



Oregon Department of Environmental Quality
Underground Storage Tank Program
UST Alternative Fuel Compatibility Form

TO OPERATE REGULATED USTs CONTAINING ALTERNATIVE FUELS

Instructions: This form is to be completed and submitted to DEQ 30 days before changing tank contents to an alternative fuel, or installing a tank containing alternative fuel, to verify tank system components are compatible with the alternative fuels stored. This form must be completed **ONLY** if the tank system contains blends of fuels greater than 10 percent ethanol or 20 percent biodiesel. The tank, pipe, and dispenser information should be completed by someone knowledgeable of the tank system in question. Note: Tanks with interior lining will not be approved for alternative fuel storage.

Fax completed form to: 503-229-6977, Attn: UST Program
Mail completed form to: Attn: UST Program
 700 NE Multnomah St., Suite 600, Portland, OR 97232-4100

Site Information

Site ID#: _____
 Facility name: _____
 Address: _____
 City: _____
 County: _____

Permittee/Owner Information

Name: _____
 Company name: _____
 Address: _____
 City: _____ Zip code: _____
 Phone: _____ Fax: _____
 E-mail: _____

Service Provider

Service Provider co. name: _____
 Address: _____
 City: _____
 State: _____ Zip code: _____
 Phone: _____

Tank Information

Size (gal.): _____
 Manufacturer: _____
 Model/Brand: _____
 Tank material: _____
 Tank single /double wall: _____
 Installation date (mm/dd/yyyy): _____

Primary Release Detection Method

- Automatic tank gauge Interstitial monitoring
 Manual tank gauging Statistical inventory control

Ethanol percentage: _____ **Biodiesel percentage:** _____

Identify the Manufacturer, Model/Brand, and whether the piece of equipment is Underwriters Laboratories (UL) listed or Manufacturer approved for storing alternative fuel.

Tank	Manufacturer	Model/Brand	UL/Manufacturer approved?		
			UL (Y/N)	UL number	Man. (Y/N)
Spill bucket			<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No
Overfill			<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No
Drop tube			<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No

Submersible pump/ Suction pump			<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No
Leak detection probe			<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No
Sump sensors			<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No

Piping

Manufacturer: _____ Model/Brand: _____

Pipe material single/double wall: _____ Installation date (mm/dd/yyyy): _____

UL/Manufacturer approved?

Pipe construction material	Manufacturer	Model/Brand	UL (Y/N)	UL number	Man. (Y/N)
Pipe fittings/ Valve material			<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No
Gaskets/Seals			<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No
Pipe sealant/Adhesive			<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No
Flex connector			<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No
Line leak detector			<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No
Flow restrictor			<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No

UL/Manufacturer approved?

Dispenser information	Manufacturer	Model/Brand	UL (Y/N)	UL number	Man. (Y/N)
Dispenser piping			<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No
Dispenser sump			<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No
Dispenser sump sensor			<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No
Gaskets/Seals			<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No
Blending valve			<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No
Check Valve			<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No
Meter			<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No
Emergency/Shear valve			<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No
Fuel filters			<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No
Break-away			<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No
Nozzle(s)/Swivel(s)			<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No
Hose(s)			<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No

Certification

I hereby certify that I have reviewed the tank system components documentation and verified the equipment is compatible with the substance stored.

Name of Permittee or Owner:

Print name: _____ Title: _____

Signature: _____ Date (mm/dd/yyyy): _____