



Underground Storage Tank Retrofit/Repair Checklist

The attached Underground Storage Tank (UST) checklist is required for the activity listed above. This checklist certifies that Retrofit/Repair activities were performed and conducted in accordance with Chapter 173-360 WAC.

See back of form for instructions.

1. UST SYSTEM LOCATION AND OWNER

UBI Number: _____ Site ID Number: _____
(UBI # from Master Business License) *(Available from Ecology if tank is Registered)*

Site/Business Name: _____

Site Address: _____
Street *County*

_____ *City State Zip+4 (required)*

Telephone: _____

UST Owner/Operator: _____

Mailing Address: _____
Street *P.O. Box*

_____ *City State Zip+4 (required)*

Telephone: _____ E-mail: _____

2. FIRM PERFORMING WORK

Service Company: _____

Service Co. Address: _____
Street

_____ *City State Zip+4 (required)*

Certified Supervisor: _____

Address: _____
Street *P.O. Box*

_____ *City State Zip+4 (required)*

ICC Certification Number: _____ Certification Expiration Date: _____

Telephone: _____ E-mail: _____

Ecology is an equal opportunity employer.

If you require special accommodations or need this document in an alternate format, please contact the Toxics Cleanup Program at (360) 407-7170. Persons with hearing loss can call 711 for Washington Relay Service.

Persons with a speech disability can call (877) 833-6341.

Checklist Instructions

After completing the checklist(s), return to: **Underground Storage Tank Section
Department of Ecology
P.O. Box 47655
Olympia, WA 98504-7655**

Please Read Carefully

Checklist(s) are to be completed by a Certified UST Supervisor and submitted to Ecology within 30 days of the tank work being performed.

On each checklist, complete the Site ID number and/or the UBI number, site address and site city on each page. Submit the cover sheet that contains the site and owner information with the checklist. The checklist should show all tank and/or piping information that was worked on. Be sure the Owner or the Authorized Representative **AND** Certified Supervisor sign the appropriate checklist.

The Owner/Operator is responsible for ensuring the work is performed and the checklist(s) are submitted to Ecology.

Cover Sheet

Site and Owner Information

Fill in the site and owner information. Include the Ecology Site ID number, if known, and/or UBI number (Uniform Business Identification) from the master business license. Also be sure to provide telephone numbers so that any problems can be resolved quickly.

Firm and Certified Supervisor Information

List the firm performing the work as well as the Certified Supervisor's name and Certification expiration date. Ask to see the Supervisor's Retrofitting/Repair ICC Certification and make sure the Supervisor signs the appropriate checklist for work performed.

<p>Please Note: Individuals performing services MUST be certified by the International Code Council (ICC), or other recognized association by which they demonstrate appropriate knowledge pertaining to USTs or have passed another qualifying exam approved by the Department.</p>

Checklists

The **Retrofitting/Repair Checklist** shall be completed and signed by an ICC Certified Installation and Retrofitting Supervisor. The Certified Supervisor shall be on site when all retrofitting/repair activities are being conducted.

Northwest
(206) 649-7000

Southwest
(360) 407-6300

Central
(509) 574-2490

Eastern
(509) 329-3400

Site ID # _____
Site Address _____
City _____

Underground Storage Tank

Retrofit/Repair Checklist

This form must be completed for each UST system (tank and associated piping) retrofitted or repaired at the site. For more than four UST systems, you may photocopy this form prior to completing.

I. UST SYSTEM INFORMATION

	Tank 1	Tank 2	Tank 3	Tank 4
1. Tank ID # (tank name registered with Ecology)				
2. Date installed				
3. Tank capacity in gallons				
4. Tank material: (Specify for each Tank)	Steel Composite Fiberglass (FRP) Other (specify)			
5. Tank construction: (Specify for each Tank)	(SW) single wall (DW) double wall (P) partitioned			

II. RETROFITTING/REPAIR INFORMATION

	Tank 1	Tank 2	Tank 3	Tank 4
1. Reason for retrofitting UST system (indicate all that apply)				
To comply with upgrading requirements for existing UST systems				
To repair structural defect(s) in tank				
Preventive maintenance				
To comply with corrective action requirements				
To comply with Cathodic Protection requirements				
Other (Specify)				
2. Type of retrofitting (indicate all that apply)				
Installation of internal lining:				
Rubber ●				
Alkyd ●				
Epoxy ●				
Phenolic ●				
Glass ●				
Other (specify) ●				
Installation of Cathodic Protection Equipment:	(Include copy of Site Plan and Retrofit/Repair Design)			
Addition of Supplementary Anodes				
Tanks ●				
Lines ●				
Metal Flex Connectors ●				
Other (Describe) ●				
Installation of spill and overflow prevention equipment				
Catchment Basin ●				
Auto Shutoff ●				
Overflow Alarm ●				
Ball Float Valve ●				
Other (specify) ●				

