



ABOVEGROUND STORAGE TANK FINANCIAL ASSISTANCE INSTALLATION CHECKLIST

This inspection checklist is part of the AST replacement financial assistance program and is required for payment/reimbursement and should only be used for such.

*This form is to be completed by a certified oilheat contractor that has **either** a NORA Gold, Bronze or Silver Certification, a Vermont oilheat Certificate of Fitness, or a certificate of completion from an oilheat Tank Seminar which has been approved by NORA.*

Applicant ID: _____

(This # can be found on the approval letter)

Please fill out the following:

Is the tank brand new? If "No" when was the tank installed? _____	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Is the tank on a stable concrete pad/foundation at least 4 inches thick and footprint exceeding dimension of the tank by at least 10%? <i>If "No", has an alternate foundation been approval by the Agency in writing? Date of approval: _____</i>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Is the tank is indoors, is it located on the bottom floor of the structure? <i>(check N/A only if the tank is not located inside a structure)</i> <i>If "No" has an alternate location been approved by the Agency in writing? Date of approval: _____</i>	<input type="checkbox"/> Yes <input type="checkbox"/> N/A	<input type="checkbox"/> No
Is the vent line equipped with a vent alarm that is within 12 feet of the fill pipe and visible from the fill pipe?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Is the fill and vent line piping at a minimum diameter of 1 ¼ inches? Is the piping one of the following materials: Minimum schedule 40 steel or brass or part of a storage system installed in accordance with the manufacturer's instructions?	<input type="checkbox"/> Yes <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> No
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 the gable end of a house</i>	<input type="checkbox"/> Yes <input type="checkbox"/> N/A	<input type="checkbox"/> No
Does the tank have an operational fuel level gauge?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are all tank legs no longer than 14 inches in length? <i>If "No", has longer leg length been approved by the Agency in writing? Date of approval: _____</i>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Does the tank have a shut-off valve within 12 inches of the AST fuel outlet?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Is the fuel filter and or valves free of drips or leaks?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are buried oil lines coated and sleeved to protect against corrosion and damage?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are all un-used openings plugged / closed?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Is the system free of drips, leaks, or other evidence od a release?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Date the tank was installed: _____		

OVER

CERTIFICATION STATEMENT

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

installed at _____
(Property address/owner)

was inspected on: _____.
(Date)

(Signature of certified tank inspector) (Date)

(Certification #) (Expiration Date)

A full description of inspection requirements and other compliance information can be found in the Rules, located here:
<http://dec.vermont.gov/sites/dec/files/wmp/UST/Aboveground Storage Tank Rules 8-15-2017.pdf>

Submit required documentation to:
VT ANR, DEC, WMPD
1 National Life Drive – Davis 1
Montpelier, VT 05620-3704