

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 #: \_\_\_\_\_\_\_\_\_\_

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

|  | **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 | [ ]  | [ ]  | [ ]  | [ ]  |
| Piping, including steel flex connectors (SFCs) | [ ]  | [ ]  | [ ]  | [ ]  |
| Corrosion protection | [ ]  | [ ]  | [ ]  | [ ]  |
| Release detection (including tank monitor/controller, probes, and sensors) | [ ]  | [ ]  | [ ]  | [ ]  |
| Containment sump (dispenser, turbine or transition) | [ ]  | [ ]  | [ ]  | [ ]  |
| Overfill prevention | [ ]  | [ ]  | [ ]  | [ ]  |
| Spill prevention (spill bucket, etc.) | [ ]  | [ ]  | [ ]  | [ ]  |
| Dispenser (new dispensing location or replacement) | [ ]  | [ ]  | [ ]  | [ ]  |
| Submersible turbine pump (STP) | [ ]  | [ ]  | [ ]  | [ ]  |
| Other equipment, described in Section VI:  | [ ]  | [ ]  | [ ]  | [ ]  |

| **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:** |
| **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? | [ ]  | [ ]  | [ ]  | [ ]  |
| Internal lining? (submit lining report) | [ ]  | [ ]  | [ ]  | [ ]  |
| *Check box if tank tightness test conducted or scheduled.*  | [ ]  | [ ]  | [ ]  | [ ]  |
| **Piping (including metal flexible connectors)**  | **Fill in all that apply** |
| Tank ID associated with piping |  |  |  |  |
| Piping manufacturer/model [ ]  DW [ ]  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. | [ ]  | [ ]  | [ ]  | [ ]  |
| *Check box if line tightness and ALLD test conducted or scheduled.*  | [ ]  | [ ]  | [ ]  | [ ]  |
| **Corrosion Protection** |
| Tank ID associated with protected equipment (if applicable) |  |  |  |  |
| Anodes installed (check all that apply): [ ]  Tanks[ ]  Piping [ ]  SFC |  |  |  |  |
| Impressed current rectifier (repair or installation) |  Repair Existing [ ]  Install New [ ]  |
| Number of boots installed (no CP test required for properly booted piping) |  |  |  |  |
| Wire repair/replacement | [x]  | [x]  | [x]  | [x]  |
| *Check box if cathodic protection system tested or scheduled.*  | [x]  | [ ]  | [ ]  | [ ]  |

| **Release Detection**  |
| --- |
| Tank ID associated with equipment |  |  |  |  |
| Monitor/Controller/ATG |  Repair Existing [ ]  Install New [ ]  |
| 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* | [ ]  | [ ]  | [ ]  | [ ]  |
| *Check box if release detection equipment tested and compatible with product stored.*  | [ ]  | [ ]  | [ ]  | [ ]  |
| **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 [ ]  Install New [ ]  |
| *Check box if sump tightness tested and data attached.* | [ ]  | [ ]  | [ ]  | [ ]  |
| **Dispensers & UDCs** |
| Dispenser IDs |  |  |  |  |  |  |  |  |  |  |  |
| UDC Sump manufacturer and model |  |
| If DW: dry, vacuum, or brine? |  |  |  |  |  |  |  |  |  |  |  |
| New UDC at existing dispenser location? | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
| New UDC at new dispenser location?  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
| *Check box if UDC/piping and ALLD tested after repair or install.*  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
| **Overfill 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.)* | [ ]  | [ ]  | [ ]  | [ ]  |
| *Check box if device tested and data attached.* | [ ]  | [ ]  | [ ]  | [ ]  |
| **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.*  | [ ]  | [ ]  | [ ]  | [ ]  |

| **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. | [ ]  | [ ]  | [ ]  |
| 2. Owner/operator provided with copy of this checklist.  | [ ]  | [ ]  | [ ]  |
| 3. Testing was conducted on installed/repaired components at the time of install. | [ ]  | [ ]  | [ ]  |
| 4. All components installed or repaired compatible with the product stored. | [ ]  | [ ]  | [ ]  |
| 5. Suspected releases to the environment reported to the owner/operator and Ecology within 24 hours. | [ ]  | [ ]  | [ ]  |
| **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

**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 US Mail:**

**Document Submittal (TEDS):** WA Department of Ecology

Use Secure Access Washington (SAW) account;Underground Storage Tank (UST) Section

Add TEDS as a new service; PO Box 47655

Contact (360) 407-7170 for more information. Olympia, WA 98504-7655

1. **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.

1. **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.
2. **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.
3. **Reason for Work Performed:** Check appropriate box(es) and explain.
4. **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](http://www.nwglde.org/downloads/flexpipeid_guide.pdf)[[1]](#footnote-2) 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.

1. **Final Check**: Mark the box that correctly answers each item.
2. **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, or visit https://ecology.wa.gov/accessibility. For Relay Service or TTY call 711 or 877-833-6341.

1. Nonmetalic Piping Identification Guide: http://www.nwglde.org/downloads/flexpipeid\_guide.pdf [↑](#footnote-ref-2)