



DEPARTMENT OF
ECOLOGY
State of Washington

RETROFIT/REPAIR CHECKLIST

FOR EXISTING UNDERGROUND STORAGE TANK SYSTEMS

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.

UST ID #: 5441

County: Lewis

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"/>
Piping, including steel flex connectors (SFCs)	<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"/>
Release detection (including tank monitor/controller, probes, and sensors)	<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"/>
Overfill prevention	<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"/>
Dispenser (new dispensing location or replacement)	<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"/>
Other equipment, described in Section VI:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

VI. REASON FOR WORK PERFORMED

(check all that apply)

<input checked="" type="checkbox"/> Modified UST system	<input type="checkbox"/> Replaced faulty equipment
<input type="checkbox"/> Replaced equipment	<input type="checkbox"/> Other (e.g. fuel conversion)

Did product leak from equipment? yes noIs 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 OR 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"/>
<i>Check box if tank tightness test conducted or scheduled.</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

PIPING (INCLUDING METAL ELEMENTS EXCLUDED)	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"/>
<i>Check box if line tightness and ALLD test conducted or scheduled.</i>	<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				
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"/>
<i>Check box if cathodic protection system tested or scheduled.</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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

GENERAL INFORMATION

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 attest that all work has been done in accordance with the following:	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 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



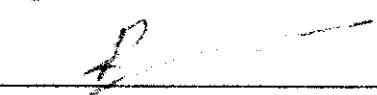
Date

Signature of ICC Certified Provider

Marcus Rounds

Print or Type Name

6-4-25



Date

Signature of UST Owner/Operator



Print or Type Name