K	5K
V. EQUIPMENT IN	STALLE	D OR REPAIRED (che	ck all that ap	ply)		
Tank repair or internal lining						
Piping, including steel flex connectors (SFCs)						
Corrosion protection						
Release detection (including tank monitor/controlle	r, probe	es, and sensors)				
Containment sump (dispenser, turbine or transition)						
Overfill prevention			$\checkmark$	$\checkmark$	$\checkmark$	$\checkmark$
Spill prevention (spill bucket, etc.)			$\checkmark$			
Dispenser (new dispensing location or replacement)						
Submersible turbine pump (STP)						
Other equipment, described in Section VI:						

VI. REASON FOR WORK PI (check all that apply	ERFORMED /)						
Modified UST system	aced faulty ed	quipment					
Replaced equipment Othe	er (e.g. fuel co	nversion)					
Did product leak from equipment? yes 🖌 no Is a releas	se to the envi	ronment susp	ected? ye	es 🖌 no			
Work description/Comments: Removed Faulty Drain from Dies Alarm	sel Spill Bud	cket, Install	ed Audible	Overfill			
VII. INSTALLATION OR REPA (fill in or check where app	VII. INSTALLATION OR REPAIR DETAILS (fill in or check where applicable)						
TANK (REPAIRS & LININGS ONLY)							
Tank ID							
Tank manufacturer/model							
DW or SW							
Structural failure?							
Internal lining? (submit lining report)							
Check box if tank tightness test conducted or scheduled.							
PIPING (INCLUDING METAL FLEXIBLE CONNECTORS)	Fill in all that	apply					
Tank ID associated with piping							
Piping manufacturer/model DW SW if <50% piping run							
Number of SFCs installed							
Check box if modified more than 50% of a piping run. If so, the <b>entire</b> piping run must be DW and interstitially monitored.							
Check box if line tightness and ALLD test conducted or scheduled.							
CORROSION PROTECTION							
Tank ID associated with protected equipment (if applicable)							
Anodes installed (check all that apply): Tanks Piping SFC							
Impressed current rectifier (repair or installation)	Repair Exist	ting 🗆	Install New 🗌	]			
Number of boots installed (no CP test required for properly booted piping)							
Wire repair/replacement							
Check box if cathodic protection system tested or scheduled.							

RELEASE DETECTION							
Tank ID associated with equipment							
Monitor/Controller/ATG				Repair Exis	sting 🔄 🛛 I	nstall New	
Monitor/Controller/ATG manufacturer and mod	del						
Tank annular sensor/gauge model							
Piping interstitial sump sensor model							
Check box if probes match the monitor/	'contro	ller mo	del				
Check box if release detection equipmen compatible with product stored.	nt teste	ed and					
CONTAINMENT SUMP (tank top or transition)							
Tank ID(s) associated with sump							
Sump manufacturer and model							
SW or if DW: dry, vacuum, or brine?							
Sumps				Repair Exis	ting 🗌 I	nstall New	
Check box if sump tightness tested and	data a	ttached	'.				
DISPENSERS & UDCS							
Dispenser IDs							
UDC Sump manufacturer and model							
If DW: dry, vacuum, or brine?							
New UDC at existing dispenser location?							
New UDC at new dispenser location?							
Check box if UDC/piping and ALLD tested after repair or install.							
OVERFILL PREVENTION							
Tank ID associated with equipment				Diesel	Premium	UNL#1	UNL#2
Device type: <b>auto</b> -shutoff or <b>alarm</b> (no new or re	paired	ball floa	ts)	Alarm	Alarm	Alarm	Alarm
Device manufacturer and model			Incon				
Check box if ball float stem removed. (If not, do not install auto shutoff.)				$\checkmark$	$\checkmark$	$\checkmark$	
Check box if device tested and data attached.			$\checkmark$		$\checkmark$		
SPILL PREVENTION					-	-	-
Tank ID and/or compartment associated with equipment				Diesel			
Spill Containment manufacturer and model			Universa	Valve Co.			
SW or If DW: dry, vacuum, or brine?				SW			
Check box if spill containment tested an	d data	attach	ed.	$\checkmark$			

OTHER WORK PERFO	DRMED						
Tank ID associated	Tank ID associated with equipment						
Explain: Removed Faulty Drain from Diesel Bucket, Installed Audible Overfill.							
Per	PERSONS SUBMITTING FALSE INFORMATION ARE SUBJECT TO FORMAL ENFORCEMENT AND/OR PENALTIES UNDER CHAPTER 173-360A WAC.						
	VIII. FINAL CHEC	К			F	-	
The Certified Serv	ice Provider will mark the following items and sign	below.		YES	NO	N/A	
1. All checked items installed, repaired, or replaced per recommended practices, codes, manufacturer's requirements, <b>and</b> in accordance with state regulations.				$\checkmark$			
2. Owner/operato	r provided with copy of this checklist.			$\checkmark$			
3. Testing was con	ducted on installed/repaired components at the tin	ne of install.		$\checkmark$			
4. All components installed or repaired compatible with the product stored.				$\checkmark$			
5. Suspected relea within 24 hours.	ises to the environment reported to the owner/ope	rator and Eco	logy			$\checkmark$	
IX. REQUIRED SIGNATURES							
08-22-24	EliOln	Eli	Olson				
Date	Date     Signature of ICC Certified Provider     Print or Type Name						
		<u></u>					
Date	Signature of UST Owner/Operator	Pri	nt or Type Na	ame			

# **Secondary Containment Testing Report Form**

This form is intended for use by contractors performing periodic testing of UST secondary containment systems. Use the appropriate pages of this form to report results for all components tested. The completed form, written test procedures, and printouts from tests (if applicable), should be provided to the facility owner/operator for submittal to the local regulatory agency.

1. FA	ACILITY	<b>INFORMATION</b>	N			
Facility Name: The Junction - Mobile			Date of 7	Testing: 08-22-24		
Facility Address: 509 S Whitcomb Ave, Tonasket,	WA. 9885	55				
Facility Contact: Ganta		Phone		🗆 Initial	Repair Test	
Date Local Agency Was Notified of Testing:				□ 6 Month	□Other	
Name of Local Agency Inspector (if present during a	□ Triennial					
2. TESTING CONTRACTOR INFORMATION						
Company Name: SME Solutions LLC						
Technician Conducting Test: Eli Olson						
Credentials: CSLB Licensed Contractor		WRCB Licensed Tan	k Tester	☑ ICC UST Ser	vice Technician	
License Type: U1/U3	Licen	se Number: 10267749				
Manufacturer Training						
Manufacturer	Com	ponent(s)		Date T	raining Expires	

3.		SU	MMA	RY OF	TEST RESULTS				
Component	Pass	Fail	Not Tested	Repairs Made	Component	Pass	Fail	Not Tested	Repairs Made
Diesel Spill Bucket	$\checkmark$								

If hydrostatic testing was performed, describe what was done with the water after completion of tests:

Left Onsite

For any equipment capable of generating a print out of test results, you must attach a copy of the test report to this certification System printout attached.

CERTIFICATION OF TECHNICIAN RESPONSIBLE FOR CONDUCTING THIS TESTING

To the best of my knowledge, the facts stated in this document are accurate and in full compliance with legal requirements

Technician's Signature:

Eli Oln

Date: 08-22-24

# **Spill Bucket Testing Report Form**

This form is intended for use by contractors performing annual testing of UST spill containment structures. The completed form and printouts from tests (if applicable), should be provided to the facility owner/operator for submittal to the local regulatory agency.

1. FACILITY INFORMATION					
Facility Name: The Junction - Mobile		Date of Testing: 08-22-24			
Facility Address: 509 S Whitcomb Ave, Tonasket, WA. 98855					
Facility Contact: Ganta	Phone:				
Date Local Agency Was Notified of Testing :					
Name of Local Agency Inspector (if present during testing):					
A TESTING CONTRACTOR INFO					

## 2. TESTING CONTRACTOR INFORMATION

Company Name: SME Solutions L	.LC				
Technician Conducting Test: Eli Olson					
Credentials <sup>1</sup> : CSLB Contractor	ICC Service Tech.	SWRCB Tank Tester	Other (Specify)		
License Number(s): 10267749					

#### 3. SPILL BUCKET TESTING INFORMATION

Test Method Used:	Hydrostatic	Vacuum	Other		
Test Equipment Used: Tape Mea	asure		Equipment Resolution: 1/16"		
Identify Spill Bucket (By Tank Number, Stored Product, etc.)	1 Diesel	2	3	4	
Bucket Installation Type:	✓Direct Bury □Contained in Sump	Direct Bury Contained in Sump	Direct Bury Contained in Sump	Direct Bury Contained in Sump	
Bucket Diameter:	12"				
Bucket Depth:	10"				
Wait time between applying vacuum/water and start of test:	15 Minutes				
Test Start Time (T <sub>I</sub> ):	10:26am				
Initial Reading (R <sub>I</sub> ):	9"				
Test End Time (T <sub>F</sub> ):	11:28am				
Final Reading (R <sub>F</sub> ):	9"				
Test Duration $(T_F - T_I)$ :	1 Hour				
Change in Reading $(R_F - R_I)$ :	0"				
Pass/Fail Threshold or Criteria:	1/16"				
Test Result:	Pass Fail	Pass Fail	Pass Fail	Pass Fail	

**Comments** – (include information on repairs made prior to testing, and recommended follow-up for failed tests)

Removed Faulty Drain from Spill Bucket and Tested

#### CERTIFICATION OF TECHNICIAN RESPONSIBLE FOR CONDUCTING THIS TESTING

I hereby certify that all the information contained in this report is true, accurate, and in full compliance with legal requirements.

Technician's Signature:

EliOhn

Date: 08-22-24

<sup>1</sup> State laws and regulations do not currently require testing to be performed by a qualified contractor. However, local requirements may be more stringent.

# **Monitoring System Equipment Certification**

This form must be used to document testing and servicing of monitoring equipment. <u>A separate certification or report</u> <u>must be prepared for each monitoring system control panel</u> by the technician who performs the work. A copy of this form must be provided to the tank system owner/operator.

## **A.** General Information

Facility Name:	The Junction - Mobil	Bldg. No	.:	
Site Address:	509 S Whitcomb Ave	City: Tonasket	Zip:	98855
Facility Contact	Person:	Contact Phone Number:		
Make/Model of Monitoring System: Incon 550		Date of Testin	ig/Ser	vicing: 8/22/2024

# **B.** Inventory of Equipment Tested/Certified

#### Check the appropriate boxes to indicate specific equipment inspected/serviced:

Tank ID: 1 - Diesel		Tank ID: 2 - Premium	
🔀 In - Tank Gauging Probe	Model: Incon FMP-LL3-101	🔀 In - Tank Gauging Probe	Model: Incon FMP-LL3-101
Annular Space or Vault Sensor	Model:	Annular Space or Vault Sensor	Model:
Piping Sump/Trench Sensor	Model:	Piping Sump/Trench Sensor	Model:
Fill Sump Sensor(s)	Model:	Fill Sump Sensor(s)	Model:
🔀 Mechanical Line Leak Detector	Model: VMI LD2000	🔀 Mechanical Line Leak Detector	Model: VMI LD2000
Electronic Line Leak Detector	Model:	Electronic Line Leak Detector	Model:
Tank Overfill/High Level Sensor	Model:	Tank Overfill/High Level Sensor	Model:
Other (Specify equipment type a	nd model in Section G on Page 3)	Other (Specify equipment type a	nd model in Section G on Page 3)
Tank ID: 3 - Unleaded		Tank ID: 4 - Unleaded. No Tu	rbine
🔀 In - Tank Gauging Probe	Model: Incon FMP-LL3-101	🔀 In - Tank Gauging Probe	Model: Incon FMP-LL3-101
Annular Space or Vault Sensor	Model:	Annular Space or Vault Sensor	Model:
Piping Sump/Trench Sensor	Model:	Piping Sump/Trench Sensor	Model:
Fill Sump Sensor(s)	Model:	Fill Sump Sensor(s)	Model:
🔀 Mechanical Line Leak Detector	Model: VMI LD2000	Mechanical Line Leak Detector	Model:
Electronic Line Leak Detector	Model:	Electronic Line Leak Detector	Model:
Tank Overfill/High Level Sensor	Model:	Tank Overfill/High Level Sensor	Model:
Other (Specify equipment type a	nd model in Section G on Page 3)	Other (Specify equipment type a	nd model in Section G on Page 3)
Tank ID:		Tank ID:	
In - Tank Gauging Probe	Model:	In - Tank Gauging Probe	Model:
Annular Space or Vault Sensor	Model:	Annular Space or Vault Sensor	Model:
Piping Sump/Trench Sensor	Model:	Piping Sump/Trench Sensor	Model:
Fill Sump Sensor(s)	Model:	Fill Sump Sensor(s)	Model:
Mechanical Line Leak Detector	Model:	Mechanical Line Leak Detector	Model:
Electronic Line Leak Detector	Model:	Electronic Line Leak Detector	Model:
Tank Overfill/High Level Sensor	Model:	Tank Overfill/High Level Sensor	Model:
Other (Specify equipment type a	nd model in Section G on Page 3)	Other (Specify equipment type a	nd model in Section G on Page 3)

Dispenser ID: All	Dispenser ID:
Dispenser Containment Sensor(s)       Model:         Shear Valve(s)       Dispenser Containment Float(s) and Chain(s)	<ul> <li>Dispenser Containment Sensor(s)</li> <li>Model:</li> <li>Shear Valve(s)</li> <li>Dispenser Containment Float(s) and Chain(s)</li> </ul>
Dispenser ID:	Dispenser ID:
Dispenser Containment Sensor(s) Model: Shear Valve(s) Dispenser Containment Float(s) and Chain(s)	Dispenser Containment Sensor(s) Model: Shear Valve(s) Dispenser Containment Float(s) and Chain(s)
Dispenser ID:	Dispenser ID:
Dispenser Containment Sensor(s) Model: Shear Valve(s) Dispenser Containment Float(s) and Chain(s)	Dispenser Containment Sensor(s) Model: Shear Valve(s) Dispenser Containment Float(s) and Chain(s)
Dispenser ID:	Dispenser ID:
<ul> <li>Dispenser Containment Sensor(s)</li> <li>Model:</li> <li>Shear Valve(s)</li> <li>Dispenser Containment Float(s) and Chain(s)</li> </ul>	<ul> <li>Dispenser Containment Sensor(s) Model:</li> <li>Shear Valve(s)</li> <li>Dispenser Containment Float(s) and Chain(s)</li> </ul>

# C. Results of Testing/Servicing

Software Version Installed:

#### Complete the following checklist:

🖂 Yes	□ No*	Is the audible alarm operational?					
🖂 Yes	□ No*	Is the visual alarm operational?					
🖂 Yes	□ No*	Were all the sensors visually inspected, functionally tested, and confirmed operational?					
🖂 Yes	□ No*	Were all sensors installed at lowest point of secondary containment and positioned so that other equipment will not interfere with their proper operation?					
🗌 Yes	🗌 No*	If alarms are relayed to a remote monitoring station, is all communications equipment (e.g. modem) operational?					
	🖂 N/A						
🗌 Yes	🗌 No*	For pressurized piping systems, does the turbine automatically shut down if the piping secondary containment monitoring system detects a leak, fails to operate, or is electrically disconnected? If					
	⊠ N/A	yes: which sensors initiate positive shutdown? (Check all that apply) Sump/Trench Sensors Dispenser Containment Sensors					
		Did you confirm positive shutdown due to leaks and sensor failure/disconnection? Yes No					
🖂 Yes	□ No*	For tank systems that utilize the monitoring system as the primary tank overfill warning device (i.e. no mechanical overfill protection valve is installed), is the overfill warning alarm visible and audible					
	□ N/A	at the tank fill point(s) and operating properly? If so, at what percent does the alarm trigger?					
□ Yes*	🖂 No	Was any monitoring equipment replaced? If yes, identify specific sensors, probes, or other equipment replaced and list the manufacturer name and model for all replacement parts in section G, below.					
☐ Yes*	⊠ No	Was liquid found inside any secondary containment systems designed as dry systems?         (Check all that apply)       Product       Water       If yes, describe causes in Section G, below.					
🖂 Yes	□ No*	Was monitoring system set-up reviewed to ensure proper settings? (Attach set-up reports, if applicable)					
🖂 Yes	□ No*	Is all monitoring equipment operational per manufacturer's specifications?					

## \* In section G below, describe how and when these deficiencies were or will be corrected.

#### Monitoring System Certification - Page of

## D. In - Tank Gauging/ SIR Equipment

Check this box if tank gauging is used only for inventory control.
 Check this box if no tank gauging or SIR equipment is installed.

This section must be completed if in-tank gauging equipment is used to perform leak detection monitoring.

🖂 Yes	□ No*	Has all input wiring been inspected for proper entry and termination, including testing for ground faults?
🖂 Yes	🗌 No*	Were all tank gauging probes visually inspected for damage and residue build-up?
🖂 Yes	🗌 No*	Was accuracy of system product level readings tested?
🖂 Yes	🗌 No*	Was accuracy of system water level readings tested?
🖂 Yes	🗌 No*	Were all probes reinstalled properly?
🖂 Yes	□ No*	Were all items on the equipment manufacturer's maintenance checklist completed?

\*In section G below, describe how and when these deficiencies were or will be corrected.

# E. Line Leak Detectors (LLD):

#### Complete the following checklist:

Check this box if LLD's are not installed

🖂 Yes	🗌 No*	For equipment start-up or annual equipment certification was a leak simulated to verify LLD performance? ( <i>Check all that apply</i> ) Simulated leak rate: $\boxtimes$ 3 g.p.h (1); $\square$ 0.1 g.p.h. (2.); $\square$ 0.2 g.p.h. (2.).
	□ N/A	Notes: 1. Required for equipment start-up certification <u>and</u> annual certification. 2. Unless mandated by local agency, certification required only for electronic LLD Startup.
🖂 Yes	□ No*	Were all LLD's confirmed operational and accurate within regulatory requirements?
🖂 Yes	□ No*	Was the testing apparatus properly calibrated?
🖂 Yes	□ No*	For mechanical LLD's , does the LLD restrict product flow is it detects a leak?
	□ N/A	
🗌 Yes	□ No*	For electronic LLD's, does the turbine automatically shut off if the LLD detects a leak?
	🖂 N/A	
🗌 Yes	□ No*	For electronic LLD's, does the turbine automatically shut off if any portion of the monitoring system is
	🖂 N/A	disabled or disconnected?
🗌 Yes	□ No*	For electronic LLD's, does the turbine automatically shut off if any portion of the monitoring system is
	🖂 N/A	malfunctions or fails a test?
🗌 Yes	□ No*	For electronic LLD's, have all accessible wiring connections been visually inspected?
	⊠ N/A	
🖂 Yes	□ No*	Were all items on the equipment manufacturer's maintenance checklist completed?
L	- <u></u>	

\*In section G below, describe how and when these deficiencies were or will be corrected.

**F. Certification** - I certify that the equipment identified in this document was inspected/serviced in accordance with the manufacturer's guidelines. Attached to this Certification is information (e.g. manufacturers' checklist) necessary to verify that this information is correct. For any equipment capable of generating such reports, I have also attached a copy of the; *(Check all that apply)* 

#### **G.** Comments

 $\boxtimes$  System set-up

🔀 Alarm History Report

	Signature :	EliOln
ICC# 10267749	License No.:	
SME Solutions, LLC.	Phone No.:	(253) 572-3822
107 South Tacoma Way #A2-L	akewood, WA. Date of T	esting/Servicing: 8/22/2024
	ICC# 10267749 SME Solutions, LLC. 107 South Tacoma Way #A2-L	Signature : ICC# 10267749 SME Solutions, LLC. 107 South Tacoma Way #A2-Lakewood, WA. Date of Tacoma

Monitoring System Certification - Page of

UNDERGROUND STORAGE TANK OVERFILL PREVENTION EQUIPMENT INSPECTION REPORT FORM (Page 1 of 1)								
Type of Action	✓ Installation Inspection	Repair Inspection			☐ 36 Month Inspection			
		I. FACILITY	INFORMA	ATION				
					Date of Ove 8/22/24	erfill Preventio	on Equipmer	it Inspection
Business Name <i>(Sam</i> The Junction	e as Facility Name or DBA-Doin	ng Business As)						
Business Site Address 509 Whitcomb Ave	S	City Tonasket					ZIP Co 9885	ode 5
	II. UNDERGROUN	D STORAGE TAN	K SERVICI	E TECHNI	CIAN INFO	ORMATIO	N	
Name of UST Service Eli Olson	Technician Performing the Insp	ection (Print as shown o	on the ICC Ce	ertification.)		Phone #		
Contractor / Tank Tes	ter License #	ICC Certification #			ICC Certification Expiration Date			
Overfill Prevention Eq	uipment Inspection Training and	Certifications (List app	licable certific	ations.)		MATION		
Inspection Method	Manufacturer Guidelines (	Specify):						
Used:								
	Industry Code or Engineer	ing Standard (Specify):						
	Engineered Method (Spec	ify):						
Attach the inspect	tion procedures and all do	cumentation require	ed to detern	nine the re	sults.	# of Attach	ed Pages	
TANK ID: (By tank nu	mber, stored product, etc.)	UNL #1	Diesel		UNL #2		Premium	
What is the tank inside	e diameter? (Inches)	92 92			92		92	
Is the fill piping secon	darily contained?	🗌 Yes 🛛 🖉 No	🗌 Yes	🗹 No	🗌 Yes	🗹 No	🗌 Yes	🗹 No
Is the vent piping seco	ondarily contained?	🗌 Yes 🛛 Vo	🗌 Yes	🗹 No	🗌 Yes	🗹 No	🗌 Yes	🗾 No
Overfill Prevention Eq	uipment Manufacturer(s)	Incon	Incon		Incon		Incon	
What is the overfill p	revention equipment response	Shuts Off Flow	☐ Shuts Off Flow ☐ Restricts Flow		Shuts Off Flow		Shuts C	Off Flow
when activated?		Restricts Flow					Restricts Flow	
(encon an inar apply.)		☑ A/V Alarm	☑ A/V Alarm		🗹 A/V Alarm		🗹 A/V Alarm	
Are flow restrictors ins	stalled on vent piping?	🗌 Yes 🛛 🖉 No	🗌 Yes	🖌 No	☐ Yes	🛛 No	🗌 Yes	🗹 No
At what level in the ta to activate? (Inches fr	nk is the overfill prevention set om bottom of tank.)	76.75"	76.875"		77.25"		77.25"	
What is the percent ca overfill prevention equ	apacity of the tank at which the ipment activates?	90	90		90		90	
Is the overfill prevention	on in proper operating condition	🗹 Yes	🛛 Yes		🛛 Yes		🛛 Yes	
appropriate level?		□ No (Specify in V.)	□ No (Specify in V.)		□ No (Specify in V.)		□ No (Specify in V.)	
IV. SUMMARY OF INSPECTION RESULTS								
Overfill Prevention Insp	pection Results	Pass 🗌 Fail	Pass	🗌 Fail	🛛 Pass	🗌 Fail	🖌 Pass	🗌 Fail
V. COMMENTS								
Any terns marked				ents may a				
VI. CERTIFICATION BY UST SERVICE TECHNICIAN CONDUCTING THIS INSPECTION								
I hereby certify tha	t the overfill prevention eq	uipment was inspec	ted and all	the inform	ation conta	ined herei	n is accura	ate.

UST Service Technician Signature

Eli Oln

If the facility has more components than this form accommodates, additional copies of this page may be attached.

ID = Identification, UST = Underground Storage Tank, ICC = International Code Council, AV = Audible and Visual