

UST and Piping Equipment Information

System #	#1	#2	#3	#4
Tank Type				
Tank Manufacturer				
Tank Model #				
Product				
Volume, gal.				
Pipe Type				
Pipe Manufacturer				
Pipe Model #				

UST Release Detection Equipment Information

Check Release Detection Method for each tank:

Tank #	#1	#2	#3	#4
Automatic Tank Gauging System				
Interstitial Monitoring (required with secondary containment)				
Manual Tank Gauging Only (valid only for tanks of 1,000 gallons or less in capacity)				
Other Release Detection Method, such as SIR (please specify)				

Piping Release Detection Methods and Equipment

Pressurized Piping Methods

Check Release Detection methods:

Piping systems #	#1	#2	#3	#4
Automatic Line Leak Detector –Flow Restrictor (mechanical)				
Automatic Line Leak Detector-Flow Shutoff (electrical)				
Interstitial Monitoring (required with Secondary Containment)				
Sensor with Continuous Alarm				

Suction Piping Methods

Check Release Detection method:

Piping Systems #	#1	#2	#3	#4
Please Specify Type of Suction Piping Installed: Safe Suction (piping that drains back to the tank when prime is lost), Unsafe Suction (piping that does not drain back to the tank when prime is lost) or Gravity.	(check one)	(check one)	(check one)	(check one)
Interstitial Monitoring (required with Secondary Containment)				

Overfill Prevention Devices

Tank #	#1	#2	#3	#4
Overfill Alarm				
Fill Tube / Drop Tube Shutoff Device				
Ball Float Valve NOTE: Ball float shut off devices as a means of overfill prevention should not be installed in suction piping systems. Instead use a drop tube shut off device or an outdoor alarm system. If you have any questions about the appropriate use of a ball float valve with suction piping, please contact a DEQ UST inspector before installing the ball float valve.				
No Overfill Prevention Required				

Spill Prevention Equipment Information

Tank #	#1	#2	#3	#4
Spill Bucket				
Catchment Basin				
No Spill Prevention Requirement				

INSTALLER'S OATH: I certify that I was the Oregon DEQ licensed supervisor present on site during the above listed tank installation activities and to the best of my knowledge they have been conducted in compliance with all state and federal laws, regulations and industry standards and procedures pertaining to underground storage tanks. I further certify that the information contained in this report and checklist is true to the best of my belief and knowledge.

Installer: _____
(Print Name) (Signature)

Position: _____

Company: _____ Date: _____

UST Service Provider Firm, Executive Officer:

(Print Name) (Signature) (Date)

PERMITTEE OR OWNER'S FINANCIAL RESPONSIBILITY INFORMATION SECTION:

The permittee or tank owner has financial responsibility, if applicable, in accordance with 40 CFR Part 280 – Subpart H as adopted pursuant to OAR 340-151-0015. Please specify the type of financial mechanism being used to comply with this requirement and submit a copy of the required documentation specified in the rules.

NOTE: If pollution liability insurance is your mechanism of choice, you must submit a copy of the Certificate of Endorsement or Certificate of Insurance required by Section 280.97 (b)(1) or (b)(2), respectively. An ACORD does not satisfy the proof of insurance requirement.

Permittee Tank Owner Please check (✓) who is providing financial responsibility.

Method of financial responsibility: _____

Insurer: _____ Policy Number: _____

UST FACILITY PERMITTEE OR TANK OWNER

INSTALLATION CERTIFICATION STATEMENT:

I hereby certify that the information provided on this form concerning the installation status of my underground storage tank system(s) is accurate.

Print Name Signature (required) Date

Please note: In accordance with ORS 466.765 and OAR 340-150-0135 (2), you are required to cooperate fully with inspections, monitoring and testing conducted by the Department, as well as requests for document submission, testing and monitoring pursuant to section 9005 of Subtitle I of the Resource Conservation and Recovery Act, as amended. The information you have submitted is subject to audit and verification by the Department's Underground Storage Tank Compliance Inspectors. A false certification may result in enforcement action being taken by the Department.

DEQ REGIONAL USE ONLY

UST FACILITY ID NUMBER: _____

DEQ REGIONAL INSPECTIONS AND REVIEW: This form may be used by DEQ Inspectors for oversight purposes. A DEQ inspector is not required to inspect the installation. A DEQ inspector may or may not be on site or available during all of the inspections listed on this form. In the case of an oversight inspection, the DEQ inspector should check all boxes that are appropriate for the inspection(s). This section of the form will be used by DEQ regional staff as verification of regional review.

Checklist has been reviewed and is complete Initial _____

Checklist attachments submitted and complete Initial _____

Installer certification complete Initial _____

Full compliance inspection completed Yes____ No____

Partial compliance inspection completed Yes____ No____

Passed compliance inspection Yes____ No____ N/A____

Notes: _____

DEQ Inspector: _____
(Please Print)

DEQ Inspector's Signature: _____ Date: _____

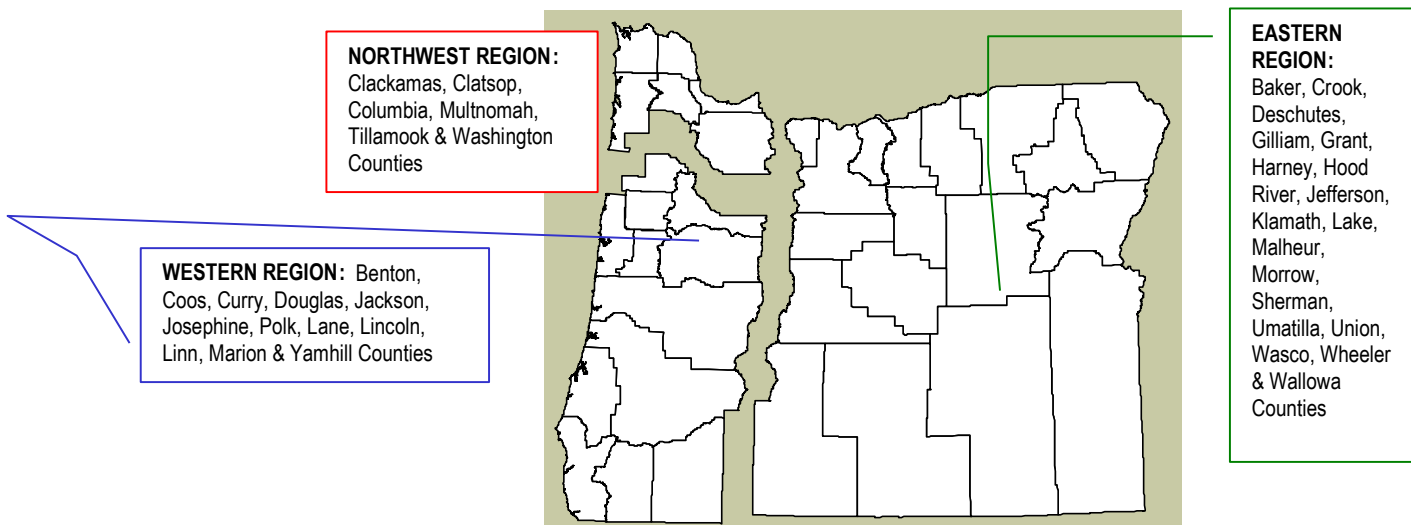
DEQ HQ STAFF USE ONLY

This section of the form used as verification confirmation of financial responsibility.

Check all that apply.

- Pollution Liability Insurance Letter of Credit Guarantee
- Self Insurance Surety Bond Local Government
- Exempt (Federal or State Government)

DEQ Staff Signature: _____ Date: _____



This form must be mailed to the appropriate DEQ Regional Office within 30 days after the installation is complete. For information, call the appropriate DEQ Regional Office or the toll free number 1-800-742-7878.

**THE DEPARTMENT OF ENVIRONMENTAL QUALITY UST PROGRAM
REGIONAL OFFICE IN WHICH YOUR FACILITY IS LOCATED**

EASTERN REGION/THE DALLES
400 E SCENIC DRIVE, # 307
THE DALLES, OR 97058
FAX: 541-298-7330
Phone: 541-298-7255

WESTERN REGION / SALEM
750 FRONT STREET NE, SUITE 120
SALEM, OR 97301
FAX: 503-373-7944
Phone: 503-378-8240

NORTHWEST REGION
2020 SW 4TH AVENUE, SUITE 400
PORTLAND, OR 97201
FAX: 503-229-6945
Phone: 503-229-5263

WESTERN REGION / COOS BAY
381 N. SECOND STREET
COOS BAY, OR 97420
FAX: 541-269-7984
Phone: 541-269-2721

WESTERN REGION / EUGENE
165 East 7th Avenue, SUITE 100
EUGENE, OR 97401
FAX: 541-686-7551
Phone: 541-686-7838

UST HELPLINE: 1-800-742-7878
(Toll Free in Oregon)