



OPERATIONAL STATUS NOTICE

TO RETURN UNDERGROUND STORAGE TANKS (USTs) TO SERVICE

UST ID #: _____

County: _____

This notice certifies that the UST system(s) was returned to operation in accordance with Chapter 173-360A WAC. Instructions are on the back page.

I. UST FACILITY		II. OWNER/OPERATOR INFORMATION			
Facility Compliance Tag #:		Owner/Operator Name:			
UST ID #:		Business Name:			
Site Name:		Address:			
Site Address:		City:	State:	Zip:	
City:		Phone:			
Site Phone:		Email:			
III. TANK INFORMATION (for all tanks being brought back into service)					
TANK ID	SUBSTANCE STORED	TANK CAPACITY	DATE TANKS OPERATIONAL		
IV. CHECKLIST (check all that apply; items with * are required)					
<input type="checkbox"/> Proof of tank insurance or financial responsibility is attached.*					
<input type="checkbox"/> Applicable passing testing checklists are attached (e.g. line tightness, line leak detector, cathodic protection). UST equipment is functioning properly, including leak monitor, probes, sensors, overfill, spill buckets, and sumps are dry.*					
<input type="checkbox"/> Owner/operator is requesting an updated Business License with active tank endorsements (annual tank fees are paid).*					
<input type="checkbox"/> Owner/operator is requesting a new facility compliance tag, if applicable.					
<input type="checkbox"/> Third-party certified tank tightness test(s) PASSED and test results are attached.* (If empty tanks need fuel to perform the test, a Fuel Request form must be completed and submitted to Ecology first.)					
V. SERVICE PROVIDER INFORMATION					
Company Name:			Provider Name:		
Address:			Certification Type:		
City:	State:	Zip:	Cert. Number:	Exp. Date:	
Provider Cell Phone:			Provider Email:		
Service Provider Signature:				Date:	
VI. OWNER/OPERATOR SIGNATURE					
<i>Signature acknowledges UST(s) comply with WAC 173-360A, including leak detection and corrosion protection.</i>					
Date	Signature of Tank Owner or Authorized Representative			Print or Type Name	

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INSTRUCTIONS

This form is required as notice to Ecology when USTs are being brought back into service after a period of temporary closure greater than three months. Attach copies of tank insurance and all testing paperwork to the completed form and submit within 30 days of USTs being brought back into service to:

Dept. of Ecology
UST Section
PO Box 47655
Olympia, WA 98504-7655

- I./II. Site and Owner/Operator Information:** Fill out these sections completely. If the UST ID number is not known, contact Ecology for the ID, or use the facility compliance tag number.
- III. Tank Information:** Use the same Tank IDs that are listed on the facility's Business License. List the current substance stored in each tank, the tank size, and date the tanks *became* or *will become* operational.
- IV. Checklist:** Boxes and items with an asterisk (*) must be submitted with this form. An International Code Council (ICC) Certified Tightness Tester must perform a third-party certified tank tightness test*, which includes the entire tank (i.e. the product-filled and ullage portions of the tank). If the tank tightness test requires fuel in the tank, complete a [Fuel Request](#) form and follow the instructions on that form. If a tank fails this test, Ecology must be notified within 24 hours.
- If the UST system has pressurized lines, line tightness and automatic line leak detector tests must be conducted. Depending on the type of UST equipment at your site, submit proof the equipment is functioning per manufacturer specifications, including: cathodic protection system, automatic tank gauge equipment, sensors, spill buckets*, and overfill devices*. Once all the required information is submitted and it is verified annual tank fees have been paid, Ecology will notify the Department of Revenue (800-451-7985) to change the tank's status from "temporarily closed" to "operational". At this time, an updated Business License will be issued.
- V. Service Provider Information:** By signature, the ICC-certified tester certifies all applicable UST equipment is functional, testing is completed and results are attached (testing procedures must meet industry standards).
- VI. Owner/Operator Signature:** The owner/operator is responsible for attaching a copy of the tank pollution liability insurance Certificate of Coverage (or other proof of financial responsibility). By signing this section, the owner/operator attests the UST system is in compliance with corrosion protection and leak detection requirements. Additional fuel deliveries cannot begin until the facility compliance tag is displayed at the UST site.

Further questions? Please contact your regional office below and ask for a tank inspector to assist you.

Regional Office

Central (509) 575-2490

Eastern (509) 329-3400

HQ (360) 407-7170

Northwest (425) 649-7000

Southwest (360) 407-6300

Counties Served

Benton, Chelan, Douglas, Kittitas, Klickitat, Okanogan, Yakima

Adams, Asotin, Columbia, Ferry, Franklin, Garfield, Grant, Lincoln, Pend Oreille, Spokane, Stevens, Walla Walla, Whitman

Federal facilities in Western Washington

Island, King, Kitsap, San Juan, Skagit, Snohomish, Whatcom

Clallam, Clark, Cowlitz, Grays Harbor, Jefferson, Lewis, Mason, Pacific, Pierce, Skamania, Thurston, Wahkiakum

or find a complete list of UST inspectors at:

www.ecy.wa.gov/programs/tcp/ust-lust/people.html

To Request materials in a format for the visually impaired, call Ecology at 360-407-7170, Relay Service 711, or TTY 877-833-6341.