



OREGON DEPARTMENT OF ENVIRONMENTAL QUALITY
UNDERGROUND STORAGE TANK PROGRAM

**INSTALLATION CHECKLIST 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. If multiple UST Supervisors are conducting the installation, then all UST supervisors must complete and sign a checklist describing the section of work they are responsible for. 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 page2 &3.** The last page of this checklist contains addresses and phone numbers for DEQ regional offices.

STRUCTURAL RETROFIT TANK INSTALLATION		
1. Name of the Tank Installer: _____ DEQ License# of the Tank Installer: _____		
2. Permittee has submitted the DEQ <i>General Permit Registration Form to Install and Operate USTs</i> and the <i>Installation Notice 30-Day Addendum</i> 30-days prior to starting the installation, along with the appropriate general permit fees. DEQ Installation Certificate number: _____	Y	N
3. The DEQ Regional Office was notified 72 hours (3 working days) in advance of the installation. DEQ issued Notification log number: _____	Y	N
4. Specify which national code of practice governed this installation. _____		
5. Tank materials must comply with OAR Chapter 340 - 150 - 0160.		
6. Manufacturer's specifications for pre-, during, and post-installation practices have been followed.	Y	N
7. Were retrofitted tanks installed in the cavities of decommissioned tanks? Provide closed DEQ permit numbers of the decommissioned tanks: _____	Y	N
8. How many retrofitted tanks were installed? _____		
9. Were structural retrofit tanks installed using manufacturer instructions? Manufacturer instructions and checklist must be submitted to DEQ with this checklist.	Y	N
10. Tank interstitial space has been tested and found tight and communicates across the interstitial medium. Results of interstitial testing must be submitted with this checklist.	Y	N
11. Was a striker plate installed and integrated into the system's top surface by a bonded overlay under each fill and gauge opening? (Striker plates shall be at least 1.0ft ² area with no dimension less than 9.0 in and a minimum thickness of 0.053 in for steel or 1/8 inch for aluminum)	Y	N
11. Were overfill prevention devices installed during structural retrofit construction? Type of overfill prevention device: _____ Manufacturer of overfill prevention device: _____	Y	N

12. Overfill 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.	Y	N
13. Each retrofitted tank must be marked with requirements outlines in Section 9 of U.L. 1856		
REQUIRED DOCUMENTATION		
13. Major UST system component list must be attached. (May include receipts or invoices.)	<input type="checkbox"/>	
14. 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"/>	
15. Copies of the manufacturer's checklists must be attached, including new tank chart.	<input type="checkbox"/>	
16. Copies of ALL testing results conducted throughout entire installation process must be attached.	<input type="checkbox"/>	
17. If installed, functionality test results of the mechanical and electrical components of the tank release detection system must be attached.	<input type="checkbox"/>	Not Installed
18. If installed, 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"/>	Not Installed
18. If installed, verification is attached that overfill 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"/>	Not Installed
19. Photographs are attached.		
20. Provide justification for not submitting any required documentation.		

INSTALLER'S OATH: I certify that I was the Oregon DEQ licensed supervisor 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)

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.

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: _____

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