



Underground Storage Tank System: Installation or Upgrade Application

A site plan (electronic or less than 11"x17") that includes the name and address of facility, lot dimensions and distances from tanks to the nearest important building, roads, railroads, property lines, dikes or impoundment areas, existing tanks and dispensers must accompany this application. We encourage you to submit this application by using [\[this link\]](#).

E-Generator Bulk Plant Fleet/Commercial Bulk & Retail Motor Fueling Retail Motor Fueling

Facility Information

Owner Information

Facility Name:		Owner Name:	
Address:		Address:	
City/State/ZIP:		City/State/ZIP:	
Facility Contact Name:		Contact Name:	
Email Address:		Email Address:	
Phone Number:		Phone Number:	

Description of Work

Type of Facility

Retail Bulk Plant Commercial/Industrial Airport Federal State Government Emergency Generator Other

Tank Information

If the tanks are used for alternative/renewable fuels, you must complete the compatibility form.

Tank Installation Type	<input type="checkbox"/> New <input type="checkbox"/> Existing	<input type="checkbox"/> New <input type="checkbox"/> Existing	<input type="checkbox"/> New <input type="checkbox"/> Existing	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
(OPS Use) Tank ID Number				<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Tank Manufacturer				<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Tank Model				<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Tank Diameter	in	in	in	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Tank Length	ft in	ft in	ft in	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Serial Number				<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Tank Material Construction				<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Tank Wall Type				<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Total Capacity	gal	gal	gal	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Compartmentalized Tank?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Compartment Sizes				<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Product				<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Product (Second Compartment)				<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Manifolded Tank?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Anchorage Method				<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Spill Containment Manufacturer				<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Spill Containment Size	gal	gal	gal	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Spill Containment Type				<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Overfill Prevention Method				<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Overfill Prevention Manufacturer				<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Tank Corrosion Protection				<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Interstitial Monitoring (Tank)?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Interstitial Monitoring Type				<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Automatic Tank Gauge (ATG)?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
ATG Manufacturer				<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
ATG Model				<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
ATG with CSLD?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Compatible with the Product?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A

Underground Tank Installation Information

Backfill Material Type		Top of Tank Depth	in
Bedding Depth (12-inch minimum unless hold-down pad is used)	in	Burial Depth	in
Cover Type		Cover Thickness	in
Will the excavation cover be subject to traffic?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Excavation Liner?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Tank Pit Monitoring Wells?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Location	Number

OPS Comments

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Piping Information

If the piping is used for alternative/renewable fuels, you must complete the compatibility form.

Piping Installation Type					<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A		
Total Piping Length	ft	in	ft	in	ft	in	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Repair or Replacement?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Replacement Piping Length	ft	in	ft	in	ft	in	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Piping Type							<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Piping System Type							<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Piping Material							<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Piping Wall Type							<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
UG Piping Manufacturer							<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Model (Pisces, Red Thread)							<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Leak Detector Manufacturer							<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Leak Detector Type (UG Piping)							<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
STP Piping Connector (Tank)							<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
STP Containment Manufacturer							<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
STP Containment Model							<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
STP Corrosion Protection							<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Interstitial Monitoring (Pipe)?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Interstitial Monitoring Type							<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Stage #1 Vapor Recovery?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Stage #1 Piping Size		in		in		in	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A

Dispenser Information

If the dispensers are used for alternative/renewable fuels, you must complete the compatibility form.

New Dispenser Installed?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Dispenser Manufacturer							<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Dispenser Model							<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
NTEP Certificate of Conformance Number							<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Number of Dispensers							<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Blender Dispensers?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Meters per Dispenser							<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Under Dispenser Containment (UDC)?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
UDC Manufacturer							<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
UDC Model							<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
UDC Piping Connector - Dispenser							<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
UDC Corrosion Protection							<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A

Project Contractor Information

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

Fuel System Installer Information

Company Name:		Contact Name:	
Address:		City/State/ZIP:	
Email Address:		Phone Number:	
Installer Certification Number:			

Calibration Company Information

Company Name:		Contact Name:	
Address:		City/State/ZIP:	
Calibration Certification Number:		Phone Number:	

Owner Authorization

Owner/Representative Name:	
Date:	

For OPS Use Only

Check Name:		Check #:		Check Amount:	\$150	Check Date:		FID#:		OID #:	
Date Received:		Reviewed By:		Decision Date:							
Decision Made:	<input type="checkbox"/> Approved	<input type="checkbox"/> Denied	<input type="checkbox"/> Deficiency	<input type="checkbox"/> Modified							
Additional Date Received:		Reviewed By:		Additional Decision Date:							
Additional Decision Made:	<input type="checkbox"/> Approved	<input type="checkbox"/> Denied	<input type="checkbox"/> Deficiency	<input type="checkbox"/> Modified							

Buried Piping Test

Test Method		Test Date		OPS Inspector		Results	

Secondary Containment Test

Test Method		Test Date		OPS Inspector		Results	