



Oregon Department of Environmental Quality  
**Underground Storage Tank Program**  
**UST Installation Checklist**

**Facility Information**

Facility ID #: \_\_\_\_\_ Facility Name: \_\_\_\_\_

Facility Address: \_\_\_\_\_

This checklist must be filled out and submitted as part of the installation record in accordance with OAR Chapter 340 - Divisions 150 and 160. The UST Supervisor must be on-site during the field operations listed below. A new installation must be inspected a minimum of three times by the installer and all the requested information provided to the DEQ. Where a specific item is "NOT APPLICABLE" to the situation, please check the N/A box. This checklist must be signed by an executive officer of the UST Service Provider firm and by the licensed UST Supervisor. **The Permittee must sign the certification statement.**

To request a fuel drop for testing purposes, you must email to a UST Inspector a request with all of the items listed on page 3

Permittee may be required to install applicable air quality vapor recovery components. It is imperative that DEQ Air Quality Program is contacted prior to tank installation.

<b>FIRST INSPECTION - PRIOR TO PLACEMENT OF THE UNDERGROUND STORAGE TANK INTO THE EXCAVATION</b>	<b>Yes</b>	<b>No</b>
1. The system installer is licensed by DEQ as a UST Service Provider and has appropriate certifications from the equipment manufacturer.	<input type="checkbox"/>	<input type="checkbox"/>
2. Permittee has submitted the DEQ <i>General Permit Registration Form to Install and Operate USTs</i> 30-days prior to starting the installation with the appropriate general permit fees. If yes, provide the <b>DEQ Installation Certificate Number:</b> ____ - ____ - ____ -INST	<input type="checkbox"/>	<input type="checkbox"/>
3. The DEQ Regional Office was notified 72 hours (3 working days) in advance of the installation. If yes, provide the <b>DEQ issued Notification Log Number:</b> ____ - ____ - ____	<input type="checkbox"/>	<input type="checkbox"/>
4. A national code of practice governed this installation. Check applicable national code <input type="checkbox"/> <b>API 1615</b> <input type="checkbox"/> <b>PEI RP100</b> <input type="checkbox"/> <b>NFPA 30</b> <input type="checkbox"/> <b>Other, please specify</b> _____	<input type="checkbox"/>	<input type="checkbox"/>
5. Tank and piping materials comply with OAR Chapter 340 – 150 - 0160.	<input type="checkbox"/>	<input type="checkbox"/>
6. Manufacturer’s specifications for pre-installation practices have been followed.	<input type="checkbox"/>	<input type="checkbox"/>
7. Any detected damage has either been repaired or replaced in a manufacturer-approved manner prior to placement in the excavation.	<input type="checkbox"/>	<input type="checkbox"/>
8. Tanks were tested according to manufacturer’s specifications and national code of practice.	<input type="checkbox"/>	<input type="checkbox"/>
9. Tank excavation complies with manufacturer’s specifications and national code of practice.	<input type="checkbox"/>	<input type="checkbox"/>
10. Backfill and bedding materials fulfill tank manufacturer’s specifications	<input type="checkbox"/>	<input type="checkbox"/>
11. Was hydrocarbon contamination observed? If yes provide date reported to DEQ: : _____	<input type="checkbox"/>	<input type="checkbox"/>

Signature: \_\_\_\_\_ First Inspection Date: \_\_\_\_\_

Print Name: \_\_\_\_\_ Supervisor’s License Number: \_\_\_\_\_

**SECOND INSPECTION - AFTER PLACEMENT OF UNDERGROUND STORAGE TANK, BUT PRIOR TO BACKFILLING**

	Yes	No	N/A
12. Tank placement was completed in accordance with the manufacturer's specifications.	<input type="checkbox"/>	<input type="checkbox"/>	
13. Was tank damaged during shipment, while in temporary storage on-site, during placement in the tank excavation and/or during backfilling? <b>NOTE: if tank was damaged and repaired, the tank manufacturer must recertify the tank before it is used. DEQ UST inspectors will expect to see a copy of the manufacturer's re-certification for a repaired tank.</b>	<input type="checkbox"/>	<input type="checkbox"/>	
14. Any required anchoring of tanks (full or empty) is done in accordance with manufacturer's specifications.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15. Tank deflection measurements for FRP tanks have been measured at this point and are within the acceptable limits of the manufacturer's specifications.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>SACRIFICIAL ANODE SYSTEMS</b>			
16. Did anodes, dielectric bushings, or coatings incur any damage during installation?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17. Damages to anode connections, coatings or tanks have been repaired in accordance with the manufacturer's specifications.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18. Necessary pre-packing on each anode has been removed or kept intact according to manufacturer's instructions and/or each anode has been properly placed in its prepackaged backfill material.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
19. Cathodic protection systems tested and found to be providing adequate protection?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>PIPING</b>			
20. Does all pressurized piping slope back (down) to the tanks or to a monitored sump (for example, a dispenser containment sump, turbine sump, transition sump, etc.)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
21. Does all suction system piping slope back (down) to the tanks?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
22. Does all vent and vapor recovery piping slope back (down) to the tanks and fulfills manufacturer sizing requirements?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
23. Fiberglass piping joints have been assembled in accordance with the piping and sealant manufacturer's preparation, application and assembly instructions. Metal connectors and fittings have been assembled in accordance with manufacturer's specifications.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
24. Adequate clearance has been provided between piping and trench walls, conduit, monitoring well, utilities, nearby structures, and other system components following national code of practice.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
25. All piping installation requirements specified by the manufacturer have been followed and implemented.	<input type="checkbox"/>	<input type="checkbox"/>	

Signature: \_\_\_\_\_ Second Inspection Date: \_\_\_\_\_

Print Name: \_\_\_\_\_ Supervisor's License Number: \_\_\_\_\_

DEQ UST Facility ID #: \_\_\_\_\_ DEQ Facility Name: \_\_\_\_\_

DEQ Facility Address: \_\_\_\_\_ Permittee Phone: \_\_\_\_\_

**TO REQUEST A FUEL DROP FOR TESTING PURPOSES**

**IMPORTANT**

**ATTACH ALL INFORMATION SPECIFIED ON THIS PAGE.**

1. Proof of Financial Responsibility
2. Testing results demonstrating tank tightness.
3. Documentation demonstrating installation of all required release detection equipment.
4. Output from automatic tank gauge showing that all interstitial monitoring sensors including; sump, under dispenser containment, and annular space sensors are active and properly programmed.
5. Documentation demonstrating installation of all required spill and overfill protection equipment.
6. Passing primary and secondary testing results from all installed lines
7. Passing integrity tests of spill buckets and sumps
8. As-built drawings of the installation that comply with OAR 340-150-0010(3a-b)

YES

You may email the required documentation to a UST Inspector. For more information, see <https://www.oregon.gov/deq/tanks/Documents/tanksFuelDropIMDfs.pdf>

<b>THIRD INSPECTION - AFTER BACKFILLING AND PRIOR TO OPERATION</b>	<b>Yes</b>	<b>No</b>	<b>N/A</b>
26. Backfill material and installation completed as per tank and piping manufacturer's specifications	<input type="checkbox"/>	<input type="checkbox"/>	
27. All electrical equipment, wiring and related installations have been done in accordance with NFPA 70 and NACE RP 0285 and passed inspection by governing agency. <b>Attach final electrical inspection results.</b>	<input type="checkbox"/>	<input type="checkbox"/>	
28. Tank deflection measurements for FRP tanks have been re-measured at this point and remain within the acceptable limits of the manufacturer's specifications.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
29. Was piping damaged during installation or backfilling?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
30. Protection is provided for those gauges, monitoring devices, and other equipment which, when subject to failure by corrosion, may cause a release or impair the operation of a monitoring system.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
31. All metal connectors are contained (isolated from contact with earth).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
32. All dielectric bushings and fittings are compatible with the liquid stored and the operating pressure of the tank	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
33. Fuel drop was requested with all required documents submitted and the drop was approved. (See required document checklist on page 3 of this form).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Signature: \_\_\_\_\_ 3<sup>rd</sup> Inspection Date: \_\_\_\_\_

Print Name: \_\_\_\_\_ Supervisor's License Number: \_\_\_\_\_

<b>ATTACHMENTS – are required.</b>	<b>Yes</b>
42. Copies of the major UST system component lists are attached. (May include receipts or invoices)	<input type="checkbox"/>
43. A copy of the monitoring system third party evaluation is attached	<input type="checkbox"/>
44. Copies of tank, piping and sump manufacturer's checklists are attached (which includes tank deflection measurements, receipts of backfill materials, air/soap test results, and pressure readings of tank and interstitial space, and warranties).	<input type="checkbox"/>
45. Copies of all tank, piping, sump, and line leak detector testing results conducted throughout entire installation process are attached.	<input type="checkbox"/>
46. Photographs of key phases of the installation, including, but not limited to: major equipment (i.e., USTs and underground piping) and materials used in the installation, the excavation area before placement of USTs or underground piping, installation area after the placement of USTs and underground piping, but before backfilling, and any other items of interest that document the installation process are attached.	<input type="checkbox"/>
47. Fire authority signoff or approval attached	<input type="checkbox"/>
48. Pressure test results.	<input type="checkbox"/>
49. Electrical inspection results.	<input type="checkbox"/>

### UST and Piping Equipment Information

System #	#1	#2	#3	#4
Tank Construction Type				
Tank Manufacturer				
Tank Model				
Product				
Volume, gal.				
Pipe Construction (Pressure/Suction)				
Pipe Manufacturer				
Pipe Model				

### UST Release Detection Equipment Information - Check all that applies. **\*\*required**

Tank #	#1	#2	#3	#4
<b>**</b> Interstitial Monitoring (with secondary containment)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Automatic Tank Gauging System	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Manual Tank Gauging Only (valid for tanks of 550 gallons or less in capacity)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other Release Detection Method, such as SIR (please specify)				

### Piping Release Detection Equipment Information

#### Pressurized Piping Methods - Check all that applies.

* Piping systems #	#1	#2	#3	#4
<b>**</b> Interstitial Monitoring (with Secondary Containment)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Automatic Line Leak Detector-Flow Shutoff (electrical)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Automatic Line Leak Detector –Flow Restrictor (mechanical)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Annual Line Tightness Testing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

#### Suction Piping Methods - Check all that applies. **\*\*required**

Piping systems #	#1	#2	#3	#4
<b>**</b> Interstitial Monitoring (with Secondary Containment)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Safe Suction (piping that drains back to the tank when prime is lost)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Unsafe Suction (piping that does not drain back to the tank when prime is lost)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

#### Overfill Prevention Equipment Information - Check all that applies.

Tank #	#1	#2	#3	#4
Overfill Alarm	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fill Tube / Drop Tube Shutoff Device	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
No Overfill Prevention Required (tanks filled with <25g deliveries only)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

#### Spill Prevention Equipment Information - Check all that applies.

Tank #	#1	#2	#3	#4
Spill Bucket	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
No Spill Prevention Requirement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Installer's Oath:** I certify that I was the Oregon DEQ licensed supervisor (or equivalent by law) present on site during the above listed tank installation activities and to the best of my knowledge they have been conducted in compliance with all state and federal laws, regulations and industry standards and procedures pertaining to underground storage tanks. I further certify that the information contained in this report and checklist is true to the best of my belief and knowledge.

Installer: \_\_\_\_\_  
(Print Name) (Signature)

Position: \_\_\_\_\_

Company: \_\_\_\_\_ Date: \_\_\_\_\_

UST Service Provider Firm, Executive Officer:

\_\_\_\_\_  
(Print Name) (Signature) (Date)

### Financial Responsibility Information:

The permittee or tank owner has financial responsibility, if applicable, in accordance with 40 CFR Part 280 – Subpart H as adopted pursuant to OAR 340-151-0015. Please specify the type of financial mechanism being used to comply with this requirement and submit a copy of the required documentation specified in the rules.

Permittee  Tank Owner Please check (✓) who is providing financial responsibility.

### Financial Responsibility Mechanism (check all that applies)

- |   |   |   |
|---|---|---|
| <input type="checkbox"/> Pollution Liability Insurance        | <input type="checkbox"/> Letter of Credit | <input type="checkbox"/> Guarantee                    |
| <input type="checkbox"/> Self-Insurance                       | <input type="checkbox"/> Surety Bond      | <input type="checkbox"/> Local Government             |
| <input type="checkbox"/> Exempt - Federal or State Government | <input type="checkbox"/> Trust Fund       | <input type="checkbox"/> Exempt – Hazardous Substance |

### Certification: (read and sign after completing all sections)

I hereby certify that the information provided on this form concerning the installation status of my underground storage tank system(s) is accurate.

\_\_\_\_\_  
Permittee Name

\_\_\_\_\_  
Permittee Signature

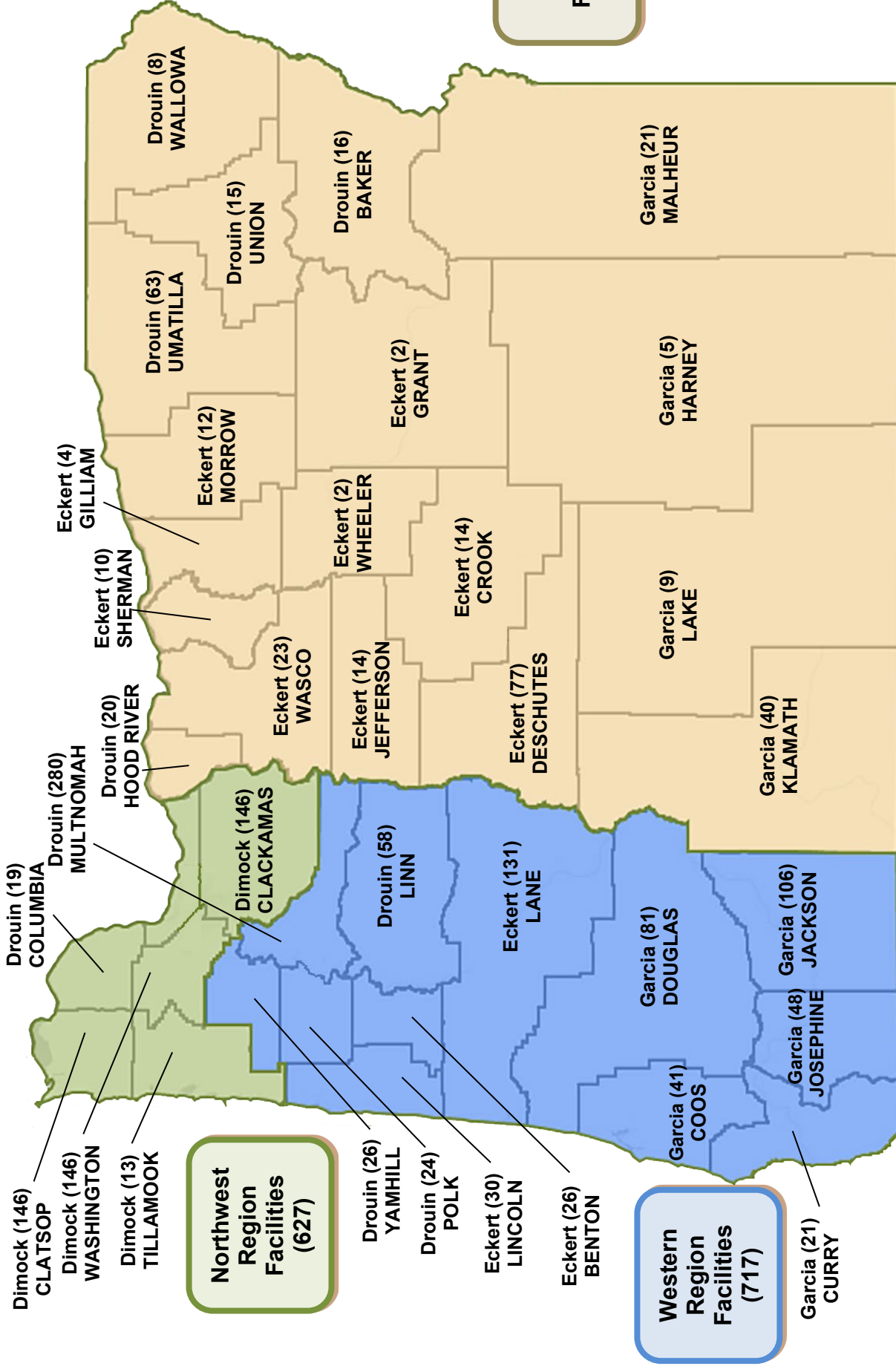
\_\_\_\_\_  
Date

Please note: In accordance with ORS 466.765 and OAR 340-150-0135 (2), you are required to cooperate fully with inspections, monitoring and testing conducted by the Department, as well as requests for document submission, testing and monitoring pursuant to section 9005 of Subtitle I of the Resource Conservation and Recovery Act, as amended. The information you have submitted is subject to audit and verification by the Department's Underground Storage Tank Compliance Inspectors. A false certification may result in enforcement action being taken by ODEQ.

# DEQ Underground Storage Tank Program: County Contacts

November 2021

Manager: Mike Kortenhof, 503-229-5474 | LUST Duty Officer: 503-229-5696



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