

UST-6

APPLICATION TO INSTALL OR REPLACE UNDERGROUND STORAGE TANK SYSTEMS



**RETURN
COMPLETED
UST-6A & UST-6B
FORMS TO:**

**For regular US Mail:
NC DENR /DWM /UST SECTION
1637 MAIL SERVICE CENTER
RALEIGH, NC 27699-1637
ATTN: REGISTRATION & PERMITTING**

**For Overnight or Special Delivery:
NC DENR /DWM /UST SECTION
2728 CAPITAL BOULEVARD
RALEIGH, NC
ATTN: REGISTRATION & PERMITTING**

www.wastenotnc.org

PHONE: (919) 733-8303

FAX: (919) 715-1117

Owners and operators of regulated underground storage tank (UST) systems must submit a UST-6A¹, *Application To Install or Replace Underground Storage Tank Systems (Pre-installation)*, form prior to installing new UST systems. This includes installing new tanks, new piping, or extending piping at an existing site. UST systems used to contain a regulated substance include hazardous substances defined in CERCLA Section 101(14) and petroleum substances as defined in 15A NCAC 2N .0203.

Regulated USTs include the following:

- USTs used to store or resell petroleum product (e.g. motor fuels, jet fuels, waste oil, kerosene, varsol, transmission fluid, mineral spirits, gasohol, etc.)
- USTs used to store heating oil for resale or for use off premises where stored
- Farm or residential USTs > 1,100 gals
- Emergency generator USTs
- Hazardous substance USTs > 110 gals (e.g., alcohols, naphthalene, dry cleaning fluids, antifreeze, formaldehyde, hexane, etc.)

Restrictions: Restrictions on the installation and placement of regulated UST systems are as follows:

- No UST system or UST system component may be installed **within 100 feet** of a public water supply well as defined in 15A NCAC 18C.
- No UST system or UST system component may be installed **within 50 feet** of any other well used for human consumption.

UST-6A, Pre-installation Phase Instructions

Submit a UST-6A¹ form along with the required attachments **at least 30 days** prior to the expected installation date of the underground storage tanks to the address at the beginning of this document. If you are installing more than four USTs at your site, then submit multiple copies of the UST-6A form as needed.

Once we receive your application, we will review it and send you a letter notifying you that your application is acceptable and providing any additional instructions for you to follow during the installation of the UST system. Incomplete applications will be returned.

For all new UST system installations attach two copies of a UST system design plan prepared by a North Carolina Professional Engineer (required by NCGS 89C-3). The design plan must include:

1. Two copies of a scale drawing that is 11" x 17" (must be legible) showing the proposed location of the following UST system features. The UST facility drawing must encompass at least more than 2/3 of the page and have a legend listing the drawing's scale:
 - a. The name and address of the UST system site;
 - b. Tank size and method of anchoring (if deadmen or a bottom hold-down pad is used),
 - i. The diameter in feet;
 - ii. Tank ID from UST-6A form;
 - c. Piping (including vent lines and tank manifold piping);
 - d. Dispensers;
 - e. Leak detection system(s) with the intended monitoring points and sensor locations;
 - f. Automatic line leak detectors;
 - g. Flexible connectors;
 - h. Vapor recovery;
 - i. Containment sumps;
 - j. Overfill prevention and spill containment equipment;
 - k. Adjacent roadways including the names of the roads;
 - l. Onsite structures and monitoring wells;
 - m. Onsite water supply wells; and
 - n. Existing tanks, piping and dispensers.
2. A UST-6C, *Application To Install or Replace Underground Storage Tank Systems (Schedule of Materials)*, for the equipment to be installed at the site including the manufacturer, model/part no. and quantity for tanks, piping, flex connectors, leak detection equipment including interstitial monitoring sensors and automatic line leak detectors, spill and overfill prevention equipment, vapor recovery equipment, containment sumps and method used to locate the piping once it is buried. The schedule of materials must be indexed (by the Item #) to the scale drawing and must be sealed by the NC Professional Engineer. Please use the UST-6C Schedule of Materials form.

NOTE: If the UST system will store an ethanol blend greater than 10% or a biodiesel blend greater than 20% then you must ensure the UST system in your design will be compatible. After installation you must complete a UST-20¹, *Alternative Fuel Compatibility Checklist*, form and submit with your UST-6B¹, *Application To Install or Replace Underground Storage Tank Systems (Post-installation)*, form.

¹UST forms are available on the internet at www.wastenotnc.org.

Installation Phase

General Installation Guidelines:

1. Contact the local fire marshal and building inspector;
 2. Refer to 15A NCAC 2N "Criteria and Standards Applicable to USTs";
 3. Refer to the manufacturer's installation instructions for equipment specific installation requirements;
 4. Refer to the most recent versions of the following industry codes for additional tank and piping installation requirements:
 - a. American Petroleum Institute Publication 1615 "Installation of Underground Petroleum Systems",
 - b. Petroleum Equipment Institute Publication RP100 "Recommended Practices for Installation of Underground Liquid Storage Systems",
 - c. National Fire Protection Association 30 "Flammable and Combustible Liquids Code" and 30A "Automotive and Marine Service Station Code", or
 - d. Other applicable industry codes.
- ☛ Prior to placing a petroleum substance into a regulated underground storage tank (UST), owners or operators must obtain an operating permit.²

During installation you will be required to have two inspections of the installation of your UST system by UST Section personnel. The following are the two phases of inspections that are required:

1. Exterior tank surface inspection and tank integrity testing prior to placing tank into excavation; and
2. Testing of all piping, fittings and containment sumps prior to back-filling

You will be required to contact the appropriate inspector for the county where the USTs are being installed **at least 2 days** (not including weekends or holidays) prior to the activity commencing to schedule these inspections. However, **more than 2 days** notice is advisable so that you can get the inspection scheduled for a date that works with your projects schedule. The approval letter you will receive after you submit this application will list the inspector name and phone number for you or your designated representative to call to schedule the inspections.

Note: Inspections cannot be scheduled for weekends or state holidays.

If you desire to use a regulated substance for testing or as ballast once the tanks have been placed into the excavation, then you must submit the following items to receive a one-time approval to receive enough fuel to perform the testing or ballast the tanks while the installation is completed:

1. **UST-15A** form, *Ownership of UST System(s)*¹;
2. The appropriate annual operating fees^{2,3};
3. Proof of Financial Responsibility^{1,2};
4. Certification of Financial Responsibility form^{1,2};
5. Proof of installation of spill and overfill prevention equipment (can be photographs, certification by Fire Marshal, etc.);
6. Completed tank manufacturer's installation checklist for each tank (pre-installation through backfilling/compacting);
7. A vacuum, pressure or brine level interstitial tightness test prior to placement of the tank in the excavation. Once the tank is placed into the excavation and backfilled you must perform a second interstitial tightness test. Both tightness tests must be conducted in accordance with the manufacturers instructions for the type of UST installed; and
8. The amount of fuel needed for each tank or compartment and the date it will be delivered.

Written approval will be faxed and mailed to the tank owner or operator. If you use a regulated substance as ballast, the installation must be completed and an operating permit obtained **within 6 months** after placing the regulated substance in the tanks. If the installation is not completed in this time frame, then the UST system will be considered in temporary closure and all regulated substances must be removed from the USTs.

¹ UST forms are available on the internet at www.wastenotnc.org

² This is only required for petroleum UST systems.

³ Annual Tank Operating Fees: Call (919) 733-8303 to find out the amount that you will be required to submit along with this form. Beginning January 1, 2009, the tank fees will be \$420.00 per tank or tank compartment.

UST-6B, Post Installation Phase Instructions

Owners or operators of regulated underground storage tanks (USTs) must submit the following documentation once the UST system(s) have been installed:

1. **UST-15A** form, *Ownership of UST System(s)*¹;
2. **UST-6B** form, *Application to Install or Replace Underground Storage Tank Systems (Post-Installation)*¹;
3. **UST-20** form, *Alternative Fuel Compatibility Checklist*¹, if the UST system will store an ethanol blend greater than 10% or a biodiesel blend greater than 20%;
4. The appropriate annual operating fees^{2,3};
5. Proof of Financial Responsibility²;
6. Certification of Financial Responsibility form^{1,2};
7. Two copies of an as-built plan. The as-built plan should consist of the original design plan (scale drawing and UST-6C, schedule of materials) prepared by a North Carolina Professional Engineer that was submitted with the UST-6A. If any modifications were made to the original design plan, then the design plan must be revised or a new design plan prepared to show these modifications. The new or revised design plan must then be sealed or stamped by a North Carolina Professional Engineer and must be submitted with the UST-6B form. Any changes to the original design plan must be highlighted on the new design plan.
8. Completed manufacturer's installation checklists and any warranty registration for the tanks, piping, and any other applicable equipment;
9. Copies of manufacturer's installer certifications for each employee who installed equipment at the facility.
10. **UST-6D, E, F, and/or G** form(s) (All that are applicable), providing pre-installation, installation and post-installation tests of the spill buckets, tanks, piping, containment sumps, and automatic line leak detectors;
11. Leak detection console print out showing the interstitial monitoring liquid sensor set-up and/or vacuum sensor set-up; and
12. Leak detection console print out showing the most recent interstitial monitoring sensor status and alarm history report for each sensor. The above printouts need to be copied on to 8 1/2 X 11 paper to prevent light from fading the results.

¹ UST forms are available on the internet at www.wastenotnc.org

² This is only required for petroleum UST systems.

³ Annual Tank Operating Fees: Call (919) 733-8303 to find out the amount that you will be required to submit along with this form. Beginning January 1, 2009, the tank fees will be \$420.00 per tank or tank compartment.

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UST-6A

APPLICATION TO INSTALL OR REPLACE UNDERGROUND STORAGE TANK SYSTEMS (PRE-INSTALLATION)



Is this an existing facility? Yes No

If Yes, enter current Facility ID No: _____

STATE USE ONLY

Reviewer name: _____

Application approved: Yes No

Date Approved: _____

Date Approval/Disapproval Letter Issued: _____

UST System components to be installed (Check one):

- Tanks and Piping Tanks Only Piping Only Piping Only - Emergency (Must provide a letter with emergency justification)

Projected Installation Date for USTs and/or piping

INSTRUCTIONS: Please type or print all items except signature. If more than four (4) UST systems are being installed at the facility, photocopy the necessary additional sheets and staple to this form.

I. Ownership of UST System

Owner Name (Corporation, Individual, Public Agency, or Other Entity)

Contact Name (if not named above)

Street/Mailing Address

City State Zip Code

Phone Number Fax Number

- Check here if "Real" Property Owner of Site
Type of UST owner (check all that apply):
 State Gov't Local Gov't Private/Corporate
 Federal Gov't GSA Facility ID _____

II. Operator of UST System Check if same as owner

Operator Name (Corporation, Individual, Public Agency, or Other Entity)

Contact Name (if not named above)

Street/Mailing Address

City State Zip Code

Phone Number Fax Number

- Check here if "Real" Property Owner of Site

III. Location of UST System

Facility Name or Company

Street Address (if not available, then County Tax Map Number):

City State Zip Code

County Phone Number Fax Number

IV. North Carolina Professional Engineer

PE Name PE License No.

Company Name

Street Address

City State Zip Code

Phone Number Fax Number

E-Mail Address

V. General or Main Installation Contractor

Contractor Name

Project Manager Name (if not named above)

Street Address

City State Zip Code

Phone Number Fax Number

E-Mail Address

VI. Applicant Certification

I certify, under penalty of law, that I have personally examined and am familiar with the information submitted in this and all attached documents; and that based on my inquiry of those individuals responsible for obtaining this information, I believe that the submitted information is true, accurate, and complete.

Print Name of Applicant

Print Title of Applicant

Company Name

Telephone No.

Applicant Signature

Date Signed

UST-6A Application to Install or Replace Underground Storage Tank Systems (Pre-Installation)



VII. UST Information ¹

TANK IDENTIFICATION NO. (e.g., A, B, C or 1, 2, 3; If compartment tank 1A, 1B, 1C, etc.)	Tank No	Tank No	Tank No	Tank No
Is tank to be installed "new", "used", or "existing"? ²				
Tank Manufacturer				
Tank Model				
Method of monitoring interstice ³				
Material of Construction ⁴				
If Other (specify)				
Capacity (gallons) If compartment tank list compartment sizes.				
Check box, if tank to be installed is siphon manifolded and enter tank # it is to be manifolded with.	<input type="checkbox"/> /	<input type="checkbox"/> /	<input type="checkbox"/> /	<input type="checkbox"/> /
Product to be stored (If other specify below) ⁵				
If Hazardous substance, Chemical Abstract Service (CAS) number				
If Other (specify)				

- ¹ No UST system can be installed within 50 feet of a human consumption well or within 100 feet of a public water supply well.
- ² If UST is "used" attach a completed manufacturers re-certification checklist.
- ³ Enter one of the following choices: Vacuum, Pressure, or Hydrostatic (Brine filled interstice)
- ⁴ Enter one of the following choices: DW* FRP** (e.g. Xerxes, Containment Solutions), DW* Steel/FRP** (e.g. ACT-100), DW* Steel/Polyurethane (e.g. ACT-100-U), DW* Steel/Jacketed (e.g. Permatank, Titan), Other.
*DW = Double-walled **FRP = Fiberglass Reinforced Plastic
- ⁵ Enter one of the following choices: Aviation Gas, Biodiesel (> 20%) - Diesel Mix, Diesel, Ethanol (> 10%) -Gas Mix, Fuel Oil, Gasoline, Hazardous Substance, Heating Oil, Kerosene, Motor Oil, Other Non-Petroleum, Other Petroleum, Transmission Fluid, or Used Oil

VIII. Piping Information ¹

Piping Manufacturer				
Piping Model/Part No. (Manufacturer's)				
Method of monitoring interstice ²				
Material of Construction ³				
If Other (specify)				
Piping configuration (Pressurized or Suction)				
Method that will be used to allow piping to be located once it is back-filled?				

- ¹ No UST system can be installed within 50 feet of a human consumption well or within 100 feet of a public water supply well.
- ² Enter one of the following choices Sump Sensor, Vacuum, Pressure, or Hydrostatic (Brine filled interstice)
- ³ Enter one of the following choices: DW* Flex (e.g. APT XP, OPW Flexworks, PetroTechnik UPP), DW* FRP** (e.g. Ameron Dualoy 3000 LCX, Smith Fibercast Red Thread IIA), DW* Metal/Plastic (e.g. PetrofuseZP), None, Other
*DW = Double-walled **FRP = Fiberglass Reinforced Plastic

IX. Spill Prevention Equipment

Spill Prevention Equipment Type (Enter Catchment Basin, None, or Not Required ¹)				
Spill Prevention Equipment Manufacturer				
Spill Prevention Equipment Model				
Method of Monitoring Interstice ²				

- ¹ Not Required is only valid for USTs that are always filled by transfers that are 25 gallons or less.
- ² Enter one of the following choices: Float Sensor, Vacuum, Pressure, or Hydrostatic (Brine filled interstice)

UST-6A Application to Install or Replace Underground Storage Tank Systems (Pre-Installation)



X. Overfill Prevention Equipment Note: Ball Floats cannot be used with coaxial vapor recovery or suction piping systems.

Overfill Prevention Equipment Type (Enter Automatic shutoff ¹ , Alarm at tank, Ball float ^{1,2} , None, or Not Required ³)				
Overfill Prevention Equipment Manufacturer				
Overfill Prevention Equipment Model				

¹ When installing an automatic shut off device, do not install a ball float valve unless the ball float is set to activate at a level higher in the tank than the automatic shut-off device.
² Ball Floats can not be used with coaxial vapor recovery or suction piping systems.
³ Not Required is only valid for USTs that are always filled by transfers that are 25 gallons or less.

XI. Vapor Recovery Mark the type(s) of Stage 1 vapor recovery that will be used for all gasoline USTs at this facility

Note: the following gasoline USTs are not required to have Stage I vapor recovery equipment: a) new USTs that are 500 gallons or less in capacity, and b) facilities that have a combined throughput of less than 50,000 gallons per year. If vapor recovery is not required for a UST at this facility, then the last box in this section should be marked. If you have any questions about Stage I vapor recovery, please call the Air Quality Section at (919) 733-1480.

Coaxial system	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dual point system	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Vapor recovery is not required for this UST	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

XII. Under Dispenser Containment (UDC)

Enter the dispenser number(s) in each column that will have the same make/model of dispenser UDC. If all dispenser UDCs will be the same then list the range of dispenser numbers in one column. Dispensers with the same UDCs only have to be entered in one of the columns with a list of the dispensers that have that model UDC.

	Dispenser #(s)	Dispenser #(s)	Dispenser #(s)	Dispenser #(s)
Method of monitoring UDC ¹				
UDC Material of Construction ²				
If Other (specify)				

¹ Enter one of the following choices: Sump Sensor, Vacuum, Pressure, or Hydrostatic (Brine filled interstice)
³ Enter one of the following choices: Plastic, FRP (Fiberglass Reinforced Plastic), Other

XIII. Attachments

Two copies of UST System design plans which include the following:

- A 11" x 17" Scale Drawing prepared by a North Carolina Professional Engineer attached. Yes
- UST-6C, *Application to Install or Replace Underground Storage Tank Systems (Schedule of Materials)* attached. Yes

Tank manufacturers re-certification checklist is attached? Yes N/A
 (Only required for "used" tanks being reinstalled)

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UST-6B

APPLICATION TO INSTALL OR REPLACE UNDERGROUND STORAGE TANK SYSTEMS (POST-INSTALLATION)



Facility ID No: _____

UST System components installed (Check one):
 Tanks and Piping Tanks Only Piping Only

Date UST and/or piping installation completed: _____

STATE USE ONLY

Reviewer name: _____

Application approved: Yes No

Date Approved: _____

Date Approval/Disapproval Letter Issued: _____

INSTRUCTIONS: Please type or print all items except signature. The owner of the UST system must complete sections I through VI and VIII through X of this form. The UST installation contractor must complete section VII of this form. If more than four (4) UST systems are being installed at the facility, photocopy the necessary additional sheets and staple to this form.

I. Ownership of UST System			II. Operator of UST System <input type="checkbox"/> Check if same as owner		
Owner Name (Corporation, Individual, Public Agency, or Other Entity)			Operator Name (Corporation, Individual, Public Agency, or Other Entity)		
Contact Name (if not named above)			Contact Name (if not named above)		
Street Address			Street Address		
City	State	Zip Code	City	State	Zip Code
Phone Number	Fax Number		Phone Number	Fax Number	

III. Contact Person for UST Location

Name	Job Title	Phone Number
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IV. Location of UST System

Facility Name or Company	No. of regulated tanks at facility _____	
Check if tanks located on Indian lands or reservation <input type="checkbox"/>	Total no. of tanks at facility _____	
Street Address (if not available, then County Tax Map Number):		
City	State	Zip Code
County	Phone Number	Fax Number

V. North Carolina Professional Engineer		VI. General or Main Installation Contractor	
PE Name	PE License No.	Contractor Name	
Company Name		Project Manager Name (if not named above)	
Street Address		Street Address	
City	State	Zip Code	City
Phone Number	Fax Number	Phone Number	Fax Number
E-Mail Address		E-Mail Address	

VII. Description of All UST or Compartment Systems at this Facility

A. UST Information

TANK IDENTIFICATION NO. (e.g., A, B, C or 1, 2, 3; If compartment tank 1A, 1B, 1C, etc.)	Tank No.	Tank No.	Tank No.	Tank No.
Is Tank "new" or "existing"?				
Tank Manufacturer				
Tank Model				
Tank Serial Number				
Materials of construction ¹				
If Other (specify)				

¹ Enter one of the following choices: DW* FRP** (e.g. Xerxes, Containment Solutions), DW* Steel/FRP** (e.g. ACT-100), DW* Steel/Polyurethane (e.g. ACT-100-U), DW* Steel/Jacketed (e.g. Permatank, Titan), Other
 *DW = Double-walled **FRP = Fiberglass Reinforced Plastic

UST-6B Application to Install or Replace Underground Storage Tank Systems (Post-Installation)



A. UST Information (Continued)

	Tank No.	Tank No.	Tank No.	Tank No.
Capacity (gallons) If compartment tank, list compartment size.				
Check if tank is siphon manifolded and enter tank # it is manifolded with.	<input type="checkbox"/> /	<input type="checkbox"/> /	<input type="checkbox"/> /	<input type="checkbox"/> /
Product stored ²				
If Hazardous substance, Chemical Abstract Service (CAS) number				
Other (specify)				

¹ Enter one of the following choices: DW* FRP** (e.g. Xerxes, Containment Solutions), DW* Steel/FRP** (e.g. ACT-100), DW* Steel/Polyurethane (e.g. ACT-100-U), DW* Steel/Jacketed (e.g. Permatank, Titan), Other
 *DW = Double-walled **FRP = Fiberglass Reinforced Plastic

² Enter one of the following choices: Aviation Gas, Biodiesel (> 20%) – Diesel Mix, Diesel, Ethanol (> 10%) – Gas Mix, Fuel Oil, Gasoline, Hazardous Substance, Heating Oil, Kerosene, Motor Oil, Other Non-Petroleum, Other Petroleum, Transmission Fluid, or Used Oil

B. Piping system

Piping Manufacturer				
Piping Model				
Piping Manufacturing Code				
Material of Construction ¹				
If Other (specify)				
Piping configuration (Pressurized or Suction)				

¹ Enter one of the following choices: DW* Flex (e.g. APT XP, PetroTechnik UPP), DW* FRP** (e.g. Ameron Dualoy, Smith Fibercast Red Thread IIA), DW* Metal/Plastic (e.g. PetrofuseZP), None, Other
 *DW = Double-walled **FRP = Fiberglass Reinforced Plastic

C. Under Dispenser Containment (UDC)

Enter the dispenser number(s) in each column that will have the same make/model of dispenser UDC. If all dispenser UDCs will be the same then list the range of dispenser numbers in one column. Dispensers with the same UDCs only have to be entered in one of the columns with a list of the dispensers that have that model UDC.

	Dispenser #(s)	Dispenser #(s)	Dispenser #(s)	Dispenser #(s)
UDC Manufacturer				
UDC Model				
Method of monitoring UDC ²				
UDC Material of Construction ³				
If Other (specify)				

¹ Enter one of the following choices: Sump Sensor, Vacuum, Pressure, or Hydrostatic (Brine filled interstice)

² Enter one of the following choices: Plastic, FRP (Fiberglass Reinforced Plastic), Other

D. Leak detection (LD) [Check any box or combination of boxes that apply] [Refer to 15A NCAC 2N .0900]

Mark all that apply	Tank No.		Tank No.		Tank No.		Tank No.	
	Tank	Piping	Tank	Piping	Tank	Piping	Tank	Piping
a. Method of Monitoring Interstice ¹								
b. Automatic line leak detector ²								
i. Mechanical line leak detector		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>
ii. Electronic line leak detector		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>

¹ Enter one of the following choices Tank: Vacuum, Pressure, or Hydrostatic (Brine filled interstice) Piping: Sump Sensor, Vacuum, Pressure, or Hydrostatic (Brine filled interstice)

² A mechanical or electronic line leak detector is required for all pressurized piping systems. They must be tested annually

UST-6B Application to Install or Replace Underground Storage Tank Systems (Post-Installation)



D. Leak detection (LD) (Continued)

	Tank No.	Tank No.	Tank No.	Tank No.
Monitoring console manufacturer/model				
Automatic line leak detector manufacturer /model				
Interstitial sensor manufacturer/model – tank				
Interstitial sensor manufacturer/model – piping				
Interstitial sensor manufacturer/model – spill catchment basin				

Enter the dispenser number(s) in each column that will have the same make/model of dispenser UDC. If all dispenser UDCs will be the same then list the range of dispenser numbers in one column. Dispensers with the same UDCs only have to be entered in one of the columns with a list of the dispensers that have that model UDC.

	Dispenser #(s)	Dispenser #(s)	Dispenser #(s)	Dispenser #(s)
Interstitial sensor manufacturer/model – UDC				

E. Flexible connectors, Submersible pumps, Riser pipes, Siphon bars, and other Metal fittings

	Tank No.		Tank No.		Tank No.		Tank No.	
	Tank	Dispenser	Tank	Dispenser	Tank	Dispenser	Tank	Dispenser
Flex connector is present ¹								
Flex connector is secondarily contained or located in a monitored containment sump ¹								
Submersible pump (STP) is located in a monitored containment sump ¹ (pressurized piping only)								
Metal piping extensions, siphon bars, and/or other metal fittings are located in a monitored containment sump ¹								

¹ Enter one of the following choices: Yes, No

F. Spill Prevention Equipment

Spill Prevention Equipment Type (Enter Catchment Basin, None, or Not Required ¹)				
Spill Prevention Equipment Manufacturer				
Spill Prevention Equipment Model				
Method of Monitoring Interstice ²				

¹ Not Required is only valid for USTs that are always filled by transfers that are 25 gallons or less.

² Enter one of the following choices: Float Sensor, Vacuum, Pressure, or Hydrostatic (Brine filled interstice)

G. Overfill Prevention Equipment

Overfill Prevention Equipment Type (Enter Automatic shutoff ¹ , Alarm at tank, Ball float ^{1,2} , None, or Not Required ³)				
Overfill Prevention Equipment Manufacturer				
Overfill Prevention Equipment Model				

¹ When installing an automatic shut off device, do not install a ball float valve unless the ball float is set to activate at a level higher in the tank than the automatic shut-off device.

² Ball Floats cannot be used with coaxial vapor recovery or suction piping systems.

³ Not Required is only valid for USTs that are always filled by transfers that are 25 gallons or less.

H. Stage I vapor recovery (For Gasoline USTs only):

Note: the following gasoline USTs are not required to have Stage I vapor recovery equipment: a) new USTs that are 500 gallons or less in capacity, and b) facilities that have a combined throughput of less than 50,000 gallons per year. If vapor recovery is not required for a UST at this facility, then the last box in this section should be marked. If you have any questions about Stage I vapor recovery, please call the Air Quality Section at (919) 733-1480.

Coaxial system	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dual point system	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
None	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



I. Certification of Installation (Must be completed by UST system installer)

Were there any modifications to the original design plans? Yes No If "Yes" then describe below or attach separate description of the modifications (Note: Professional Engineer must approve and seal any changes to original design plans):

OATH: I certify that the information concerning installation provided in Part VII. (above) and in the attached as-built plan is accurate and true to the best of my belief and knowledge and that the UST system equipment was installed in accordance with the UST system design plans, the manufacturer's guidelines and the applicable national codes of practice and industry standards listed in 15A NCAC 02N .0900.

Installer:

_____	_____
Print Name	Job Title
_____	_____
Signature	Date

VIII. Financial Responsibility (for Regulated Petroleum USTs ONLY)

The financial responsibility regulations (15A NCAC 20) require that owners and operators of regulated petroleum USTs assure the availability of funds to pay for assessment and cleanup costs in the event of a leaking tank*. The payment of annual tank operating fees into the State Trust Funds fulfills a major portion of the financial responsibility requirements. However, to completely fulfill the requirements, additional funds must be assured by one or more of the mechanisms listed below. The amount of additional financial responsibility required (at a minimum) is the sum of the "3rd Party (\$100,000.00)" and "Cleanup (\$20,000.00)" State Trust Fund deductibles plus \$600/tank (scaling factor). The State Trust Funds **may not** be used to cover the amount of the deductibles.

(Check all financial responsibility mechanisms that apply):

- | | |
|--|--|
| <input type="checkbox"/> Self-insurance | <input type="checkbox"/> Escrow account |
| <input type="checkbox"/> Corporate guarantee | <input type="checkbox"/> Local government bond rating test |
| <input type="checkbox"/> Insurance and risk retention group coverage | <input type="checkbox"/> Local government financial test |
| Policy # _____ | <input type="checkbox"/> Local government guarantee |
| Insurer _____ | <input type="checkbox"/> Local government dedicated fund |
| <input type="checkbox"/> Surety bond | <input type="checkbox"/> None |
| <input type="checkbox"/> Letter of Credit | <input type="checkbox"/> Other |
| <input type="checkbox"/> Insurance pools | |

Period of Coverage: _____ to _____

*Federal and State governments owning regulated petroleum UST systems are exempt



IX. Attachments

- | | | |
|--|------------------------------|---|
| UST-15A form, <i>Ownership of UST System(s)</i> , attached. | <input type="checkbox"/> Yes | <input type="checkbox"/> Previously submitted |
| UST-20 form, <i>Alternative Fuel Compatibility Checklist</i> , attached (if applicable). | <input type="checkbox"/> Yes | <input type="checkbox"/> N/A |
| Appropriate annual operating fees are included. | <input type="checkbox"/> Yes | <input type="checkbox"/> Previously submitted |
| Proof of Financial Responsibility along with the <i>Certification of Financial Responsibility</i> form are attached. | <input type="checkbox"/> Yes | <input type="checkbox"/> Previously submitted |
| Two copies of as-built plan (new or revised design plan consisting of a UST-6C schedule of materials and scale drawing signed/sealed by NC PE) attached. The design plan approved with the UST-6A can be used, if no changes were made. If changes were made then, highlight any changes from original design plan on drawing. | <input type="checkbox"/> Yes | |
| Manufacturers tank installation checklist and warranty registrations Attached. | <input type="checkbox"/> Yes | <input type="checkbox"/> N/A for piping only |
| Manufacturers piping installation checklist and warranty registrations Attached. | <input type="checkbox"/> Yes | <input type="checkbox"/> N/A for tank only |
| Copies of manufacturer's installer certifications for each employee who installed equipment at this facility attached. | <input type="checkbox"/> Yes | |
| UST-6C, <i>Application to Install or Replace Underground Storage Tank Systems (Schedule of Materials)</i> attached. | <input type="checkbox"/> Yes | |
| UST-6D, <i>Application to Install or Replace Underground Storage Tank Systems (Spill Bucket Installation Testing)</i> containing post-installation test results attached. | <input type="checkbox"/> Yes | <input type="checkbox"/> N/A for piping only |
| UST-6E, <i>Application to Install or Replace Underground Storage Tank Systems (Tank Installation Testing)</i> containing pre-installation, installation and post-installation test results attached. | <input type="checkbox"/> Yes | <input type="checkbox"/> N/A for piping only |
| UST-6F, <i>Application to Install or Replace Underground Storage Tank Systems (UDC/Containment Sump Installation Testing)</i> containing post-installation test results attached. | <input type="checkbox"/> Yes | |
| UST-6G, <i>Application to Install or Replace Underground Storage Tank Systems (Piping Installation Testing)</i> containing pre-installation, installation and post-installation test results attached. | <input type="checkbox"/> Yes | |
| Leak detection console printout showing interstitial liquid/vacuum sensor set-up copied on 8 ½ X 11 paper attached. | <input type="checkbox"/> Yes | |
| Leak detection console printout showing most recent interstitial sensor status and alarm history report for each sensor copied on 8 ½ X 11 paper attached. | <input type="checkbox"/> Yes | |

X. Certification and Acknowledgement (Read and Sign After Completing Sections I – VI and VIII – IX)

I certify, under penalty of law, that I have personally examined and am familiar with the information submitted in this and all attached documents; and that based on my inquiry of those individuals responsible for obtaining this information, I believe that the submitted information is true, accurate, and complete. In addition, I certify that all applicable State and Federal UST requirements have been complied with.

If signing as an officer of a corporation, representative of a public agency, administrator of an estate, or as having power of attorney, you must provide a copy of the legal document that proves you can legally sign in such capacity.

Print Name of Owner or Authorized Representative

Print Title of Owner or Authorized Representative

Signature

Date Signed

Penalties: Pursuant to N.C.G.S.143-215.94W any UST system owner or operator who knowingly fails to notify or submits false information shall be subject to a civil penalty not to exceed \$10,000 per day, per violation.

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UST-6D Application to Install or Replace Underground Storage Tank Systems (SPILL BUCKET INSTALLATION TESTING)



Facility ID#:	Facility Name
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SPILL BUCKET TESTING

- A separate form should be used for each facility. If there are more than five (5) spill buckets at this facility, make additional copies of this page.
- The primary containment and interstitial space of the spill bucket shall be tested in accordance with the manufacturers written guidelines and PEI/RP100 "Recommended Practice for Installation of Underground Liquid Storage Systems."
- If the spill bucket test results are not within the manufacturer's written guidelines or the manufacturer does not have written test evaluation guidelines then any change in level for a hydrostatic test within 1 hour or change in vacuum within 30 minutes for a vacuum test must be considered a failing integrity test.

TESTING CONTRACTOR INFORMATION

Company Name	Phone		
Street Address	City	State	Zip
_____		_____	
Print Name of person conducting test		Signature of person conducting test	

Test Method Used <input type="checkbox"/> Hydrostatic <input type="checkbox"/> Vacuum <input type="checkbox"/> Other (Specify)	Test Equipment Used (If applicable)
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Identify Spill Bucket (By Tank Number, Stored Product, etc.)	Tank #	Tank #	Tank #	Tank #	Tank #
Tank Size Product					
Bucket Diameter					
Bucket Depth					
Test Date					

Primary section test

Wait time between applying vacuum/water and start of test					
Begin End test time					
Begin End Reading					
Test Result	<input type="checkbox"/> Pass <input type="checkbox"/> Fail	<input type="checkbox"/> Pass <input type="checkbox"/> Fail	<input type="checkbox"/> Pass <input type="checkbox"/> Fail	<input type="checkbox"/> Pass <input type="checkbox"/> Fail	<input type="checkbox"/> Pass <input type="checkbox"/> Fail

Secondary interstice test

Wait time between applying vacuum/water and start of test					
Begin End test time					
Begin End Reading					
Test Result	<input type="checkbox"/> Pass <input type="checkbox"/> Fail	<input type="checkbox"/> Pass <input type="checkbox"/> Fail	<input type="checkbox"/> Pass <input type="checkbox"/> Fail	<input type="checkbox"/> Pass <input type="checkbox"/> Fail	<input type="checkbox"/> Pass <input type="checkbox"/> Fail

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UST-6E

Application to Install or Replace Underground Storage Tank Systems (TANK INSTALLATION TESTING)



Facility ID#:

Facility Name

TANK TESTING

- A separate form should be used for each facility. If there are more than five (5) tanks at this facility, make additional copies of this page.
- The primary and interstitial space of the tank shall be tested in accordance with the manufacturers written guidelines and PEI/RP100 "Recommended Practice for Installation of Underground Liquid Storage Systems."

TESTING CONTRACTOR INFORMATION

Company Name		Phone			
Street Address		City	State	Zip	
_____ Print Name of person conducting test			_____ Signature of person conducting test		

Identify Tank (By Tank Number, Stored Product, etc.)	Tank #	Tank #	Tank #	Tank #	Tank #
Tank Size Product					

I. Pre-installation testing [complete either A or B.]

Test Date					
-----------	--	--	--	--	--

A. Interstitial space - liquid filled.

Brine level data

Begin End test time					
Begin End Level					

Air pressure data

Begin End test time					
Begin End Pressure					

Test Result	<input type="checkbox"/> Pass <input type="checkbox"/> Fail	<input type="checkbox"/> Pass <input type="checkbox"/> Fail	<input type="checkbox"/> Pass <input type="checkbox"/> Fail	<input type="checkbox"/> Pass <input type="checkbox"/> Fail	<input type="checkbox"/> Pass <input type="checkbox"/> Fail
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Brine visible on inside/outside of 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"/> Yes <input type="checkbox"/> No
--	--	--	--	--	--

B. Interstitial space - Vacuum

Begin End test time					
Begin End Vacuum					

Test Result	<input type="checkbox"/> Pass <input type="checkbox"/> Fail	<input type="checkbox"/> Pass <input type="checkbox"/> Fail	<input type="checkbox"/> Pass <input type="checkbox"/> Fail	<input type="checkbox"/> Pass <input type="checkbox"/> Fail	<input type="checkbox"/> Pass <input type="checkbox"/> Fail
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II. Post-installation testing [complete either A or B.]

Test Date					
-----------	--	--	--	--	--

A. Interstitial space - liquid filled.

Brine level data

Begin End test time					
Begin End Level					

Air pressure data

Begin End test time					
Begin End Pressure					

Test Result	<input type="checkbox"/> Pass <input type="checkbox"/> Fail	<input type="checkbox"/> Pass <input type="checkbox"/> Fail	<input type="checkbox"/> Pass <input type="checkbox"/> Fail	<input type="checkbox"/> Pass <input type="checkbox"/> Fail	<input type="checkbox"/> Pass <input type="checkbox"/> Fail
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Brine visible on inside of 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"/> Yes <input type="checkbox"/> No
--	--	--	--	--	--

B. Interstitial space - Vacuum

Begin End test time					
Begin End Vacuum					

Test Result	<input type="checkbox"/> Pass <input type="checkbox"/> Fail	<input type="checkbox"/> Pass <input type="checkbox"/> Fail	<input type="checkbox"/> Pass <input type="checkbox"/> Fail	<input type="checkbox"/> Pass <input type="checkbox"/> Fail	<input type="checkbox"/> Pass <input type="checkbox"/> Fail
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UST-6F

Application to Install or Replace Underground Storage Tank Systems (UDC/CONTAINMENT SUMP INSTALLATION TESTING)



Facility ID#:

Facility Name

UNDER DISPENSER CONTAINMENT (UDC) / CONTAINMENT SUMP TESTING

- A separate form should be used for each facility. If there are more than ten (10) UDC / containment sumps at this facility, make additional copies of this page.
- Containment sumps that are not monitored continuously for releases using vacuum, pressure, or hydrostatic interstitial monitoring methods shall be tightness tested in accordance with the manufacturer's written guidelines and PEI/RP100, "Recommended Practice for Installation of Underground Liquid Storage Systems."
- If the containment sump or UDC test results are not within the manufacturer's written guidelines or the manufacturer does not have written test evaluation guidelines then any change in level for a hydrostatic test within 4 hours or change in vacuum within 1 hour for a vacuum test must be considered a failing integrity test.

TESTING CONTRACTOR INFORMATION

Company Name		Phone	
Street Address		City	State
			Zip
_____		_____	
Print Name of person conducting test		Signature of person conducting test	

Test Method Used	Test Equipment Used (If applicable)
<input type="checkbox"/> Hydrostatic <input type="checkbox"/> Vacuum <input type="checkbox"/> Other (Specify)	

Identify UDC/sump (By Dispenser No. or Tank Number, Tank Size, Stored Product)	Dispenser No./Tank #	Dispenser No./Tank #	Dispenser No./Tank #	Dispenser No./Tank #	Dispenser No./Tank #
Tank Size Product					
Sump Diameter or Length X Width					
Sump Depth					
Wait time between applying vacuum/water and start of test					
Test Date					
Begin End test time					
Begin End Level					
Test Result	<input type="checkbox"/> Pass <input type="checkbox"/> Fail	<input type="checkbox"/> Pass <input type="checkbox"/> Fail	<input type="checkbox"/> Pass <input type="checkbox"/> Fail	<input type="checkbox"/> Pass <input type="checkbox"/> Fail	<input type="checkbox"/> Pass <input type="checkbox"/> Fail

Identify UDC/sump (By Dispenser No. or Tank Number, Tank Size, Stored Product)	Dispenser No./Tank #	Dispenser No./Tank #	Dispenser No./Tank #	Dispenser No./Tank #	Dispenser No./Tank #
Tank Size Product					
Sump Diameter or Length X Width					
Sump Depth					
Wait time between applying vacuum/water and start of test					
Test Date					
Begin End test time					
Begin End Level					
Test Result	<input type="checkbox"/> Pass <input type="checkbox"/> Fail	<input type="checkbox"/> Pass <input type="checkbox"/> Fail	<input type="checkbox"/> Pass <input type="checkbox"/> Fail	<input type="checkbox"/> Pass <input type="checkbox"/> Fail	<input type="checkbox"/> Pass <input type="checkbox"/> Fail

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UST-6G

Application to Install or Replace Underground Storage Tank Systems (PIPING INSTALLATION TESTING)



Facility ID#:

Facility Name

PIPING TEST INFORMATION

- > A separate form should be used for each facility. If there are more than five (5) piping systems at this facility, make additional copies of this page.
- > The primary containment and interstitial space of the piping shall be tested in accordance with the manufacturers written guidelines and PEI/RP100 "Recommended Practice for Installation of Underground Liquid Storage Systems."

TESTING CONTRACTOR INFORMATION

Company Name		Phone			
Street Address		City	State	Zip	
_____		_____			
Print Name of person conducting test		Signature of person conducting test			

Identify piping system (By Tank Number, Stored Product, etc.)	Tank #	Tank #	Tank #	Tank #	Tank #
Tank Size Product					

I. Installation

Test Date										
-----------	--	--	--	--	--	--	--	--	--	--

A. Primary pipe & fittings soap test

Begin test time										
Beginning air pressure										
End test time										
Ending air pressure										
Primary Test Result	<input type="checkbox"/> Pass	<input type="checkbox"/> Pass	<input type="checkbox"/> Pass	<input type="checkbox"/> Pass	<input type="checkbox"/> Pass	<input type="checkbox"/> Pass	<input type="checkbox"/> Pass	<input type="checkbox"/> Pass	<input type="checkbox"/> Pass	<input type="checkbox"/> Pass
	<input type="checkbox"/> Fail	<input type="checkbox"/> Fail	<input type="checkbox"/> Fail	<input type="checkbox"/> Fail	<input type="checkbox"/> Fail	<input type="checkbox"/> Fail	<input type="checkbox"/> Fail	<input type="checkbox"/> Fail	<input type="checkbox"/> Fail	<input type="checkbox"/> Fail

B. Secondary interstice & fittings soap test.

Begin test time										
Beginning air pressure										
End test time										
Ending air pressure										
Secondary Test Result	<input type="checkbox"/> Pass	<input type="checkbox"/> Pass	<input type="checkbox"/> Pass	<input type="checkbox"/> Pass	<input type="checkbox"/> Pass	<input type="checkbox"/> Pass	<input type="checkbox"/> Pass	<input type="checkbox"/> Pass	<input type="checkbox"/> Pass	<input type="checkbox"/> Pass
	<input type="checkbox"/> Fail	<input type="checkbox"/> Fail	<input type="checkbox"/> Fail	<input type="checkbox"/> Fail	<input type="checkbox"/> Fail	<input type="checkbox"/> Fail	<input type="checkbox"/> Fail	<input type="checkbox"/> Fail	<input type="checkbox"/> Fail	<input type="checkbox"/> Fail

II. Post-Installation

A. Primary Pipe Test (Note: Must be a third-party certified tightness test)

Line tightness test model name										
Line tightness test date										
Line Tightness Test Result (Attach test data sheet to form)	<input type="checkbox"/> Pass	<input type="checkbox"/> Fail	<input type="checkbox"/> Pass	<input type="checkbox"/> Fail	<input type="checkbox"/> Pass	<input type="checkbox"/> Fail	<input type="checkbox"/> Pass	<input type="checkbox"/> Fail	<input type="checkbox"/> Pass	<input type="checkbox"/> Fail
	<input type="checkbox"/> ALLD Test Results (Attach test data sheet to form)	<input type="checkbox"/> Pass	<input type="checkbox"/> Fail	<input type="checkbox"/> Pass	<input type="checkbox"/> Fail	<input type="checkbox"/> Pass	<input type="checkbox"/> Fail	<input type="checkbox"/> Pass	<input type="checkbox"/> Fail	<input type="checkbox"/> Pass
	<input type="checkbox"/> N/A (Suction pipe)	<input type="checkbox"/> N/A (Suction pipe)	<input type="checkbox"/> N/A (Suction pipe)	<input type="checkbox"/> N/A (Suction pipe)	<input type="checkbox"/> N/A (Suction pipe)	<input type="checkbox"/> N/A (Suction pipe)	<input type="checkbox"/> N/A (Suction pipe)	<input type="checkbox"/> N/A (Suction pipe)	<input type="checkbox"/> N/A (Suction pipe)	<input type="checkbox"/> N/A (Suction pipe)

B. Secondary Interstice Test

Test Method Used	<input type="checkbox"/> Pressure	<input type="checkbox"/> Pressure	<input type="checkbox"/> Pressure	<input type="checkbox"/> Pressure	<input type="checkbox"/> Pressure
	<input type="checkbox"/> Vacuum	<input type="checkbox"/> Vacuum	<input type="checkbox"/> Vacuum	<input type="checkbox"/> Vacuum	<input type="checkbox"/> Vacuum
Test Date					
Begin Test Time					
Vacuum/pressure reading at beginning of test					
End Test Time					
Vacuum/pressure reading at end of test					
Secondary Test Result	<input type="checkbox"/> Pass	<input type="checkbox"/> Pass	<input type="checkbox"/> Pass	<input type="checkbox"/> Pass	<input type="checkbox"/> Pass
	<input type="checkbox"/> Fail	<input type="checkbox"/> Fail	<input type="checkbox"/> Fail	<input type="checkbox"/> Fail	<input type="checkbox"/> Fail