



# RETROFIT/REPAIR CHECKLIST

## FOR EXISTING UNDERGROUND STORAGE TANK SYSTEMS

UST ID #: \_\_\_\_\_

County: \_\_\_\_\_

*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:**    /    /

I. UST FACILITY		II. CERTIFIED UST INSTALLER			
Facility Compliance Tag #:	Service Provider Name:				
UST ID #:	Company Name:				
Site Name:	Address:				
Site Address:	City:	State:	Zip:		
City:	Phone: (    )    -	Email:			
County:	Certification Type:				
Site Phone: (    )    -	Certification #:		Exp. Date:		
III. UST OWNER/OPERATOR					
Owner/Operator Name:	Phone: (    )    -	Email:			
IV. UST SYSTEM INFORMATION (only identify tanks associated with work performed)					
Tank ID # as registered with Ecology or identified on ATG					
Product stored (including % of alternative fuels)					
Tank or compartment capacity (gallons)					
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 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)				
<input 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? <input type="checkbox"/> yes <input type="checkbox"/> no		Is a release to the environment suspected? <input type="checkbox"/> yes <input type="checkbox"/> no		
<b>Work description/Comments:</b>				
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"/>
<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 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 <b>entire</b> 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)				
Anodes installed (check all that apply): <input type="checkbox"/> Tanks <input type="checkbox"/> Piping <input 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)				
Wire repair/replacement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Check box if cathodic protection system tested or scheduled.</i>	<input 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												
<i>Check box if probes match the monitor/controller model</i>	<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"/>
<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"/>	<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"/>											
<i>Check box if sump tightness tested and data attached.</i>	<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"/>
<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"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
OVERFILL PREVENTION												
Tank ID associated with equipment												
Device type: <b>auto</b> -shutoff or <b>alarm</b> (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"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<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"/>	<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?												
<i>Check box if spill containment tested and data attached.</i>	<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				
<b>Explain:</b>				
<b>PERSONS SUBMITTING FALSE INFORMATION ARE SUBJECT TO FORMAL ENFORCEMENT AND/OR PENALTIES UNDER CHAPTER 173-360A WAC.</b>				
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, <b>and</b> in accordance with state regulations.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
2. Owner/operator provided with copy of this checklist.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
3. Testing was conducted on installed/repared components at the time of install.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
4. All components installed or repaired compatible with the product stored.	<input 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 type="checkbox"/>	
IX. REQUIRED SIGNATURES				
_____	_____	_____		
Date	Signature of ICC Certified Provider	Print or Type Name		
_____	_____	_____		
Date	Signature of UST Owner/Operator	Print or Type Name		

# INSTRUCTIONS FOR RETROFIT/REPAIR CHECKLIST

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## Tank owner/operator:

1. **Within 30 days** of work completion, sign and submit checklist with supporting documentation to Ecology, using one of the following methods. **Do not include the instruction pages** with your submittal.

### Upload PDF to TCP External

#### Document Submittal (TEDS):

Use Secure Access Washington (SAW) account;  
Add TEDS as a new service;  
Contact (360) 407-7170 for more information.

### US Mail:

WA Department of Ecology  
Underground Storage Tank (UST) Section  
PO Box 47655  
Olympia, WA 98504-7655

2. **Within 24 hours**, report to the appropriate Ecology regional office any suspected release to the environment that is discovered prior to or during work.

## Service providers:

1. Completion of this checklist is confirmation of services performed in accordance with Chapter 173-360A WAC.
2. Since owners and operators must submit documentation of work performed within 30 days of service, prompt submission helps ensure owner compliance.
3. With this checklist, include the test data recorded for any test conducted by the service provider necessary to complete the installation or repair. Do not include follow up testing conducted by a different service provider, they must fill out their own testing checklist with data and submit to the owner.
4. Refer to Table 0920-1 in the UST regulations for a list of services and required certifications.
5. The service provider signing this checklist must be onsite with direct observation during UST system repair and installation work.

## Checklist instruction details:

- I-III. **UST Facility; Certified Service Provider; UST Owner/Operator:** Provide the UST facility compliance tag # (license plate) and/or UST ID#; certification/credential information; and owner/operator information.
- IV. **UST System Information:** Do not use Ecology records to complete this section. Provide current and site-specific information obtained during the project. If the work performed involves a tank compartment, identify the Tank ID specific to that compartment. Refer to the compartment by the monitor/controller/ATG tank identification or by the tank size and product stored.
- V. **Equipment Installed or Repaired:** Check all boxes that apply. If work performed does not fall under one of the listed categories, check "Other" and provide additional information in "Other Work Performed" section.
- VI. **Reason for Work Performed:** Check appropriate box(es) and explain.
- VII. **Installation or Repair Details:** For each general equipment topic checked in Section V, provide all the requested information in that section, as it applies. Provide a detailed description of the work completed.

When installing nonmetallic piping, the use of tracing tape is recommended to verify line location. If retrofitting existing piping use the [Nonmetallic Pipe Identification Guide](#)<sup>1</sup> for assistance. Most UST equipment requires testing after install/repair, refer to the UST regulations, plus manufacturer installation and repair instructions to determine when component testing is required. If another service provider completes testing, identify the company name and date of scheduled test, if known.

If repairing a cathodic protection system, including installation of a rectifier, or tap setting changes, the qualified service provider must test the system at the time of repair/installation, retested between one and six months after repair/installation, and tested every 3 years thereafter.

VIII. **Final Check:** Mark the box that correctly answers each item.

IX. **Required Signatures:** The ICC Service Provider and authorized representative must sign and date the completed checklist. Electronic signatures are accepted.

If submitting for the owner/operator, obtain their signature before submitting.

**ADA Accessibility:**

To request an ADA accommodation, contact Ecology by phone at 360-407-6831 or email at [ecyadacoordinator@ecy.wa.gov](mailto:ecyadacoordinator@ecy.wa.gov), or visit <https://ecology.wa.gov/accessibility>. For Relay Service or TTY call 711 or 877-833-6341.

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<sup>1</sup> Nonmetallic Piping Identification Guide: [http://www.nwglde.org/downloads/flexpipeid\\_guide.pdf](http://www.nwglde.org/downloads/flexpipeid_guide.pdf)  
ECY 070-71 (Revised December 2021)