



OREGON DEPARTMENT OF ENVIRONMENTAL QUALITY
UNDERGROUND STORAGE TANK PROGRAM

INSTALLATION CHECKLIST FOR ANCILLARY EQUIPMENT
FOR STRUCTURAL RETROFIT UST SYSTEMS

DEQ UST Facility ID #: _____ DEQ Facility Name: _____
DEQ Facility Address: _____
Permittee Phone: _____ Permittee Email: _____

This checklist must be filled out by the DEQ-licensed UST Supervisor and submitted as part of the installation record in accordance with OAR Chapter 340 - Divisions 150 and 160. The UST Supervisor(s) must be on-site during the field operations listed below. All the requested information must be provided to DEQ. Where a specific item is "NOT APPLICABLE" to the situation, please check the N/A box. The Permittee or tank owner must sign the certification statement on page 3. The last page of this checklist contains addresses and phone numbers for DEQ regional offices.

Table with 6 main rows and multiple sub-rows for questions. Columns include question text and Y/N response options. Questions cover tank sumps, spill prevention, overfill prevention, and piping installation.

7. 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.	Y	N
8. All piping installment requirements specified by the manufacturer have been followed and implemented.	Y	N
9. Piping has been tested according to manufacturer's specifications and national code of practice.	Y	N
10. All metal connectors are contained (isolated from contact with earth.)	Y	N
11. All dielectric bushings and fittings are compatible with the liquid stored and the operating pressure of the tank system.	Y	N
12. 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.	Y	N
13. Were there any leaks or evidence of leakage in the assembled piping at any connection of flexible connectors under either pressure testing or normal operating conditions?	Y	N
14. Both overflow protection and leak detection monitoring system requirements of OAR 340-150-0160 have been met and are functioning properly.	Y	N
15. Piping interstitial space has been tested and found tight.	Y	N
REQUIRED DOCUMENTATION		
16. One copy of the as built drawings of the ancillary installation is attached to this checklist.	<input type="checkbox"/>	
17. Major UST system component list is attached. (May include receipts or invoices.)	<input type="checkbox"/>	
18. A copy of the monitoring system third party evaluation is attached (May include a one page summary or the first page of the complete evaluation.)	<input type="checkbox"/>	
19. Copies of the manufacturers' checklists are attached.	<input type="checkbox"/>	
20. Copies of all piping, sump, and line leak detector testing results conducted throughout entire installation process are attached.	<input type="checkbox"/>	
21. Functionality test results of the mechanical and electrical components of the tank release detection system are attached	<input type="checkbox"/>	
22. Verification that overflow prevention equipment is set to activate at the correct level specified in OAR 340-150-0310 and will activate when a regulated substance reaches that level.	<input type="checkbox"/>	
23. Photographs are attached	<input type="checkbox"/>	
24. Provide justification for not submitting any required documentation		

UST FACILITY PERMITTEE OR TANK OWNER

INSTALLATION CERTIFICATION STATEMENT:

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

Print Name

Signature (required)

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 the Department.

INSTALLER'S OATH: I certify that I was the Oregon DEQ licensed supervisor present on site during the above listed ancillary equipment 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)

PERMITTEE OR OWNER'S FINANCIAL RESPONSIBILITY INFORMATION SECTION:

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.

NOTE: If pollution liability insurance is your mechanism of choice, you must submit a copy of the Certificate of Endorsement or Certificate of Insurance required by Section 280.97 (b)(1) or (b)(2), respectively. An ACORD does not satisfy the proof of insurance requirement.

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

Method of financial responsibility: _____

Insurer: _____ Policy Number: _____

DEQ REGIONAL USE ONLY

UST FACILITY ID NUMBER: _____

DEQ REGIONAL INSPECTIONS AND REVIEW: This form may be used by DEQ Inspectors for oversight purposes. A DEQ inspector is not required to inspect the installation. A DEQ inspector may or may not be on site or available during all of the inspections listed on this form. In the case of an oversight inspection, the DEQ inspector should check all boxes that are appropriate for the inspection(s). This section of the form will be used by DEQ regional staff as verification of regional review.

Checklist has been reviewed and is complete Initial _____

Checklist attachments submitted and complete Initial _____

Installer certification complete Initial _____

Full compliance inspection completed Yes ___ No ___

Partial compliance inspection completed Yes ___ No ___

Passed compliance inspection Yes ___ No ___ N/A ___

Notes: _____

DEQ Inspector: _____
(Please Print)

DEQ Inspector's Signature: _____ Date: _____

DEQ HQ STAFF USE ONLY

This section of the form used as verification confirmation of financial responsibility.

Check all that apply.

- Pollution Liability Insurance Letter of Credit Guarantee
- Self Insurance Surety Bond Local Government
- Exempt (Federal or State Government)

DEQ Staff Signature: _____ Date: _____

Northwest Region		Eastern & Western Region Eugene		Western Region Medford	Eastern Region Medford
Mark Drouin	Lauren Dimock	Dylan Eckert	Bill Brady	Andrea Garcia	Andrea Garcia
503-229-5496	503-229-6030	541-686-7517	541-687-7359	541-776-6003	541-776-6003
Counties:	Counties:	Counties:	Counties:	Counties:	Counties:
Columbia Hood River Multnomah	Clatsop Clackamas Tillamook Washington	Benton Crook Deschutes Gilliam Grant Jefferson Lane Morrow Sherman Wasco Wheeler	Baker Linn Marion Polk Umatilla Union Wallowa Yamhill	Coos Curry Douglas Lincoln	Harney Jackson Josephine Klamath Lake Malheur