

State of Vermont
Department of Environmental Conservation
UNDERGROUND STORAGE TANK PIPING CHECKLIST – PIPING
REPLACEMENT WITHOUT EXCAVATION

Facility Information

Facility ID#: _____

Facility Name: _____

Facility E911Address: _____

Ownership Information

Tank Owner(s): _____

Address: _____

Type of System:

____ Suction, ____ Pressurized, ____ Gravity

____ Supply and Return

Piping Information

Type of Replacement Piping:

____ Flexible,

____ Other describe: _____

Manufacturer: _____

Type of Former Secondary (now conduit) Piping:

____ Flexible HDPE

____ Other describe: _____

Manufacturer: _____

Installer Information

Installation Company: _____

Installation Foreman: _____

Company Address (Street/State/Zip):

BEFORE COMPLETING THIS CHECKLIST, PLEASE READ CERTIFICATION ON PAGE 4.

Installation foreman must answer each question in order to verify the use of proper installation procedures. **Questions marked with [PHOTO] must include photographs.** The photographs must be clear and in focus. Each picture will be numbered with the corresponding section of this checklist for reference. This checklist, the photographs, and a copy of the piping manufacturer's completed installation checklist are to be submitted within 15 days of completion of the piping replacement installation to:

State of Vermont
Department of Environmental Conservation
Storage Tank Program
1 National Life Drive, Davis 1
Montpelier, VT 05620-3704

Note: Electronic submittals are encouraged; send installation checklists to: susan.thayer@vermont.gov.

As the installer, you are required to be certified by the piping manufacturer (listed on page 1).

Please provide certification# _____ Date ____/____/____

Please provide a copy of certification with checklist.

Name of Certifier: _____

A. PRE-INSTALLATION

- 1. Have you reviewed the construction permit issued to the tank permittee? YES NO
- 2. Did you notify the state Storage Tank Program for a final inspection of the piping installation? YES NO
- 3. Please list the tanks that were re-piped (size, product) i.e. 8K, regular

B. INSTALLATION

- 1. Has all piping been installed in accordance with the piping manufacturer's instructions? YES NO
- 2. Existing piping chase way or conduit must be **isolated** where the piping enters the piping containment sumps and dispenser sumps
[PHOTO] Include photos of ALL finished piping sump entries, including dispenser sumps.

Please describe device and list manufacturer _____

C. PIPING TIGHTNESS TESTING

- 1. Have you tested the primary and secondary lines according to the manufacturer's recommendations?
[PHOTO] (Photos must show pressure gauge readings for each line tested) YES NO
- 2. List the test pressure and length of time each line held the recorded pressure for each primary line:

Product Type	Pressure (PSI)	Duration	Results		
			PASS?	YES	NO
			PASS?	YES	NO
			PASS?	YES	NO
			PASS?	YES	NO
			PASS?	YES	NO

- 3. List the test pressure and length of time each line held the recorded pressure for each secondary line:

Product Type	Pressure (PSI)	Duration	Results		
			PASS?	YES	NO
			PASS?	YES	NO

Product Type	Pressure (PSI)	Duration	Results		
			PASS?	YES	NO
			PASS?	YES	NO
			PASS?	YES	NO

New Federal UST Regulations will require sumps, overflow prevention equipment, and spill buckets to be tested for liquid tightness every three years. It is highly recommended that this testing be done during the piping replacement to ensure installation was done correctly and the sumps are still liquid tight. This testing if performed during installation will count toward the three-year requirement but is not a requirement of this installation.

D. SUMP TIGHTNESS TESTING (Recommended)

1. Were all piping sumps tightness tested during the re-piping work? YES NO
a. Which test method was used? (please default to manufacturer's recommendations)
 Hydrostatic, Vacuum, Other describe; _____

Comments: _____

Sump Test Results (please indicate STP or Dispenser sump):

1. _____ Result _____ 2. _____ Result. _____
STP or Dispenser
3. _____ Result _____ 4. _____ Result. _____
STP or Dispenser
5. _____ Result _____ 6. _____ Result. _____
STP or Dispenser
7. _____ Result _____ 8. _____ Result. _____
STP or Dispenser

Comments: _____

OVERFILL PREVENTION AND FILL PORT SPILL CONTAINMENT EQUIPMENT VERIFICATION

1. Please **verify** which overflow prevention device that has been installed or currently being used for each tank:

NOTE: Defective ball-floats may not be replace. Another compatible overflow prevention device must be used.

Tank	Size	Auto Shutoff	Ball Float	Electronic Alarm	Vent Whistle	Was the Device Tested? (Not required until 2020)		
						YES	NO	PASS?
						YES	NO	PASS?
						YES	NO	PASS?
						YES	NO	PASS?
						YES	NO	PASS?

2. Were any spill buckets replaced? If so please list which tanks by (size, product) i.e. 8K tank, regular

Tank size and product	Removed spill bucket size	Installed spill bucket size	Variance Issued? Y/N

3. Were any spill buckets tightness tested? (Not required until 2020) YES NO

If YES, please complete table below with the results:

Tank Product	Spill Bucket size (gals)	Pass or Fail	Comments:

CERTIFICATION

I certify under penalty of law that this document, photographs, and any other attachments were prepared under my direction or supervision. The information submitted is, to the best of my knowledge and belief, true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and/or imprisonment for knowing violations. I am aware that release detection must be conducted and documented at least weekly, and that all release detection documentation must be kept for 3 years.

****Required**** Signature of Tank owner or authorized agent _____
Date

****Required**** Signature of authorized agent for contractor _____
Date