

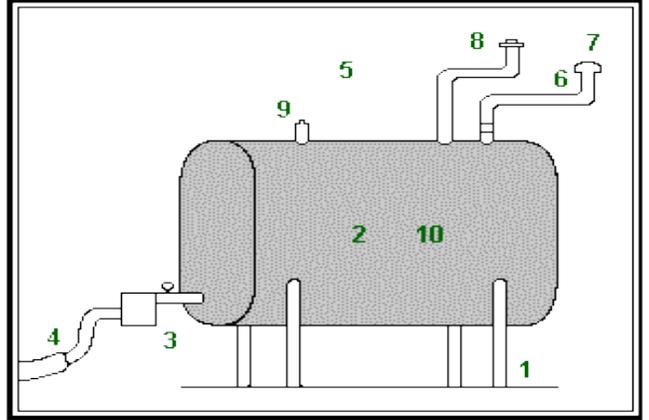
**Aboveground Storage Tank (AST)
Installation Checklist**

Revised 06-28-16

Tracking Number: _____

This form is to be completed by the installer or by a certified plumbing and heating technician. This is part of the Heating Fuel Storage Tank Removal/Replacement Assistance Program and is required for reimbursement where an AST will be in use for fuel storage for heating purposes. Items 1-10 must be answered. The completed checklist, copies of invoices and proof of payment of the invoices are to be submitted to:

Waste Management and Prevention Division
1 National Life Dr., Davis 1
Montpelier, VT 05620-3704



Please check Yes, No, or N/A for each question below.

1. Are the legs on the tank on a solid concrete foundation? <i>(Tanks cannot be placed on blocks of any kind)</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No
2. Is the tank brand new (installed in the last 6 months)? a. If no, date the tank was installed: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
3. Is the fuel filter and or valves free of drips or leaks	<input type="checkbox"/> Yes <input type="checkbox"/> No
4. Are the oil lines coated to protect against corrosion	<input type="checkbox"/> Yes <input type="checkbox"/> No
5. If the tank is located outside, is it protected from hazards (falling ice, tree debris, etc.)? <i>(Only check N/A if the tank is inside or on gable end of a house)</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
6. Is the vent line at least 1-1/4" in diameter?	<input type="checkbox"/> Yes <input type="checkbox"/> No
7. Is there an overfill whistle/alarm?	<input type="checkbox"/> Yes <input type="checkbox"/> No
8. Is the fill equal or smaller to the size of the vent? a. If no, what size (inches) is the fill: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
9. Does the tank have an operational fuel level gauge?	<input type="checkbox"/> Yes <input type="checkbox"/> No
10. Is the tank coated to protect from corrosion?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Certification Statement

I, _____, as the installer/inspector of the AST do certify that
(Print name and company)

the AST installed at _____ meets the above
(Property address/owner)

criteria for aboveground tank installations.

(Signature of licensed plumber/heating contractor)

(Date)