

APPENDIX II - CERTIFICATION OF UNDERGROUND STORAGE TANK INSTALLATION

Form 02 (Rev. 10/17)

Guam Environmental Protection Agency, Hazardous Waste Management Program,
17-3304 Mariner Avenue Tiyan, Barrigada, Guam 96921

Facility Name _____

Permit No. _____

Part I. CERTIFICATION OF COMPLIANCE FOR NEW AND MODIFIED TANKS (Complete for each at this location)

Tank Number	Tank No. ____				
1. Installation					
A. Installation certified by tank and piping manufacturers					
B. Installation inspected by a registered engineer					
C. Installation inspected and approved by the Agency					
D. Manufacturer's installation checklists have been completed and documented					
E. Another method allowed by the Agency. Please specify					

Part II. INSTALLER'S CERTIFICATION

I certify the information concerning installation that is provided in section I is true to the best of my belief and knowledge.

Installer Name _____

Signature _____

Date _____

Position _____

Company _____

Part III. OPERATOR'S AND OWNER'S CERTIFICATION FOLLOWING INSTALLATION

Were any changes made to the original installation plans? ____ No ____ Yes - Complete and Submit Part IV

I have received the manufacturer's operations manual, the certification of performance on all permanently installed leak detection equipment (if applicable), and other documentation regarding the equipment that has been installed.

Y/N (Operator) ____ OR Y/N (Owner) ____

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 immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete.

Operator's Name _____

Operator's Signature _____

Owner's Name _____

Owner's Signature _____

Part IV. CHANGES TO ORIGINAL INSTALLATION PLANS (Complete this Part only if changes were made to the original installation plans)

FINANCIAL RESPONSIBILITY (Check all that apply)

___ Self-Insurance ___ Commercial Insurance ___ Risk Retention Group ___ Guarantee ___ Surety Bond ___
 Letter of Credit ___ Trust Fund ___ Exempt: State or Federal Agency ___ Other Method Allowed (Specify)

DESCRIPTION OF TANK(S) (Complete for each at this location)

Tank Number	Tank No. ____				
1. Status of Tank (Mark only one)					
A. Currently in use					
B. Temporarily Out of Use (Also complete Section X)					
C. Permanently Out of Use (Also complete Section X)					
D. Installed prior to _____ but not yet brought into use					
E. To be installed					
2. Proposed Date of Activity (Installation, Modification, Closure, etc.) (mo./day/year)					
3. Estimated Total Capacity (gallons)					
4. Substance Stored					
A. Gasoline					
B. Diesel					
C. Gasohol					
D. Kerosene					
E. Used Oil					
F. JP-4					
G. Non-Petroleum Hazardous Substance (CERCLA name and/or CAS#)					
H. Mixture of Substances, Please specify					
I. Other, Please specify					
5. Substance Compatible with Tank and Piping (Y/N)					
6. Tank (Mark all that apply)					
A. Primary Containment Material					
i. Fiberglass reinforced plastic (FRP)					
ii. Steel					
iii. Other, Please specify					
B. Secondary Containment Material					
i. Double walled					

a. FRP					
b. Steel					
c. Other, Please specify					
ii. Other secondary containment					
a. FRP					
b. Other, Please specify					
C. Corrosion Protection (except FRP tanks)					
i. Fiberglass coated steel					
ii. Double walled steel					
iii. Impressed current system					
iv. Sacrificial anode system					
v. Corrosion expert determination					
vi. Other, Please specify					
7. Piping (Mark all that apply)					
A. Primary Containment Material					
i. Rigid fiberglass					
ii. Flex piping					
iii. Other					
B. Type of Secondary Containment					
i. Lined trench					
ii. Rigid double walled piping					
iii. Flex double walled piping					
iv. Other					
C. Corrosion Protection (except FRP piping)					
i. Fiberglass coated steel					
ii. Impressed current system					
iii. Sacrificial anode system					
iv. Corrosion expert determination					
v. Other, Please specify					
8. Method of Product Dispensing					
A. Suction					
B. Safe Suction					
C. Pressure					
D. Not applicable					

9. Spill and Overfill Prevention										
A. Overfill device installed										
i. Automatic shutoff device										
ii. Overfill alarm										
iii. Ball float valve										
B. Spill device installed										
10. Release Detection (Mark all that apply)	TANK	PIPE								
A. Manual tank gauging		NA								
B. Tank tightness testing		NA								
C. Inventory control		NA								
D. Automatic tank gauging		NA								
E. Vapor monitoring										
F. Groundwater monitoring										
G. Interstitial monitoring										
H. Statistical inventory reconciliation										
I. Automatic line leak detectors	NA									
J. Line tightness testing	NA									
K. Other method approved by the department. Please specify										
11. Tank or Pipe Repaired (Y/N)										
A. Date										
B. Description of repair										

FACILITY DRAWING

Include a drawing showing the general layout of the facility. This drawing should be no larger than 11 by 17 inches and preferably to scale. This drawing should show the following:

- A. The property boundaries of the facility;
- B. Identification of streets, roads and nearby bodies of water;
- C. Identification of nearby facilities;
- D. Location of buildings at the facility;
- E. The approximate dimensions of the property boundaries and major buildings;
- F. Location of all USTs (identified by number consistent with the tank numbers in Sections IX - X), dispenser pumps, and associated pipings; and
- G. Indication of North/South direction. NEW OR UPGRADED TANKS

