

Alternative Fuel Installation or

Conversion Checklist

for Underground Storage Tanks

*This checklist must be completed for tanks storing >B20 or >E10 products. Instructions are found on the back page.*

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

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

|  |  |
| --- | --- |
| **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:  |
| Phone:  | Email:  |
| **III. Tank Information** |
| Tank ID:  | New or Existing Tank?  |
| Product to be Stored:  | Tank Capacity:  |
| Tank Material (steel, steel clad, FRP):  | Double-walled (DW) or Single-walled (SW):  |
| Is tank lined?  | Tank Leak Detection Method:  |
| If an existing tank was converted to store alternative fuels, was it cleaned of all water and sludge? [ ]  yes [ ]  no |
|  | Cleaning service company:  | Phone:  |
|  | City:  | State:  |
|  | How/where was product removed from the tank disposed?  |
| **Component** | **Manufacturer** | **Model/Brand** | **UL Listed/Verified by Manufacturer**  | **Comments** |
| **Listed** | **Verified** |
| *If manufacturer or model/brand cannot be determined, write “unk” in the corresponding box. In the Comment area,* *write “unk” if compatibility cannot be determined; write “n/a” if system does not have the component listed, write “hc”* *and the treatment material, if a hard-coat treatment is used to achieve compatibility.* |
| Tank Material: |  |  | [ ]  | [ ]  |  |
| Spill Bucket: |  |  | [ ]  | [ ]  |  |
| Overfill Device: |  |  | [ ]  | [ ]  |  |
| Drop Tube: |  |  | [ ]  | [ ]  |  |
| Submersible Turbine Pump: |  |  | [ ]  | [ ]  |  |
| Leak Detection Probes: |  |  | [ ]  | [ ]  |  |
| Annular Sensors: |  |  | [ ]  | [ ]  |  |

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| **IV. Pipe Information** |
| Piping Material:  | Double-walled (DW) or Single-walled (SW):  |
| Is a sump present for submersible/pipe connections? [ ]  yes [ ]  no |
| **Component** | **Manufacturer** | **Model/Brand** | **UL Listed/Verified by Manufacturer**  | **Comments**  |
| **Listed** | **Verified** |
| Piping material |  |  | [ ]  | [ ]  |  |
| Gaskets/Seals |  |  | [ ]  | [ ]  |  |
| Pipe Sealant/Adhesive |  |  | [ ]  | [ ]  |  |
| Flex Connector |  |  | [ ]  | [ ]  |  |
| Line Leak Detector |  |  | [ ]  | [ ]  |  |
| Containment Sump |  |  | [ ]  | [ ]  |  |
| **V. Required Signature** |
| ***The signatures below certify the information submitted to verify system compatibility is true, accurate, and complete.***  |
|  |  |  |  |  |
| Date |  | Signature of Authorized Representative |  | Print or Type Name |
|  |  |  |  |  |
| Date |  | Signature of UST Owner/Operator (if not the authorized rep.) |  | Print or Type Name |

Instructions

Alternative Fuel Installation

or Conversion Checklist

for Underground Storage Tanks

**Instructions**

This checklist is required to be submitted when an underground storage tank stores greater than 20% biodiesel (>B20) or greater than 10% ethanol-blended (>E10) fuels. Complete the form and submit it to:

Dept. of Ecology

UST Section

PO Box 47655

Olympia, WA 98504-7655

* The UST owner or operator is responsible for notifying the insurance carrier of plans to use the UST system to store an alternative fuel, as the insurer may have additional requirements.
* Prior to storing ethanol-blended fuels, the water level must be checked in the tank. **No level of water is acceptable.**
* Prior to storing alternative fuels, all visible fittings and connections at the top of the tank must be verified to be tight so that no vapors can escape and no water can enter. This includes ensuring sump and spill containment covers are secured to prevent water from entering the tank.
* Be sure the dispenser is labeled with the appropriate information and dispenser components are compatible with the product being dispensed. Contact the Dept. of Agriculture’s Weights and Measures inspector in your area for more information.
* The authorized representative and UST Owner/Operator (if different than the authorized representative) must sign the form and submit a copy to Ecology prior to converting or installing an UST that will store alternative fuels.

**I./II. Site and Owner/Operator Information**: Complete this section about the UST facility and use the Facility Compliance Tag # (License Plate) and/or UST ID # (if known) to help identify the location.

**III. Tank Information**: Use the same Tank IDs that are or will be listed on the facility’s Business License. Use the abbreviations described in this section to provide an entry in each blank.

**IV. Pipe Information:** Each blank must have an entry, as described in Section III.

**VI. Required Signature:** This form must be signed and filled out by an authorized representative who is has personally examined and/or is familiar with the information submitted to verify system compatibility. The UST Owner/Operator must also sign this form if he/she is different than the authorized representative.

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

|  |  |
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| **Regional Office** | **Counties Served** |
| Central (509) 575-2490 | Benton, Chelan, Douglas, Kittitas, Klickitat, Okanogan, Yakima |
| Eastern (509) 329-3400 | Adams, Asotin, Columbia, Ferry, Franklin, Garfield, Grant, Lincoln, Pend Oreille, Spokane, Stevens, Walla Walla, Whitman |
| HQ (360) 407-7170 | Federal facilities in Western Washington |
| Northwest (425) 649-7000 | Island, King, Kitsap, San Juan, Skagit, Snohomish, Whatcom |
| Southwest (360) 407-6300 | Clallam, Clark, Cowlitz, Grays Harbor, Jefferson, Lewis, Mason, Pacific, Pierce, Skamania, Thurston, Wahkiakum |
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| ***or find a complete list of UST inspectors at:*** |
| [www.ecy.wa.gov/programs/tcp/ust-lust/people.html](http://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 |