



Colorado Department of Labor and Employment
Division of Oil and Public Safety – Compliance Section
633 17th Street, Suite 500
Denver, CO 80202-3610

Phone: 303-318-8547
Email: cdle_oil_inspection@state.co.us
Web: www.colorado.gov/ops

Repair of Spill Prevention Equipment and Containment Sumps

The [Colorado Petroleum Storage Tank Regulations](#) require that spill prevention equipment (spill buckets, catchment basin, etc.), and piping containment sumps used for interstitial monitoring (STP, UDC, transition, etc.) be tested for tightness every 3 years unless they are double-walled and checked every 30 days for liquid in their interstice. When testing indicates non-passing results, the equipment must be repaired or replaced in a manner that meets OPS requirements.

All methods of repair must be submitted to OPS for review, approval and listing before they can be used.

The following methods of repair are available. Please note the requirements for each repair method.

Repair Method	Frequency of Tightness Testing Following Repair*	Requirements
Non-mechanical field-applied sealants, linings and pastes	Annually	<ul style="list-style-type: none">• Must be compatible with the product being stored• Must be intended for use in the environmental conditions to which they will be exposed
Field-installed mechanical repair kits or inserts	Every 3 Years	

***Tightness testing must be performed after completing repairs and at the frequency listed above thereafter according to manufacturer requirements, PEI RP1200-17, or another approved method.**

Other repair methods may be approved if they are determined to be no less protective of human health and the environment.



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Repair of Spill Prevention Equipment and Containment Sumps Method/Equipment Review for Approval

All methods of repair must be submitted to OPS for review, approval and listing with the Division before they can be used. This form must be filled out completely and mailed or emailed, along with all supporting documentation, to one of the addresses shown above.

Company/Manufacturer Information

Company Name:				Contact Name:			
Address:	Street:						
	City:	State:	ZIP:				
Email Address:				Phone Number:			

Method/Product Information

Repair Type:	<input type="checkbox"/> Non-mechanical field-applied sealant, lining or paste	<input type="checkbox"/> Field-installed mechanical repair kit or insert	<input type="checkbox"/> Other		
Product Name:			Model Number:		

Description of Use

Description of Use			

Supporting Documentation Checklist

Checklist Items	Yes	No	N/A
1. Third-party certification by an independent testing laboratory	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Technical information and drawings	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Compatibility information for fuel blends containing >10% ethanol or 20% biodiesel	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Compatibility information for all other fuels	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Installation instructions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Requirements for company/manufacturer installer certification or user training	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Other (please describe):	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Submitter Information Same as Company/Manufacturer

Company Name:				Contact Name:			
Address:	Street:						
	City:	State:	ZIP:				
Email Address:				Phone Number:			

For OPS Use Only

Date Received:		Date Reviewed:		<input type="checkbox"/> Approved	<input type="checkbox"/> Denied
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