

UST-6

APPLICATION TO INSTALL OR REPLACE UNDERGROUND STORAGE TANK SYSTEMS (PRE/POST-INSTALLATION)



| | |
|---|---|
| Facility ID No.: | INSTRUCTIONS: This form is used to: (1) document the proposed installation of regulated Underground Storage Tanks (UST) and/or piping in North Carolina, referred to as the UST-6A, and (2) certify the specifics of the installation once it is complete, referred to as the UST-6B. Please type or print all items except signature. If more than four (4) UST systems are being installed at the facility, photocopy the necessary additional sheets and staple to this form. |
| Is this an existing facility? <input type="checkbox"/> Yes <input type="checkbox"/> No | |

| 1. Type of Notification | | STATE USE ONLY | |
|-------------------------|---|---|--|
| 1.1 | <input type="checkbox"/> Pre-Installation Notification (UST-6A) | Projected Installation Start Date: UST System components to be installed (Check one): <input type="checkbox"/> Tanks and Piping <input type="checkbox"/> Piping Only <input type="checkbox"/> Tanks Only <input type="checkbox"/> Piping Only (Emergency)* <small>*[A letter of emergency justification must be provided]</small> | UST-6A Reviewer Name: UST-6A Approved: <input type="checkbox"/> Yes <input type="checkbox"/> No Date UST-6A Approved / Disapproved: |
| | 1.2 | <input type="checkbox"/> Post-Installation Notification (UST-6B) | Date Installation Completed: Were there any modifications made to the approved UST-6A design (Check one): <input type="checkbox"/> Yes <input type="checkbox"/> No |

| 2. Ownership of UST System | | | | 3. Operator of UST System <input type="checkbox"/> Check if same as owner | | | |
|--|--|---------------|----------|---|--|---------------|----------|
| Owner Name (Corporation, Individual, Public Agency, or Other Entity) | | | | Operator Name (Corporation, Individual, Public Agency, or Other Entity) | | | |
| Contact Name (if not named above) | | | | Contact Name (if not named above) | | | |
| Mailing Address | | | | Mailing Address | | | |
| City | | State | Zip Code | City | | State | Zip Code |
| Phone Number | | Email Address | | Phone Number | | Email Address | |

Check here if "Real" Property Owner of Site

Type of UST Owner (check all that apply): State Gov't Local Gov't Private/Corporate Federal Gov't GSA Facility ID _____

| 4. Contact Person for UST Location | | | |
|------------------------------------|-----------|--------------|---------------|
| Name | Job Title | Phone Number | Email Address |

| 5. Location of UST System | |
|--|--|
| Facility Name or Company | <input type="checkbox"/> Check if tanks located on Indian lands or reservation |
| Street Address (if street address has not been assigned, then provide county tax map number or street intersection): | |
| City | State Zip Code |
| County | Phone Number Email Address |

| 6. North Carolina Professional Engineer | | | 7. General or Main Installation Contractor | | |
|---|--|---|--|--|---|
| PE Name | | PE License No. | Contractor Name | | |
| Company Name | | | Project Manager Name (if not named above) | | |
| Mailing Address | | | Mailing Address | | |
| City | | State Zip Code | City | | State Zip Code |
| Phone Number | | Fax Number | Phone Number | | Fax Number |
| Email Address | | | Email Address | | |

Please complete and attach this page when submitting a UST-6A (proposed installation).

8. Scope of the Proposed Work

8.1 Proposed Work – General

This UST-6A proposes the installation of UST system components as part of a(n):

- New UST Facility (Ground Up)
 Existing UST Facility - Expansion
 Existing UST Facility - Replacement of UST System Component(s)

8.2 Proposed Work – Components (to be filled out for non-ground up installations)

This UST-6A proposes the installation of the following UST components (check all that apply):

- Underground Storage Tanks
 Spill Prevention Equipment (e.g., spill buckets)
 Leak Detection Equipment (e.g., sump sensors, monitoring consoles)
 Piping
 Overfill Prevention Equipment (e.g., flapper valves, ball float vent restriction devices)
 Stage I Vapor Recovery Equipment
 Containment Sumps

9. Additional Description of the Proposed Work

For proposed installations that require additional description (e.g., complicated projects), please include additional details below. Also, if piping is being replaced at an existing facility, please explain reason for replacement and condition of other existing piping at facility, as applicable:

NOTE: Per 15A NCAC 2N, no UST system or UST system component may be installed:

- Within 100 feet of a well serving a public water supply
- Within 50 feet of any other well used for human consumption
- Where it would be in contact with petroleum contaminated soils
- Where it would be in contact with free product

10. UST-6A Application Certification (Pre-Installation)

I certify, under penalty of law, that I have personally examined and am familiar with the information submitted in this and all attached documents; and that based on my inquiry of those individuals responsible for obtaining this information, I believe that the submitted information is true, accurate, and complete.

| | |
|-------------------------|--------------------------|
| Print Name of Applicant | Print Title of Applicant |
| Company Name | Telephone No. |
| Applicant Signature | Date Signed |

11. UST-6A Attachments (Pre-Installation)

Please attach the following items to this submittal (i.e., Pages 1 and 2).

| | | | |
|------|--|------------------------------|--|
| 11.1 | Sections 12 through 18 (pages 3-9) of the UST-6 form detailing the proposed installation | <input type="checkbox"/> Yes | |
| 11.2 | An 11" x 17" scale drawing signed and sealed by a North Carolina Professional Engineer detailing the proposed installation | <input type="checkbox"/> Yes | |
| 11.3 | UST-6C, "Application to Install or Replace Underground Storage Tank Systems (Schedule of Materials)" signed and sealed by a North Carolina Professional Engineer | <input type="checkbox"/> Yes | |
| 11.4 | UST-15A, "Ownership of UST System(s)" | <input type="checkbox"/> Yes | |
| 11.5 | Proof of Financial Responsibility along with the Certification of Financial Responsibility form | <input type="checkbox"/> Yes | <input type="checkbox"/> Will be submitted after post-installation testing |
| 11.6 | Copies of manufacturer's installer certifications for each employee that will install equipment at this facility (if available at this time). | <input type="checkbox"/> Yes | <input type="checkbox"/> Will be submitted post-installation |
| 11.7 | Tank manufacturer's re-certification checklist. (Only required for "used" tanks being reinstalled) | <input type="checkbox"/> Yes | <input type="checkbox"/> N/A |
| 11.8 | UST-20, "Alternative Fuel /Hazardous Substances Compatibility Checklist" (Only required for > 20% Bio-Diesel , >10% Ethanol or Hazardous substances) | <input type="checkbox"/> Yes | <input type="checkbox"/> N/A |
| | | | |

UST-6 Application to Install or Replace Underground Storage Tank Systems (Pre/Post-Installation)



12. Description of all Underground Storage Tanks (USTs) at this Facility

Instructions: Please complete Part 1 of this Section when submitting a UST-6A (proposed installation). Upon completion of installation, verify the information in Part 1 and revise as necessary, making sure to indicate those changes, and then complete Part 2. If there are more than four USTs at facility, please attach additional copies of this page.

PART 1 – PRE-INSTALLATION

12.1 UST – General

| | | | | | |
|--------|---|----------|----------|----------|----------|
| 12.1.1 | TANK IDENTIFICATION NO. (e.g., A, B, C or 1, 2, 3; If compartment tank 1A, 1B, 1C, etc.) | Tank No. | Tank No. | Tank No. | Tank No. |
| 12.1.2 | Indicate if tank is N=new, U=used, or E=existing ¹ | | | | |
| 12.1.3 | Capacity (gallons) If compartment tank, list compartment size. | | | | |

12.2 UST – Product Stored

| | | | | | |
|--------|--|--|--|--|--|
| 12.2.1 | Product stored or to be stored (if other specify below) ² | | | | |
| 12.2.2 | If Other (specify) | | | | |
| 12.2.3 | If hazardous substance, provide Chemical Abstract Service (CAS) number | | | | |

12.3 UST – Construction

| | | | | | |
|--------|--|----------------------------|----------------------------|----------------------------|----------------------------|
| 12.3.1 | Tank manufacturer | | | | |
| 12.3.2 | Tank model | | | | |
| 12.3.3 | Materials of construction ³ | | | | |
| 12.3.4 | If other (specify) | | | | |
| 12.3.5 | Check if tank is siphon manifolded and enter tank # it is manifolded with. | <input type="checkbox"/> / | <input type="checkbox"/> / | <input type="checkbox"/> / | <input type="checkbox"/> / |

12.4 UST – Interstitial Monitoring (Leak Detection) ⁴

| | | | | | |
|--------|---|--|--|--|--|
| 12.4.1 | Method of monitoring tank interstice ⁵ | | | | |
| 12.4.2 | Tank interstitial sensor manufacturer | | | | |
| 12.4.3 | Tank interstitial sensor model | | | | |

PART 2 – POST INSTALLATION

12.5 UST – Post Installation Certification (To Be Filled Out After Installation is Complete)

| | | | | | |
|--------|---|--|--|--|--|
| 12.5.1 | Date of UST installation ⁶ | | | | |
| 12.5.2 | Tank UL (or serial) number | | | | |
| 12.5.3 | With respect to the tanks, were there any modifications to the approved UST-6A application? <input type="checkbox"/> Yes <input type="checkbox"/> No | If “Yes”, then indicate changes to the information above that were made to reflect the modifications that were made (Note: Professional Engineer must approve and seal any changes to the UST-6C and original design plans): | | | |

¹ If UST is “used” attach a completed manufacturers re-certification checklist. If “existing”, please fill out sections 12.1 and 12.2 at a minimum.
² Enter one of the following choices: Aviation Gas, Biodiesel (> 20%) – Diesel Mix*, Diesel, Ethanol (> 10%) –Gas Mix*, Fuel Oil, Gasoline, Hazardous Substance, Heating Oil, Kerosene, Motor Oil, Other Non-Petroleum, Other Petroleum, Transmission Fluid, or Used Oil
 * Tanks with ≤20% Biodiesel should list the product as “Diesel” and tanks with ≤10% Ethanol should list the product as “Gasoline”
³ Enter one of the following choices: DW* FRP** (e.g. Xerxes, Containment Solutions), DW* Steel/FRP** (e.g. ACT-100), DW* Steel/Polyurethane (e.g. ACT-100-U), DW* Steel/Jacketed (e.g. Perm tank, Titan), Other
 *DW = Double-walled **FRP = Fiberglass Reinforced Plastic

⁴ All tanks installed on or after November 1, 2007 must be of double-walled construction with continuous interstitial monitoring.
⁵ Enter one of the following choices: , VM=Vacuum Sensor, PR=Pressure Sensor, HYDRO=Hydrostatic Float*, LDS=Liquid Detecting (dry) Sensor (usually position-sensitive)*, OTH=Other (specify type)
 * Tanks using liquid detecting (dry) interstitial sensors must also be tested for tightness in accordance with 15A NCAC 02N.0903(f) & tanks using hydrostatic (wet) interstitial sensors must be dual-float/(to monitor both low & high level alarm conditions).
⁶ For consistency, please use the same installation date as recorded on the tank manufacturer’s installation checklists.



13. Description of All Piping Systems at this Facility

Instructions: Please complete Part 1 of this Section when submitting a UST-6A (proposed installation). Upon completion of installation, verify the information in Part 1 and revise as necessary, making sure to indicate those changes, and then complete Part 2. If there will be piping associated with more than four USTs, more than four different types of piping installed, etc., please attach additional copies of this page.

PART 1 – PRE-INSTALLATION

13.1 Piping System – General

| | | | | | |
|--------|--|--|--|--|--|
| 13.1.1 | Tank # (associated with piping) ¹ | | | | |
| 13.1.2 | Indicate if piping is N=new or E=existing ² | | | | |
| 13.1.3 | Indicate piping use/application ³ | | | | |
| 13.1.4 | If Other (specify) | | | | |
| 13.1.5 | Piping configuration (PR=Pressurized, SU=Suction, SI=Siphon or GR=Gravity) | | | | |

13.2 Piping System – Construction

| | | | | | |
|--------|---------------------------------------|--|--|--|--|
| 13.2.1 | Piping manufacturer | | | | |
| 13.2.2 | Piping model | | | | |
| 13.2.3 | Material of construction ⁴ | | | | |
| 13.2.4 | If Other (specify) | | | | |

13.3 Piping System – Interstitial Monitoring (Leak Detection) ⁵

| | | | | | |
|--------|---|--|--|--|--|
| 13.3.1 | Method of monitoring piping interstice ⁶ | | | | |
| 13.3.2 | Piping interstitial sensor manufacturer | | | | |
| 13.3.3 | Piping interstitial sensor model | | | | |
| 13.3.4 | Indicate if piping interstitial sensor is N=new or E=existing | | | | |

13.4 Piping System – Automatic Line Leak Detector (To Be Filled Out for Pressurized Piping Only)

| | | | | | |
|--------|--|--|--|--|--|
| 13.4.1 | Automatic Line Leak Detector (ALLD) (Mechanical or Electronic) | | | | |
| 13.4.2 | ALLD manufacturer | | | | |
| 13.4.3 | ALLD model | | | | |
| 13.4.4 | Indicate if ALLD is N=new or E=existing | | | | |

¹ Indicate which tank the piping is associated with (e.g., Tank 1, Tank 2A, Tank 2B). If the piping is associated with two or more USTs (e.g., a siphon manifold), then list both tanks in the column (e.g., Tank 1 & 2). If there is more than a single kind of piping associated with an individual tank, list each kind of piping in a separate column.

² If "existing", provide (minimally) the use, type of piping and configuration and as much other information as available.

³ Enter one of the following choices:
 PD = Product Distribution
 M = Tank Manifold (Siphon Bar)
 RF = Remote Fill
 PR = Product Return
 OTH = Other (specify)

⁴ Enter one of the following choices:
 DW Flex = Double-walled Flex Piping (e.g., APT XP, APT UPP, OPW FlexWorks)
 DW FRP = Double-walled Fiberglass Reinforced Plastic (e.g., NOV Fiberglass Dualoy 3000/L (3" over 2"), Dualoy 3000/LCX, Red Thread IIA)
 None
 OTH = Other (specify)

⁵ All piping installed on or after November 1, 2007 must be of double-walled construction with continuous interstitial monitoring

⁶ Enter one of the following choices:
 LDS = Liquid Detecting Sensor (e.g., sump sensor)
 VM = Vacuum Sensor
 PR = Pressure Sensor
 HYDRO = Hydrostatic Float
 OTH = Other (specify)

Note that discriminating sensors must be set up to detect and alarm with all liquids

UST-6 Application to Install or Replace Underground Storage Tank Systems (Pre/Post-Installation)



13. Description of All Piping Systems at this Facility (cont)

Instructions: Please complete Part 1 of this Section when submitting a UST-6A (proposed installation). Upon completion of installation, verify the information in Part 1 and revise as necessary, making sure to indicate those changes, and then complete Part 2. If there will be piping associated with more than four USTs, more than four different types of piping installed, etc., please attach additional copies of this page.

PART 1 – PRE-INSTALLATION (cont)

13.5 Piping System Information – Associated Piping Components

| | | | | | |
|--------|---|--|--|--|--|
| 13.5.1 | Tank # (associated with piping) | | | | |
| 13.5.2 | Flex connectors present? (Yes, No) | | | | |
| 13.6.3 | Flex connectors located within monitored containment sumps (Yes, No, N/A) | | | | |
| 13.5.4 | Submersible turbine pump, metal piping extensions and/or other metal fittings present? (Yes, No) | | | | |
| 13.5.5 | Submersible turbine pump, metal piping extensions and/or other metal fittings located within monitored containment sumps (Yes, No, N/A) | | | | |
| 13.5.6 | Method that will be used to allow piping to be located once it is backfilled? ¹ | | | | |
| 13.5.7 | If Other (specify) | | | | |

PART 2 – POST INSTALLATION

13.6 Piping System – Post Installation Certification (To Be Filled Out After Installation is Complete)

| | | | | | |
|--------|--|--|--|--|--|
| 13.6.1 | Date of piping installation ² | | | | |
| 13.6.2 | Piping manufacturing code number ³ | | | | |
| 13.6.3 | With respect to the piping, were there any modifications to the approved UST-6A application? <input type="checkbox"/> Yes <input type="checkbox"/> No | If “Yes”, then indicate changes to the information above that were made to reflect the modifications that were made (Note: Professional Engineer must approve and seal any changes to the UST-6C and original design plans): | | | |

¹ If detectable tape/wire is proposed, also list manufacturer/model number on UST-6C; tape/wire width (gauge) & installation depth on UST-6C or plans. Note that NC DEQ may require documentation that the pipe can be located after installation for compliance with 15A NCAC 02N.0904(d).

² For consistency, please use the same installation date as recorded on the piping manufacturer’s installation checklists.

³ The piping manufacturing code number is printed on the exterior of the piping and indicates the date the piping was manufactured among other things and can be used to certify that the piping met the UL 971 construction standard at the time of installation.



14. Description of All Containment Sumps at this Facility

Please complete Part 1 of this Section when submitting a UST-6A (proposed installation). Upon completion of installation, verify the information in Part 1, revise as necessary and complete Part 2.

PART 1 – PRE-INSTALLATION

Enter the type and number(s) in each column that will have the same make/model of containment sumps. If all containment sumps will be the same then list the range of sump numbers in one column. Containment sumps with the same make/model only have to be entered in one of the columns with a list of the sumps that have that make/model. For example, a gas station with three tank top containment sumps of the same make and model and four under dispenser containment (UDC) sumps of the same make and model could be grouped as Tank 1-3 and Disp. 1/2 – 7/8, respectively.

14.1 Containment Sumps - General

| | | | | | |
|--------|--|--|--|--|--|
| 14.1.1 | Containment sump identifier / name (e.g., Disp. 1/2 - 7/8, Tank 1-3, etc.) | | | | |
| 14.1.2 | Quantity of containment sumps of this type | | | | |
| 14.1.3 | Containment sump type ¹ | | | | |
| 14.1.4 | If Other (specify) | | | | |
| 14.1.5 | Indicate if containment sump is N=new or E=existing ² | | | | |

14.2 Containment Sumps - Construction

| | | | | | |
|--------|---------------------------------------|--|--|--|--|
| 14.2.1 | Containment sump manufacturer | | | | |
| 14.2.2 | Containment sump model | | | | |
| 14.2.3 | Material of construction ³ | | | | |
| 14.2.4 | If Other (specify) | | | | |

14.3 Containment Sumps – Leak Detection ⁴

| | | | | | |
|--------|--|--|--|--|--|
| 14.3.1 | Method of monitoring containment sump ⁵ | | | | |
| 14.3.2 | Interstitial sensor manufacturer | | | | |
| 14.3.3 | Interstitial sensor model | | | | |
| 14.3.4 | Indicate if interstitial sensor is N=new or E=existing | | | | |

PART 2 – POST INSTALLATION

14.4 Containment Sumps - Post Installation Certification (To Be Filled Out After Installation is Complete)

| | | |
|--------|---|--|
| 14.4.1 | With respect to the containment sumps, were there any modifications to the approved UST-6A application? <input type="checkbox"/> Yes <input type="checkbox"/> No | If “Yes”, then indicate changes to the information above that were made to reflect the modifications that were made (Note: Professional Engineer must approve and seal any changes to the UST-6C and original design plans): |
|--------|---|--|

¹ Enter one of the following choices:

- TTS = Tank Top Sump (e.g., STP sump)
- UDC = Under Dispenser Containment Sump
- TS = Transition Sump
- OTH = Other (specify)

² Note that existing containment sumps, when connected to replacement piping, will require continuous monitoring and must be tested for integrity

³ Enter one of the following choices:

- PLS = Plastic
- FRP = Fiberglass Reinforced Plastic
- OTH = Other (specify)

⁴ All single-walled or metal UST system components (e.g., flex connectors, automatic line leak detectors, submersible turbine pumps, shear valves) installed on or after November 1, 2007 must be located within continuously monitored containment sumps

⁵ Enter one of the following choices:

- LDS = Liquid Detecting Sensor (e.g., sump sensor)
- VM = Vacuum Sensor
- PR = Pressure Sensor
- HYDRO = Hydrostatic Float
- OTH = Other (specify)

Note that discriminating sensors must be set up to detect and alarm with all liquids



15. Description of Spill Prevention Equipment at this Facility

Please complete Part 1 of this Section when submitting a UST-6A (proposed installation). Upon completion of installation, verify the information in Part 1, revise as necessary and complete Part 2.

PART 1 – PRE-INSTALLATION

15.1 Spill Prevention Equipment - General

| | | | | | |
|--------|--|--|--|--|--|
| 15.1.1 | Tank # (associated with) | | | | |
| 15.1.2 | Indicate if spill prevention equipment is N=new or E=existing ¹ | | | | |

15.2 Spill Prevention Equipment - Construction

| | | | | | |
|--------|--|--|--|--|--|
| 15.2.1 | Spill prevention equipment type ² | | | | |
| 15.2.2 | Spill prevention equipment manufacturer | | | | |
| 15.2.3 | Spill prevention equipment model | | | | |

15.3 Spill Prevention Equipment - Interstitial Monitoring Information ³

| | | | | | |
|--------|--|--|--|--|--|
| 15.3.1 | Method of monitoring interstice ⁴ | | | | |
| 15.3.2 | Does spill prevention equipment have built-in sensor (Yes/No)? | | | | |
| 15.3.3 | Interstitial sensor manufacturer (if not built-in) | | | | |
| 15.3.4 | Interstitial sensor model (if not built-in) | | | | |

PART 2 – POST INSTALLATION

15.4 Spill Prevention Equipment - Post Installation Certification (To Be Filled Out After Installation is Complete)

| | | |
|--------|--|--|
| 15.4.1 | With respect to the spill prevention equipment, were there any modifications to the approved UST-6A application? <input type="checkbox"/> Yes <input type="checkbox"/> No | If “Yes”, then indicate changes to the information above that were made to reflect the modifications that were made (Note: Professional Engineer must approve and seal any changes to the UST-6C and original design plans): |
|--------|--|--|

¹ If “existing”, fill out Section 15.1 at a minimum

² Enter one of the following choices:
 DW = Double-walled spill bucket
 SW+MCS = Single-walled spill bucket within a monitored containment sump
 SW = Single-walled spill bucket (only valid if installed prior to November 1, 2007)
 NR = Not Required (only valid for USTs that are always filled by transfers that are 25 gallons or less)

³ All spill prevention equipment installed on or after November 1, 2007 must be of double-walled construction with continuous interstitial monitoring.

⁴ Enter one of the following choices:
 LDS = Liquid Detecting Sensor (e.g., sump sensor, float switch, etc.)
 VM = Vacuum Sensor
 PR = Pressure Sensor
 HYDRO = Hydrostatic Float
 OTH = Other (specify type)
 Note: Discriminating sensors must be set up to detect and alarm with all liquids



16. Description of Overfill Prevention Equipment at this Facility

Please complete Part 1 of this Section when submitting a UST-6A (proposed installation). Upon completion of installation, verify the information in Part 1, revise as necessary and complete Part 2.

PART 1 – PRE-INSTALLATION

16.1 Overfill Prevention Equipment - General

| | | | | | |
|--------|---|--|--|--|--|
| 16.1.1 | Tank # (associated with) | | | | |
| 16.1.2 | Overfill prevention equipment type ¹ | | | | |
| 16.1.3 | Indicate if overfill prevention equipment is N=new or E=existing ² | | | | |

16.2 Overfill Prevention Equipment - Construction

| | | | | | |
|--------|--|--|--|--|--|
| 16.2.1 | Overfill prevention equipment manufacturer | | | | |
| 16.2.2 | Overfill prevention equipment model | | | | |

16.3 Overfill Prevention Equipment - Design

| | | | | | |
|--------|--|--|--|--|--|
| 16.3.1 | Percentage of total tank capacity the overfill prevention equipment is set to activate | <input type="checkbox"/> ≤ 95% <input type="checkbox"/> ≤ 90% <input type="checkbox"/> N/A, overfill prevention equipment restricts flow 30+ minutes before tank is filled to capacity | <input type="checkbox"/> ≤ 95% <input type="checkbox"/> ≤ 90% <input type="checkbox"/> N/A, overfill prevention equipment restricts flow 30+ minutes before tank is filled to capacity | <input type="checkbox"/> ≤ 95% <input type="checkbox"/> ≤ 90% <input type="checkbox"/> N/A, overfill prevention equipment restricts flow 30+ minutes before tank is filled to capacity | <input type="checkbox"/> ≤ 95% <input type="checkbox"/> ≤ 90% <input type="checkbox"/> N/A, overfill prevention equipment restricts flow 30+ minutes before tank is filled to capacity |
| 16.3.2 | Specify the minimum installation depth of the overfill prevention equipment, as measured from the top of the inside of the tank to the activation point of the overfill prevention equipment, that is necessary to meet the requirement in 16.3.1. | | | | |

PART 2 – POST INSTALLATION

16.4 Overfill Prevention Equipment - Post Installation Certification (To Be Filled Out After Installation is Complete)

| | | |
|--------|---|--|
| 16.4.1 | With respect to the overfill prevention equipment, were there any modifications to the approved UST-6A application? <input type="checkbox"/> Yes <input type="checkbox"/> No | If "Yes", then indicate changes to the information above that were made to reflect the modifications that were made (Note: Professional Engineer must approve and seal any changes to the UST-6C and original design plans): |
|--------|---|--|

¹ Enter one of the following choices:
 AS = Automatic shutoff device (e.g., flapper valve)
 BF = Ball float vent valve (e.g., vent restriction device) [Note: Ball Floats cannot be used with coaxial vapor recovery or suction piping systems.]
 OA = Overfill alarm [Note: Alarm must be located where fuel delivery takes place.]
 NR = Not required [Note: Not Required is only valid for USTs that are always filled by transfers that are 25 gallons or less.]
 [Note: If installing an automatic shut off device (e.g., flapper valve) and a ball float vent valve on the same tank, the ball float must be set to activate at a level higher in the tank than the automatic shut-off device. Only show the primary overfill prevention device in this section.]

² If "existing", provide (minimally) the type of equipment and as much other information as available.



17. Description of Leak Detection Monitoring Equipment at this Facility

Please complete Part 1 of this Section when submitting a UST-6A (proposed installation) application. Upon completion of installation, verify the information in Part 1, revise as necessary and complete Part 2.

PART 1 – PRE-INSTALLATION

Please list the manufacturer and model of each leak detection monitoring console that is being used at the UST facility. If more than one monitoring console is being used, list each monitoring console and specify which tanks, piping, containment sumps, etc. are being monitored by each.

| 17.1 Leak Detection Monitoring Equipment - General | | Monitoring Console #1 | Monitoring Console #2 | Monitoring Console #3 | Monitoring Console #4 |
|--|--|-----------------------|-----------------------|-----------------------|-----------------------|
| 17.1.1 | Monitoring console manufacturer | | | | |
| 17.1.2 | Monitoring console model | | | | |
| 17.1.3 | Indicate if N=new or E=existing Equipment | | | | |
| 17.1.4 | If this UST facility has more than one leak detection monitoring console, please specify which tanks, piping, containment sumps, spill buckets, etc. are monitored by each. If there is only one monitoring console, you may leave section 17.1.4 blank. | Tanks: | Tanks: | Tanks: | Tanks: |
| | | Piping: | Piping: | Piping: | Piping: |
| | | Spill Containment: | Spill Containment: | Spill Containment: | Spill Containment: |
| | | Containment Sumps: | Containment Sumps: | Containment Sumps: | Containment Sumps: |
| | | Other: | Other: | Other: | Other: |

| 17.2 Leak Detection Monitoring Equipment - Reporting | | | | | |
|--|--|--|--|--|--|
| 17.2.1 | Monitoring console capable of generating a printed leak detection report? (Yes / No) | | | | |
| 17.2.2 | Monitoring console capable of generating a printed alarm history report? (Yes / No) | | | | |

PART 2 – POST INSTALLATION

| 17.3 Leak Detection Monitoring Equipment - Post Installation Certification (To Be Filled Out After Installation is Complete) | |
|--|---|
| 17.3.1 | <p>With respect to the leak detection equipment, were there any modifications to the approved UST-6A application?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If "Yes", then indicate changes to the information above that were made to reflect the modifications that were made (Note: Professional Engineer must approve and seal any changes to the UST-6C and original design plans):</p> |

18. Description of Stage I Vapor Recovery Equipment at this Facility

Note: the following gasoline USTs are not required to have Stage I vapor recovery equipment: a) new USTs that are 500 gallons or less in capacity, and b) facilities that have a combined throughput of less than 50,000 gallons per year. If vapor recovery is not required for a UST at this facility, then the last box in this section should be marked. If you have any questions about Stage I vapor recovery, please call the Air Quality Section at (919) 707-8400.

| | | | | | |
|--------|---|---|---|---|---|
| 18.1.1 | Tank # (associated with) | | | | |
| 18.1.2 | Indicate if N=new or E=existing Equipment | | | | |
| 18.1.3 | Type of Stage I vapor recovery | <input type="checkbox"/> Coaxial system <input type="checkbox"/> Dual-point system <input type="checkbox"/> Stage I vapor recovery is not required for this UST | <input type="checkbox"/> Coaxial system <input type="checkbox"/> Dual-point system <input type="checkbox"/> Stage I vapor recovery is not required for this UST | <input type="checkbox"/> Coaxial system <input type="checkbox"/> Dual-point system <input type="checkbox"/> Stage I vapor recovery is not required for this UST | <input type="checkbox"/> Coaxial system <input type="checkbox"/> Dual-point system <input type="checkbox"/> Stage I vapor recovery is not required for this UST |



Please complete this page when submitting a UST-6B (post-installation).

19. Certification of Installation (Must be completed by UST system installer)

Were there any modifications to the approved UST-6A application? Yes No If "Yes" then describe below or attach separate description of the modifications (Note: Professional Engineer must approve and seal any changes to the UST-6C and original design plans):

Multiple horizontal lines for describing modifications.

OATH: I certify, under penalty of law, that the information provided in this application is accurate and true to the best of my belief and knowledge and that the UST system equipment was installed in accordance with the UST system design plans, the manufacturer's guidelines and the applicable national codes of practice and industry standards listed in 15A NCAC 02N .0900.

Installer:

Print Name, Job Title, Signature, Date fields.

Penalties: Pursuant to N.C.G.S.143-215.94W any person who knowingly fails to notify or submits false information shall be subject to a civil penalty not to exceed \$10,000 per day, per violation.

20. Facility Owner Certification and Acknowledgement (Read and Sign After Completing Sections 1 to 7 and 12 to 21)

I certify, under penalty of law, that I have personally examined and am familiar with the information submitted in this and all attached documents; and that based on my inquiry of those individuals responsible for obtaining this information, I believe that the submitted information is true, accurate, and complete. In addition, I certify that all applicable State and Federal UST requirements have been complied with.

If signing as an officer of a corporation, representative of a public agency, administrator of an estate, or as having power of attorney, you must provide a copy of the legal document that proves you can legally sign in such capacity.

Owner:

Print Name of UST Facility Owner or Authorized Representative, Print Title of Owner or Authorized Representative, Signature, Date fields.

Penalties: Pursuant to N.C.G.S.143-215.94W any UST system owner or operator who knowingly fails to notify or submits false information shall be subject to a civil penalty not to exceed \$10,000 per day, per violation.

UST-6 Application to Install or Replace Underground Storage Tank Systems (Pre/Post-Installation)



Please complete this page when submitting a UST-6B (post-installation).

21. UST-6B Attachments (Post-Installation)

Please attach the following items to this submittal (i.e., Pages 1, 10 and 11).

| | | | |
|-------|--|------------------------------|---|
| 21.1 | Sections 12 through 18 (pages 3-9) of the UST-6 form detailing the completed installation, indicating any changes that were made to the originally approved plans ¹ | <input type="checkbox"/> Yes | |
| 21.2 | Proof of Financial Responsibility along with the Certification of Financial Responsibility form ¹ | <input type="checkbox"/> Yes | <input type="checkbox"/> Previously submitted |
| 21.3 | Manufacturers tank installation checklist and warranty registrations. | <input type="checkbox"/> Yes | <input type="checkbox"/> N/A, for piping only |
| 21.4 | Manufacturers piping installation checklist and warranty registrations. | <input type="checkbox"/> Yes | <input type="checkbox"/> N/A, for tanks only |
| 21.5 | Copies of manufacturer's installer certifications for each employee who installed equipment at this facility. | <input type="checkbox"/> Yes | <input type="checkbox"/> Previously submitted & certified with no changes |
| 21.6 | One copy of 11" x 17" as-built plans signed/sealed by a NC PE documenting and detailing the completed installation, indicating any changes that were made to the originally approved design plans. [Note: If no changes were made, no as-builts need to be submitted.] | <input type="checkbox"/> Yes | <input type="checkbox"/> N/A. The originally approved engineered design plans can be used as as-builts, as there were no changes. |
| 21.7 | UST-6C, "Application to Install or Replace Underground Storage Tank Systems (Schedule of Materials)" attached. [Note: If no changes were made, no UST-6C needs to be submitted.] | <input type="checkbox"/> Yes | <input type="checkbox"/> N/A. The originally approved UST-6C can be used, as there were no changes. |
| 21.8 | UST-6D/23A "Application to Install or Replace Underground Storage Tank Systems (Spill Bucket Installation Testing)" containing post-installation test results ¹ . | <input type="checkbox"/> Yes | <input type="checkbox"/> N/A or previously submitted to UST Inspector |
| 21.9 | UST-6E/23D "Application to Install or Replace Underground Storage Tank Systems (Tank Installation Testing)" containing pre-installation and post-installation test results ¹ . | <input type="checkbox"/> Yes | <input type="checkbox"/> N/A, for piping only |
| 21.10 | UST-6F/23B "Application to Install or Replace Underground Storage Tank Systems (UDC/Containment Sump Installation Testing)" containing post-installation test results. | <input type="checkbox"/> Yes | |
| 21.11 | UST-6G "Application to Install or Replace Underground Storage Tank Systems (Piping Pre-Installation Testing)" containing pre-installation test results ¹ . | <input type="checkbox"/> Yes | |
| 21.12 | UST-6H/23C "Application to Install or Replace Underground Storage Tank Systems (Piping Post-Installation Testing)" containing post-installation test results ¹ . | <input type="checkbox"/> Yes | |
| 21.13 | Line Tightness Test (LTT) results and data sheets ¹ . | <input type="checkbox"/> Yes | |
| 21.14 | Automatic Line Leak Detector (ALLD) test results and data sheets ¹ . | <input type="checkbox"/> Yes | <input type="checkbox"/> N/A, non-pressurized piping only |
| 21.15 | UST-22A, "Overfill Prevention Verification and Operability Check" ¹ . | <input type="checkbox"/> Yes | <input type="checkbox"/> N/A or previously submitted to UST Inspector |
| 21.16 | UST-22B, "Annual Leak Detection Equipment Operability Check" ¹ . | <input type="checkbox"/> Yes | |
| 21.17 | UST-22C, "Annual Containment Sump Visual Inspections". | <input type="checkbox"/> Yes | |
| 21.18 | Leak detection console printout documenting the setup of each interstitial sensor (e.g., vacuum, pressure, hydrostatic, liquid-detecting sensor). Please submit results copied onto 8.5 X 11 paper ¹ . | <input type="checkbox"/> Yes | |
| 21.19 | Leak detection console printout documenting the functionality of each interstitial sensor (e.g., vacuum, pressure, hydrostatic, liquid-detecting sensor). The sensor functionality tests, conducted in accordance with manufacturer's written guidelines, should consist of printouts documenting the status of each sensor: <ul style="list-style-type: none"> • Normal / OK Status (Prior to Test) • Alarm (During Test) • Normal / OK Status (At the Conclusion of the Test) Note: Additional printouts may be required to document sensors with multiple alarm states (e.g., discriminating sensors, position-sensitive sensors, dual-float hydrostatic sensors). Please submit results copied onto 8.5 X 11 paper ¹ . | <input type="checkbox"/> Yes | |

¹ At a minimum, items that need to be completed for a Temporary Operating Permit (TOP) to be issued. TOP will be valid for an approximately 60 days period to allow interim operations while the other application items are completed.