



RETROFIT/REPAIR CHECKLIST

FOR EXISTING UNDERGROUND STORAGE TANK SYSTEMS

UST ID #: 5491County: Lewis

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 WORK COMPLETED: 6/4/2025

I. UST FACILITY		II. CERTIFIED UST INSTALLER			
Facility Compliance Tag #: A0005	Service Provider Name: Marcus Rounds				
UST ID #: 3997	Company Name: MTM Services LLC				
Site Name: FOODMART #0605	Address: PO Box 576				
Site Address: 108 HWY 603	City: Twisp	State: Wa	Zip: 98856		
City: CHEHALIS	Phone: (509) 560-0421	Email: marcus.rounds94@gmail.com			
County: LEWIS	Certification Type: ICC U1				
Site Phone: (253) 255-0487	Certification #: 9946468		Exp. Date: 03/27		
III. UST OWNER/OPERATOR					
Owner/Operator Name: UNITED PACIFIC	Phone: () -	Email:			
IV. UST SYSTEM INFORMATION (only identify tanks associated with work performed)					
Tank ID # as registered with Ecology or identified on ATG	181				
Product stored (including % of alternative fuels)	SUL				
Tank or compartment capacity (gallons)	8 K				
V. EQUIPMENT INSTALLED OR REPAIRED (check all that apply)					
Tank repair or internal lining	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Piping, including steel flex connectors (SFCs)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Corrosion protection	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Release detection (including tank monitor/controller, probes, and sensors)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Containment sump (dispenser, turbine or transition)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Overfill prevention	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Spill prevention (spill bucket, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dispenser (new dispensing location or replacement)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Submersible turbine pump (STP)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other equipment, described in Section VI:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

VI. REASON FOR WORK PERFORMED

(check all that apply)

☒ Modified UST system

☐ Replaced faulty equipment

☐ Replaced equipment

☐ Other (e.g. fuel conversion)

Did product leak from equipment? ☐ yes ☒ no

Is a release to the environment suspected? ☐ yes ☒ no

Work description/Comments: REPAIRED CUT ANODE WIRE FOR FLEX CONNECTOR ON SUPER TANK AND INSTALLED NEW DI-ELECTRIC UNION IN PLACE OF STANDARD UNION.

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?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Internal lining? (submit lining report)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Check box if tank tightness test conducted or scheduled.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

PIPING (INCLUDING METAL FLEXIBLE CONNECTORS)

Fill in all that apply

Tank ID associated with piping				
Piping manufacturer/model <input type="checkbox"/> DW <input type="checkbox"/> SW if <50% piping run				
Number of SFCs installed				
Check box if modified more than 50% of a piping run. If so, the entire piping run must be DW and interstitially monitored.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Check box if line tightness and ALLD test conducted or scheduled.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

CORROSION PROTECTION

Tank ID associated with protected equipment (if applicable)	181			
Anodes installed (check all that apply): <input type="checkbox"/> Tanks <input type="checkbox"/> Piping <input checked="" type="checkbox"/> SFC	<input checked="" type="checkbox"/>			
Impressed current rectifier (repair or installation)	Repair Existing <input type="checkbox"/>	Install New <input type="checkbox"/>		
Number of boots installed (no CP test required for properly booted piping)	0			
Wire repair/replacement	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Check box if cathodic protection system tested or scheduled.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

RELEASE DETECTION												
Tank ID associated with equipment												
Monitor/Controller/ATG	Repair Existing <input type="checkbox"/> Install New <input type="checkbox"/>											
Monitor/Controller/ATG manufacturer and model												
Tank annular sensor/gauge model												
Piping interstitial sump sensor model												
Check box if probes match the monitor/controller model	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Check box if release detection equipment tested and compatible with product stored.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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 Existing <input type="checkbox"/> Install New <input type="checkbox"/>											
Check box if sump tightness tested and data attached.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
DISPENSERS & UDCs												
Dispenser IDs												
UDC Sump manufacturer and model												
If DW: dry, vacuum, or brine?												
New UDC at existing dispenser location?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
New UDC at new dispenser location?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Check box if UDC/piping and ALLD tested after repair or install.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
OVERFLOW PREVENTION												
Tank ID associated with equipment												
Device type: auto-shutoff or alarm (no new or repaired ball floats)												
Device manufacturer and model												
Check box if ball float stem removed. (If not, do not install auto shutoff.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Check box if device tested and data attached.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SPILL PREVENTION												
Tank ID and/or compartment associated with equipment												
Spill Containment manufacturer and model												
SW or If DW: dry, vacuum, or brine?												
Check box if spill containment tested and data attached.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

OTHER WORK PERFORMED

Tank ID associated with equipment

Explain:

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

VIII. FINAL CHECK**The Certified Service 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, and in accordance with state regulations. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Owner/operator provided with copy of this checklist. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Testing was conducted on installed/repaired components at the time of install. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. All components installed or repaired compatible with the product stored. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Suspected releases to the environment reported to the owner/operator and Ecology within 24 hours. | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |

IX. REQUIRED SIGNATURES

6-4-25

Date

Signature of ICC Certified Provider

Marcus Rounds

Print or Type Name

6-4-25

Date

Signature of UST Owner/Operator

Print or Type Name