UST-6

APPLICATION TO INSTALL OR REPLACE UNDERGROUND STORAGE TANK SYSTEMS

RETURN COMPLETED UST-6A & UST-6B FORMS TO:

NC DENR /DWM /UST SECTION
1637 MAIL SERVICE CENTER
RALEIGH, NC 27699-1637
ATTN: REGISTRATION & PERMITTING

http://portal.ncdenr.org/web/wm **PHONE: (919) 707-8171** **FAX: (919) 715-1117**

Owners and operators of regulated underground storage tank (UST) systems must submit a UST-6A [1], *Application To Install or Replace Underground Storage Tank Systems (Pre-installation)*, form prior to installing new UST systems. This includes installing new tanks, new piping, or extending piping at an existing site. UST systems used to contain a regulated substance include hazardous substances defined in CERCLA Section 101(14) and petroleum substances as defined in 15A NCAC 2N .0203.

Regulated USTs include the following:

- USTs used to store or resell petroleum product (e.g. motor fuels, jet fuels, waste oil, kerosene, varsol, transmission fluid, mineral spirits, gasohol, etc.)
- USTs used to store heating oil for resale or for use off premises where stored
- Farm or residential USTs > 1,100 gals
- Emergency generator USTs
- Hazardous substance USTs > 110 gals (e.g., alcohols, naphthalene, dry cleaning fluids, antifreeze, formaldehyde, hexane, etc.)
- USTs used to store oils from a separate oil/water separator. Note: Complete oil/water separator systems packaged as a UST need to submit a separate UST-8 form [1].

Restrictions: Restrictions on the installation and placement of regulated UST systems are as follows:

- No UST system or UST system component may be installed **within 100 feet** of a public water supply well as defined in 15A NCAC 18C.
- No UST system or UST system component may be installed **within 50 feet** of any other well used for human consumption.

UST-6A, Pre-installation Phase Instructions

Submit a UST-6A [1] form along with the required attachments **at least 30 days** prior to the expected installation date of the underground storage tanks to the address at the beginning of this document. If you are installing more than four USTs at your site, then submit multiple copies of the UST-6A form as needed. If you are planning a unique, complex or phased installation, it is recommended that you request a pre-application meeting with staff to discuss applicable requirements. Please call (919) 707-8171 to request a meeting. As an option, you may also submit the applicable fees; ownership and financial responsibility forms with the UST-6A application (see UST-6B instructions for more information on these forms).

Once we receive your application, we will review it and send you a letter notifying you that your application is acceptable and providing any additional instructions for you to follow during the installation of the UST system. Incomplete applications will be returned.

For all new UST system installations attach two copies of a UST system design plan prepared by a North Carolina Professional Engineer (required by NCGS 89C-3). The design plan must include:

1. Two copies of a scale drawing that is 11" x 17" (must be legible) showing the proposed location of the following UST system features. The UST facility drawing must encompass at least more than ⅔ of the page and have a legend listing the drawing's scale:
   a. The name and address of the UST system site;
   b. Tank size and method of anchoring (describe if deadmen, a bottom hold-down pad or overburden are to be used),
      i. The diameter in feet;
      ii. Tank ID from UST-6A form;
   c. Piping (including vent lines and tank manifold piping);
   d. Dispensers;
   e. Leak detection system(s) with the intended monitoring points (including sensor and console locations);
   f. Automatic line leak detectors;
   g. Flexible connectors (also indicate if this equipment will not be installed);
   h. Vapor recovery;
   i. Containment sumps;
   j. Overfill prevention and spill containment equipment;
   k. Adjacent roadways including the names of the roads;
   l. Onsite structures and monitoring wells;
   m. Water supply wells within 500 feet of a UST system component (also indicate if there are no wells within 500');
   n. Existing tanks, piping, dispensers and other pertinent equipment related to the proposed work. A cross-section detail shall also be included for transition sumps, showing piping and required equipment; and
   o. Method for locating piping after installation. Detectible tape/wiring shall also include width (gauge) and installation depth.

[1] UST forms/guidance are available on the internet at: http://portal.ncdenr.org/web/wm

[2] This is only required for petroleum UST systems.

[3] Annual Tank Operating Fees: Call (919) 707-8171 to find out the amount that you will be required to submit along with this form. Current tank fees are $420.00 per tank or tank compartment.

UST-6A, Pre-installation Phase Instructions (continued)

2. A UST-6C, *Application To Install or Replace Underground Storage Tank Systems (Schedule of Materials)*, for the equipment to be installed at the site including the manufacturer, model/part no. and quantity for tanks, piping, flex connectors, leak detection equipment including interstitial monitoring sensors and automatic line leak detectors, spill and overfill prevention equipment, vapor recovery equipment, containment sumps and method used to locate the piping once it is buried. The schedule of materials must be indexed (by the Item #) to the scale drawing and must be sealed by the NC Professional Engineer. Please use the UST-6C Schedule of Materials form.

NOTE: If the UST system will store an ethanol blend greater than 10%, a biodiesel blend greater than 20% or hazardous substances, then you must ensure the UST system in your design will be compatible. You must complete a UST-20 [1], *Alternative Fuel/Hazardous Substances Compatibility Checklist* form and submit it with your UST-6A [1], *Application To Install or Replace Underground Storage Tank Systems (Pre-installation)*, form.

If you desire to use a regulated substance as ballast once the proposed tanks have been placed into the excavation, then you must submit the following additional items with the UST-6A application for consideration of a one-time approval to receive enough fuel to perform the testing or ballast the tanks while the installation is completed:

1. **UST-15A** form, *Ownership of UST System(s)* [1];
2. The appropriate annual operating fees [2, 3];
3. Proof of Financial Responsibility [1, 2];
4. Certification of Financial Responsibility form [1, 2].

Upon approval, but prior to fuel delivery, the following additional information will be required:

5. Proof of installation of spill and overfill prevention equipment (can be photographs, certification by Fire Marshal, etc.);
6. Completed tank manufacturer's installation checklist for each tank (pre-installation through backfilling/compacting);
7. A vacuum, pressure or brine level interstitial tightness test prior to placement of the tank in the excavation. Once the tank is placed into the excavation and backfilled, you must perform a second interstitial tightness test. Both tightness tests must be conducted in accordance with the manufacturer's instructions for the type of UST installed; and
8. The amount of fuel needed for each tank or compartment and the date it will be delivered.

Written approval will be transmitted electronically/faxed and mailed to the tank owner or operator. If you use a regulated substance as ballast, the installation must be completed and an operating permit obtained **within 6 months** after placing the regulated substance in the tanks. If the installation is not completed in this time frame, then the UST system will be considered in temporary closure and all regulated substances must be removed from the USTs. See also "Guidelines for approval of one-time delivery of petroleum for ballasting purposes" for more information[1].

Installation Phase

General Installation Guidelines:

1. Contact the local fire marshal and building inspector;
2. Refer to 15A NCAC 2N "Criteria and Standards Applicable to USTs;
3. Refer to the manufacturer's installation instructions for equipment specific installation requirements;
4. Refer to the most recent versions of the following industry codes for additional tank and piping installation requirements:
   a. American Petroleum Institute Publication 1615 "Installation of Underground Petroleum Systems",
   b. Petroleum Equipment Institute Publication RP100 "Recommended Practices for Installation of Underground Liquid Storage Systems",
   c. National Fire Protection Association 30 "Flammable and Combustible Liquids Code" and 30A "Automotive and Marine Service Station Code", or
   d. Other applicable industry codes.

☞ Prior to placing a petroleum substance into a regulated underground storage tank (UST), owners or operators must obtain an operating permit. [2]

During installation you will be required to have two inspections of the installation of your UST system by UST Section personnel. The following are the two phases of inspections that are required:

1. Exterior tank surface inspection and tank integrity testing prior to placing tank into excavation; and
2. Testing of all piping, fittings and containment sumps prior to back-filling. If detectable tape/wire has been approved to locate piping after installation, the approved equipment must be on-site for verification during this inspection.

[1] UST forms/guidance are available on the internet at . http://portal.ncdenr.org/web/wm

[2] This is only required for petroleum UST systems.

[3] Annual Tank Operating Fees: Call (919) 707-8171 to find out the amount that you will be required to submit along with this form. Current tank fees are $420.00 per tank or tank compartment.

Installation Phase (continued)

The approval letter you will receive after you submit this application will list the inspector name and phone number for you or your designated representative to call to schedule the inspections. You are required to schedule this inspection a minimum of 2 work days (not including weekends or holidays) prior to the day you propose to commence the activity. Prior to finalizing the schedule of the installation activity, such as scheduling tank delivery and a crane, it is recommended that you contact the inspector so that a mutually convenient inspection date may be arranged on or around your proposed date. Additionally, if you need to obtain a "One-Time Fuel Delivery" for testing purposes after installation, please advise the inspector prior to the inspection date so this authorization can be coordinated during the inspection process (note that overfill and spill prevention equipment will need to be installed). You should provide one or more weeks notice to have a better chance that your proposed installation date is open on the inspectors calendar. Note that inspections cannot be scheduled for weekends or state holidays.

If any minor modifications are made to the approved design plan during installation, then the design plan and the UST-6C form must be revised to show these modifications. The revised design plan shall be labeled "As-Built", sealed or stamped by a North Carolina Professional Engineer and must be submitted with the UST-6B (Post-Installation) form. Any changes to the original design plan and UST-6C form must be highlighted. Significant modifications require the approval of a revised UST-6A application by NCDENR prior to installation.

UST-6B, Post Installation Phase Instructions

Owners or operators of regulated underground storage tanks (USTs) must submit the following documentation once the UST system(s) have been installed:

1. **UST-15A** form, *Ownership of UST System(s)* [1];
2. **UST-6B** form, *Application to Install or Replace Underground Storage Tank Systems (Post-Installation)* [1];
3. The appropriate annual operating fees [2, 3];
4. Proof of Financial Responsibility [2];
5. Certification of Financial Responsibility form [1, 2];
6. Two copies of an as-built plan. The as-built plan should consist of the original design plan (scale drawing and UST-6C, schedule of materials) prepared by a North Carolina Professional Engineer that was submitted with the UST-6A. If any minor modifications were made to the original design plan, then the design plan must be revised to show these modifications. The revised design plan shall be labeled "As-Built", sealed or stamped by a North Carolina Professional Engineer and must be submitted with the UST-6B form. Any changes to the original design plan must be highlighted on the new design plan. Note that significant modifications require the submittal/approval of a UST-6A application prior to installation.
7. Completed manufacturer's installation checklists and any warranty registration for the tanks, piping, and any other applicable equipment;
8. Copies of manufacturer's installer certifications for each employee who installed equipment at the facility.
9. **UST-6D/23A, E/23D , F/23B and G/23C** form(s) (All that are applicable), providing pre-installation, installation and post-installation tests of the spill buckets, tanks, piping, containment sumps, and automatic line leak detectors.
10. Leak detection console print out showing the interstitial monitoring liquid sensor set-up and/or vacuum sensor set-up; and
11. Leak detection console print out showing the most recent interstitial monitoring sensor status and alarm history report for each sensor. The alarm history report shall include a "fuel alarm" for each sensor followed by a sensor status report (which shall include "normal" or "OK" for each sensor). The above printouts need to be copied on to 8 ½ X 11 paper to prevent light from fading the results. Note that other printouts may also be required for certain types of sensors.

[1] UST forms/guidance are available on the internet at . http://portal.ncdenr.org/web/wm

[2] This is only required for petroleum UST systems.

[3] Annual Tank Operating Fees: Call (919) 707-8171 to find out the amount that you will be required to submit along with this form. Current tank fees are $420.00 per tank or tank compartment.

UST-6A APPLICATION TO INSTALL OR REPLACE UNDERGROUND STORAGE TANK SYSTEMS (PRE-INSTALLATION)

NCDENR

Is this an existing facility? Yes ☐ No ☐

Is this a revised application? Yes ☐ No ☐

Enter Facility ID No. (if Known):

STATE USE ONLY

Reviewer name: _____

Application approved: Yes ☐ No ☐

Date Approved/Disapproved: _____

UST System components to be installed (Check one):

☐ Tanks and Piping ☐ Tanks Only ☐ Piping Only ☐ Piping Only - Emergency (Must provide a letter with emergency justification)

Projected Installation Date for USTs and/or piping _____

INSTRUCTIONS: Please type or print all items except signature. If more than four (4) UST systems are being installed at the facility, photocopy the necessary additional sheets and staple to this form.

I. Ownership of UST System

Owner Name (Corporation, Individual, Public Agency, or Other Entity)		
Contact Name (if not named above)		
Mailing Address		
City	State	Zip Code
Phone Number	Fax Number or E-Mail Address	

II. Operator of UST System ☐ Check if same as owner

Operator Name (Corporation, Individual, Public Agency, or Other Entity)		
Contact Name (if not named above)		
Mailing Address		
City	State	Zip Code
Phone Number	Fax Number or E-Mail Address	

☐ Check here if "Real" Property Owner of Site

Type of UST owner (check all that apply):

☐ State Gov't ☐ Local Gov't ☐ Private/Corporate ☐ Federal Gov't GSA Facility ID _____

III. Location of UST System

Facility Name or Company		
Street Address (if not available, then County Tax Map Number):		
City	State	Zip Code
County	Phone Number	Fax Number or E-Mail Address

IV. North Carolina Professional Engineer

PE Name	PE License No.	
Company Name		
Mailing Address		
City	State	Phone Number
Phone Number	Fax Number	
E-Mail Address		

V. General or Main Installation Contractor

Contractor Name		
Project Manager Name (if not named above)		
Mailing Address		
City	State	Zip Code
Phone Number	Fax Number	
E-Mail Address		

VI. Applicant Certification

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

_____ Print Name of Applicant

_____ Print Title of Applicant

_____ Company Name

_____ Telephone No.

_____ Applicant Signature

_____ Date Signed

UST-6A Application to Install or Replace Underground Storage Tank Systems (Pre-Installation)

VII. UST Information [1]

TANK IDENTIFICATION NO. (e.g., A, B, C or 1, 2, 3; If compartment tank 1A, 1B, 1C, etc.)	Tank No	Tank No	Tank No	Tank No
Indicate if tank is N= new, U=used, or E=existing [2]				
Tank Manufacturer				
Tank Model				
Method of monitoring interstice [3]				
Material of Construction [4]				
If Other (specify)				
Capacity (gallons) If compartment tank list compartment sizes.				
Check box, if tank to be installed is siphon manifolded and enter tank # it is to be manifolded with.	☐ /	☐ /	☐ /	☐ /
Product to be stored (If other specify below) [5]				
If Hazardous substance, Chemical Abstract Service (CAS) number				
If Other (specify)				

[1] No UST system can be installed within 50 feet of a human consumption well or within 100 feet of a public water supply well.

[2] If UST is "used" attach a completed manufacturers re-certification checklist. If "existing", provide the tank capacity, product stored and as much other information as available.

[3] Enter one of the following choices: , VM=Vacuum Sensor, PR=Pressure Sensor, HYDRO=Hydrostatic Float*, LDS=Liquid Detecting (dry) Sensor (usually position-sensitive)*, OTH=Other (specify type)

* Tanks using liquid detecting (dry) interstitial sensors must also be tested for tightness in accordance with 15A NCAC 02N.0903(f) & tanks using hydrostatic (wet) interstitial sensors must be dual-float/(to monitor both low & high level alarm conditions).

[4] Enter one of the following choices: DW* FRP** (e.g. Xerxes, Containment Solutions), DW* Steel/FRP** (e.g. ACT-100), DW* Steel/Polyurethane (e.g. ACT-100-U), DW* Steel/Jacketed (e.g. Permatank, Titan), Other.

*DW = Double-walled **FRP = Fiberglass Reinforced Plastic

[5] Enter one of the following choices: Aviation Gas, Biodiesel (> 20%) - Diesel Mix*, Diesel, Ethanol (> 10%) -Gas Mix*, Fuel Oil, Gasoline, Hazardous Substance, Heating Oil, Kerosene, Motor Oil, Other Non-Petroleum, Other Petroleum, Transmission Fluid, or Used Oil

* Tanks with ≤20% Biodiesel should list the product as "Diesel" and tanks with ≤10% Ethanol should list the product as "Gasoline".

VIII. Piping Information [1]

Associated Tank number				
Indicate if piping is N=new or E=existing[2]				
Indicate use (PD=product distribution, M=manifold, RF=remote fill, PR=product return or OTH=other-specify)				
Piping Manufacturer				
Piping Model/Part No. (Manufacturer's)				
Method of monitoring interstice [3]				
Flexible connections & other metal components in a monitored sump (yes, no or N/A)				
Material of Construction [4]				
If Other (specify)				
Piping configuration (P=Pressurized, S=Suction or G=Gravity)				
Method that will be used to allow piping to be located once it is back-filled?[5]				

[1] No UST system can be installed within 50 feet of a human consumption well or within 100 feet of a public water supply well.

[2] If "existing", provide (minimally) the use, type of piping and configuration and as much other information as available.

[3] Enter one of the following choices: SS=Sump Sensor, VM=Vacuum Sensor, PR=Pressure Sensor, HYDRO=Hydrostatic Float, OTH=Other (specify type)

Note that discriminating sensors must be set up to detect and alarm with all liquids

[4] Enter one of the following choices: DW* Flex (e.g. APT XP, OPW Flexworks, UPP), DW* FRP** (e.g. Ameron Dualoy 3000 LCX, NOV Fiberglass Red Thread IIA), None, Other (Specify) *DW = Double-walled **FRP = Fiberglass Reinforced Plastic

[5] If detectable tape/wire is proposed, also list manufacturer/model number on UST-6C; tape/wire width (gauge) & installation depth on UST-6C or plans. Note that NC DENR may require documentation that the pipe can be located after installation for compliance with 15A NCAC 02N.0904(d).

IX. Spill Prevention Equipment

Associated Tank number				
Spill Prevention Equipment Type (Enter Spill Bucket, Other-specify, None, or Not Required [1])				
Indicate if equipment is New or Existing[2]				
Spill Prevention Equipment Manufacturer				
Spill Prevention Equipment Model				
Method of Monitoring Interstice [3]				
Does Spill Prevention Equipment have built-in sensor (Yes/No)?				

[1] Not Required is only valid for USTs that are always filled by transfers that are 25 gallons or less.

[2] If "existing", provide (minimally) the type of equipment and as much other information as available

[3] Enter one of the following choices: FS=Float Sensor, VM=Vacuum Sensor, PR=Pressure Sensor, HYDRO=Hydrostatic Float, OTH=Other (specify type) Note that discriminating sensors must be set up to detect and alarm with all liquids

X. Overfill Prevention Equipment Note: Ball Floats cannot be used with coaxial vapor recovery or suction piping systems.

Overfill Prevention Equipment Type (Enter Automatic shutoff [1], Alarm at tank, Ball float [1,2], None, or Not Required [3])				
Indicate if equipment is New or Existing[4]				
Overfill Prevention Equipment Manufacturer				
Overfill Prevention Equipment Model				

[1] When installing an automatic shut off device, do not install a ball float valve unless the ball float is set to activate at a level higher in the tank than the automatic shut-off device. Only show the primary overfill prevention device in this section.

[2] Ball Floats cannot be used with coaxial vapor recovery or suction piping systems.

[3] Not Required is only valid for USTs that are always filled by transfers that are 25 gallons or less.

[4] If "existing", provide (minimally) the type of equipment and as much other information as available

XI. Vapor Recovery Mark the type(s) of Stage 1 vapor recovery that will be used for all gasoline USTs at this facility

Note: the following gasoline USTs are not required to have Stage I vapor recovery equipment: a) new USTs that are 500 gallons or less in capacity, and b) facilities that have a combined throughput of less than 50,000 gallons per year. If vapor recovery is not required for a UST at this facility, then the last box in this section should be marked. If you have any questions about Stage I vapor recovery, please call the Air Quality Section at (919) 733-1480.

Indicate if equipment is New or Existing				
Coaxial system	☐	☐	☐	☐
Dual point system	☐	☐	☐	☐
Vapor recovery is not required for this UST	☐	☐	☐	☐

XII. Containment Sumps

Enter the number(s) in each column that will have the same make/model of containment sumps. If all containment sumps will be the same then list the range of sump numbers in one column. Containment sumps with the same make/model only have to be entered in one of the columns with a list of the sumps that have that make/model.

Sump Type/Number [1]				
Indicate if sumps are New or Existing [2]				
Method of monitoring sump [3]				
Sump Material of Construction [4]				
If Other (specify)				

[1] Enter one of the following choices: Tank sump, UDC (dispenser), transition, other type of sump

[2] Note that existing sumps, connected to replacement piping, will be required to be monitored and tested for integrity

[3] Enter one of the following choices: SS=Sump Sensor, VM=Vacuum Sensor, PR=Pressure Sensor, HYDRO=Hydrostatic Float, OTH=Other (specify type) Note that discriminating sensors must be set up to detect and alarm with all liquids

[4] Enter one of the following choices: Plastic, FRP (Fiberglass Reinforced Plastic), Other

XIII. Leak Detection (LD)

Associated Tank number				
Monitoring console manufacturer/model				
Indicate if New or Existing Equipment				
Automatic Line Leak Detector (ALLD) Equipment Type(ELLD or MLLD)[1]				
ALLD Manufacturer/Model				
Indicate if N=new or E=existing Equipment[2]				

[1] A mechanical (MLLD) or electronic (ELLD) line leak detector is required for all pressurized piping systems. They must be tested annually.

[2] If existing, indicate (minimally) the type of ALLD and as much other information as available.

XIV. Work Proposed

New installation, expansion or replacement? (Describe work. If piping replacement, also explain reason & condition of other existing piping, as applicable):

_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____

XV. Attachments

Two copies of UST System design plans which include the following:

- A 11" x 17" Scale Drawing prepared by a North Carolina Professional Engineer attached. ☐ Yes
- UST-6C, Application to Install or Replace Underground Storage Tank Systems (Schedule of Materials) attached. ☐ Yes

Tank manufacturer's re-certification checklist is attached? ☐ Yes ☐ N/A
(Only required for "used" tanks being reinstalled)

UST-20, "Alternative Fuel /Hazardous Substances Compatibility Checklist" ☐ Yes ☐ N/A
(Only required for > 20% Bio-Diesel , >10% Ethanol or Hazardous substances)

UST-6B APPLICATION TO INSTALL OR REPLACE UNDERGROUND STORAGE TANK SYSTEMS (POST-INSTALLATION)

NCDENR

Facility ID No: _____

Is this a revised application? Yes ☐ No ☐

UST System components installed (Check one):
☐ Tanks and Piping ☐ Tanks Only ☐ Piping Only

Date UST and/or piping installation completed: _____

STATE USE ONLY

Reviewer name: _____

Application approved: Yes ☐ No ☐

Date Approved/Disapproved: _____

INSTRUCTIONS: Please type or print all items except signature. The owner of the UST system must complete sections I through VI and VIII through X of this form. The UST installation contractor must complete section VII of this form. If more than four (4) UST systems are being installed at the facility, photocopy the necessary additional sheets and staple to this form.

I. Ownership of UST System			**II. Operator of UST System** ☐ **Check if same as owner**		
Owner Name (Corporation, Individual, Public Agency, or Other Entity)			Operator Name (Corporation, Individual, Public Agency, or Other Entity)		
Contact Name (if not named above)			Contact Name (if not named above)		
Mailing Address			Mailing Address		
City	State	Zip Code	City	State	Zip Code
Phone Number	Fax Number or E-Mail Address		Phone Number	Fax Number or E-Mail Address	

III. Contact Person for UST Location		
Name	Job Title	Phone Number

IV. Location of UST System	
Facility Name or Company	No. of regulated tanks/compartments at facility _____
Check if tanks located on Indian lands or reservation ☐	Total no. of tanks/compartments at facility _____
Street Address (if not available, then County Tax Map Number):	
City / State	Zip Code
County / Phone Number	Fax Number or E-Mail Address

V. North Carolina Professional Engineer			**VI. General or Main Installation Contractor**		
PE Name	PE License No.		Contractor Name		
Company Name			Project Manager Name (if not named above)		
Mailing Address			Mailing Address		
City	State	Zip Code	City	State	Zip Code
Phone Number	Fax Number		Phone Number	Fax Number	
E-Mail Address			E-Mail Address		

VII. Description of All UST or Compartment Systems at this Facility

A. UST Information

TANK IDENTIFICATION NO. (e.g., A, B, C or 1, 2, 3; If compartment tank 1A, 1B, 1C, etc.)	Tank No.	Tank No.	Tank No.	Tank No.
Tank Manufacturer				
Tank Model				
Tank UL (or Serial) Number				
Materials of construction [1]				
If Other (specify)				

[1] Enter one of the following choices: DW* FRP** (e.g. Xerxes, Containment Solutions), DW* Steel/FRP** (e.g. ACT-100), DW* Steel/Polyurethane (e.g. ACT-100-U), DW* Steel/Jacketed (e.g. Perm tank, Titan), Other

*DW = Double-walled **FRP = Fiberglass Reinforced Plastic

UST-6B Application to Install or Replace Underground Storage Tank Systems (Post-Installation)

A. UST Information (Continued)

	Tank No.	Tank No.	Tank No.	Tank No.
Capacity (gallons) If compartment tank, list compartment size.				
Check if tank is siphon manifolded and enter tank # it is manifolded with.	☐ /	☐ /	☐ /	☐ /
Product stored [2]				
If Hazardous substance, Chemical Abstract Service (CAS) number				
Other (specify)				

[1] Enter one of the following choices: DW* FRP** (e.g. Xerxes, Containment Solutions), DW* Steel/FRP** (e.g. ACT-100), DW* Steel/Polyurethane (e.g. ACT-100-U), DW* Steel/Jacketed (e.g. Permatank, Titan), Other (Specify)

*DW = Double-walled **FRP = Fiberglass Reinforced Plastic

[2] Enter one of the following choices: Aviation Gas, Biodiesel (> 20%) – Diesel Mix*, Diesel, Ethanol (> 10%) –Gas Mix*, Fuel Oil, Gasoline, Hazardous Substance, Heating Oil, Kerosene, Motor Oil, Other Non-Petroleum, Other Petroleum, Transmission Fluid, or Used Oil

* Tanks with ≤20% Biodiesel should list the product as "Diesel" and tanks with ≤10% Ethanol should list the product as "Gasoline"

B. Piping system

Tank # (associated with piping)				
Indicate use [1]				
Piping Manufacturer				
Piping Model				
Piping Manufacturing Code				
Material of Construction [2]				
If Other (specify)				
Piping configuration (P=Pressurized, S=Suction or G=Gravity)				

[1] PD=product distribution, M=manifold, RF=remote fill, PR=product return or OTH=Other (specify)

[2] Enter one of the following choices: DW* Flex (e.g. APT XP UPP), DW* FRP** (e.g. Ameron Dualoy, NOV Fiberglass Red Thread IIA), None, Other (Specify)

*DW = Double-walled **FRP = Fiberglass Reinforced Plastic

C. Containment Sumps

Enter the type and number(s) in each column that will have the same make/model of containment sumps. If all containment sumps will be the same then list the range of sump numbers in one column. Containment sumps with the same make/model only have to be entered in one of the columns with a list of the sumps that have that make/model.

Sump Type/Number[1]				
Manufacturer				
Model				
Method of monitoring [2]				
Material of Construction [3]				
If Other (specify)				
Sump Visual Check				
No leaks at STP, ALLD or other pipe components (Y/N)				
Piping interstitial space is open to sump (Y/N)				
Date checked				

[1] Enter one of the following choices: Tank sump, UDC (dispenser), transition, other type of sump with appropriate sump number(s).

[2] Enter one of the following choices: SS=Sump Sensor, VM=Vacuum Sensor, PR=Pressure Sensor, HYDRO=Hydrostatic Float, OTH=Other (specify type)
Note that discriminating sensors must be set up to detect and alarm with all liquids

[3] Enter one of the following choices: Plastic, FRP (Fiberglass Reinforced Plastic), Other

UST-6B Application to Install or Replace Underground Storage Tank Systems (Post-Installation)

D. Leak detection (LD) [Check any box or combination of boxes that apply] [Refer to 15A NCAC 2N .0900]

Mark all that apply	Tank No.		Tank No.		Tank No.		Tank No.	
	Tank	Piping	Tank	Piping	Tank	Piping	Tank	Piping
a. Method of Monitoring Interstice [1]								
b. Automatic line leak detector [2]								
i. Mechanical line leak detector		☐		☐		☐		☐
ii. Electronic line leak detector		☐		☐		☐		☐
Monitoring console manufacturer/model								
Automatic line leak detector manufacturer /model								
Interstitial Sensors								
Tank - Manufacturer/Model								
Liquid detecting (dry) sensors mounted at lowest point of interstice? [3] (Y/N/NA)								
Sensors tested, functional & installed correctly?[4] (Y/N)								
Date checked								
Piping - Manufacturer/Model (only complete if VM, PR, or HYDRO listed on line 'a.' above for piping)								
Sensors tested, functional & installed correctly? [4] (Y/N)								
Date checked								
Spill bucket - Manufacturer/Model [5]								
Sensors mounted at lowest point of interstice? (Y/N)								
Sensors tested, functional & installed correctly? [4] (Y/N)								
Date checked								

Containment Sumps

Enter the number(s) in each column that will have the same make/model of containment sumps. If all containment sumps will be the same then list the range of sump numbers in one column. Containment sumps with the same make/model only have to be entered in one of the columns with a list of the sumps that have that make/model.

Sump Type/Number[6]				
Interstitial sensor manufacturer/model – Containment sumps				
Sensors mounted within 2" of bottom? (Y/N)				
Sensors tested, functional & installed correctly? [4] (Y/N)				
Date checked				

[1] Enter one of the following choices: Tank: VM=Vacuum Sensor, PR=Pressure Sensor, HYDRO=Hydrostatic Float, LDS=Liquid Detecting (dry) Sensor (usually position-sensitive), OTH=Other (specify type)

Piping: SS=Sump Sensor, VM=Vacuum Sensor, PR=Pressure Sensor, HYDRO=Hydrostatic Float, OTH=Other (specify type). Note that discriminating sensors must be set up to detect and alarm with all liquids

[2] A mechanical or electronic line leak detector is required for all pressurized piping systems. They must be tested annually

[3] Applicable only for tanks using liquid detecting (dry) interstitial sensors. Note that tanks with dry sensors must also be tested for tightness in accordance with 15A NCAC 02N.0903(f). Results shall be submitted on the UST-6E form. Tanks with hydrostatic (brine) sensors should indicate NA (not applicable).

[4] Discriminating sensors must be set up to detect and alarm with all liquids.

[5] The spill bucket model number may be used for equipment with built-in sensors.

[6] Enter one of the following choices: Tank sump, UDC (dispenser), transition, other type of sump with appropriate sump number(s).

E. Flexible connectors, Submersible pumps, Riser pipes, Siphon bars, and other Metal fittings

	Tank No.		Tank No.		Tank No.		Tank No.	
	Tank	Dispenser	Tank	Dispenser	Tank	Dispenser	Tank	Dispenser
Flex connector is secondarily contained or located in a monitored containment sump[1]								
Submersible pump (STP) is located in a monitored containment sump [1] (pressurized piping only)								
Metal piping extensions, siphon bars, and/or other metal fittings are located in a monitored containment sump [1]								

[1] Enter one of the following choices: Yes, No, N/A (not applicable)

F. Spill Prevention Equipment

Spill Prevention Equipment Type (Enter Spill Bucket, None, or Not Required [1])				
Spill Prevention Equipment Manufacturer				
Spill Prevention Equipment Model				
Method of Monitoring Interstice [2]				

[1] Not Required is only valid for USTs that are always filled by transfers that are 25 gallons or less.

[2] Enter one of the following choices: SS=Sump Sensor, VM=Vacuum Sensor, PR=Pressure Sensor, HYDRO=Hydrostatic Float, OTH=Other (specify type). Note that discriminating sensors must be set up to detect and alarm with all liquids

G. Overfill Prevention Equipment

Overfill Prevention Equipment Type (Enter Automatic shutoff [1], Alarm at tank, Ball float [1, 2], None, or Not Required [3])				
Overfill Prevention Equipment Manufacturer				
Overfill Prevention Equipment Model				
Overfill Prevention Equipment Operability Overfill device operational? (Yes/No) % of tank volume device is set (indicate XX% or NA) Minimum required device length in tank? (indicate in inches or NA) Device length in tank (in inches or NA) 30 minute flow restriction kit installed?[4] (Yes/NA) Alarm mounted at fill ports? [5] (Yes/NA) Tank top fittings tight? (Yes/No) Date checked	% inches inches	% inches inches	% inches inches	% inches inches

[1] When installing an automatic shut off device, do not install a ball float valve unless the ball float is set to activate at a level higher in the tank than the automatic shut-off device. Only show the primary overfill prevention device in this section.

[2] Ball Floats cannot be used with coaxial vapor recovery or suction piping systems.

[3] Not Required is only valid for USTs that are always filled by transfers that are 25 gallons or less.

[4] Applicable only for certain types of ball floats (indicate NA if not applicable).

[5] Applicable only for high level alarms (indicate NA if not applicable).

H. Stage I vapor recovery (For Gasoline USTs only):

Note: the following gasoline USTs are not required to have Stage I vapor recovery equipment: a) new USTs that are 500 gallons or less in capacity, and b) facilities that have a combined throughput of less than 50,000 gallons per year. If vapor recovery is not required for a UST at this facility, then the last box in this section should be marked. If you have any questions about Stage I vapor recovery, please call the Air Quality Section at (919) 733-1480.

Coaxial system	☐	☐	☐	☐
Dual point system	☐	☐	☐	☐
None	☐	☐	☐	☐

UST-6B Application to Install or Replace Underground Storage Tank Systems (Post-Installation)

I. Certification of Installation (Must be completed by UST system installer)

Were there any modifications to the approved UST-6A application? ☐Yes ☐ No If "Yes" then describe below or attach separate description of the modifications (Note: Professional Engineer must approve and seal any changes to the UST-6C and original design plans):

_____

_____

_____

_____

OATH: I certify, under penalty of law, that the information concerning installation provided in Part VII. (above) and in the attached as-built plan is accurate and true to the best of my belief and knowledge and that the UST system equipment was installed in accordance with the UST system design plans, the manufacturer's guidelines and the applicable national codes of practice and industry standards listed in 15A NCAC 02N .0900.

Installer:

_____ _____
Print Name Job Title

_____ _____
Signature Date

Penalties: Pursuant to N.C.G.S.143-215.94W any person who knowingly fails to notify or submits false information shall be subject to a civil penalty not to exceed $10,000 per day, per violation.

VIII. Financial Responsibility (for Regulated Petroleum USTs ONLY)

The financial responsibility regulations (15A NCAC 2O) require that owners and operators of regulated petroleum USTs assure the availability of funds to pay for assessment and cleanup costs in the event of a leaking tank*. The payment of annual tank operating fees into the State Trust Funds fulfills a major portion of the financial responsibility requirements. However, to completely fulfill the requirements, additional funds must be assured by one or more of the mechanisms listed below. The amount of additional financial responsibility required (at a minimum) is the sum of the "3rd Party ($100,000.00)" and "Cleanup ($20,000.00)" State Trust Fund deductibles plus $600/tank (scaling factor). The State Trust Funds **may not** be used to cover the amount of the deductibles.

(Check all financial responsibility mechanisms that apply):

☐ Self-insurance
☐ Corporate guarantee
☐ Insurance and risk retention group coverage
Policy # _____
Insurer _____
☐ Surety bond
☐ Letter of Credit
☐ Insurance pools
☐ Escrow account
☐ Local government bond rating test
☐ Local government financial test
☐ Local government guarantee
☐ Local government dedicated fund
☐ None
☐ Other

Period of Coverage: _____ to _____

*Federal and State governments owning regulated petroleum UST systems are exempt

IX. Attachments

UST-15A form, *Ownership of UST System(s)*, attached.	☐ Yes	☐ Previously submitted
Appropriate annual operating fees are included.	☐ Yes	☐ Previously submitted
Proof of Financial Responsibility along with the *Certification of Financial Responsibility* form are attached.	☐ Yes	☐ Previously submitted
Two copies of as-built plan (new or revised design plan consisting of a UST-6C schedule of materials and scale drawing signed/sealed by NC PE) attached. The design plan approved with the UST-6A can be copied and submitted, if no changes were made. If changes were made then, highlight any changes from original design plan on drawing.	☐ Yes	
Manufacturers tank installation checklist and warranty registrations Attached.	☐ Yes	☐ N/A for piping only
Manufacturers piping installation checklist and warranty registrations Attached.	☐ Yes	☐ N/A for tank only
Copies of manufacturer's installer certifications for each employee who installed equipment at this facility attached.	☐ Yes	
UST-6C, *Application to Install or Replace Underground Storage Tank Systems (Schedule of Materials)* attached.	☐ Yes	
UST-6D/23A, *Application to Install or Replace Underground Storage Tank Systems (Spill Bucket Installation Testing)* containing post-installation test results attached.	☐ Yes	☐ N/A for piping only
UST-6E/23D, *Application to Install or Replace Underground Storage Tank Systems (Tank Installation Testing)* containing pre-installation, installation and post-installation test results attached.	☐ Yes	☐ N/A for piping only
UST-6F/23B, *Application to Install or Replace Underground Storage Tank Systems (UDC/Containment Sump Installation Testing)* containing post-installation test results attached.	☐ Yes	
UST-6G/23C, *Application to Install or Replace Underground Storage Tank Systems (Piping Installation Testing)* containing pre-installation, installation and post-installation test results attached.	☐ Yes	
Line Tightness Test (LTT) and Automatic Line leak Detector (ALLD) test data attached	☐ Yes	☐ ALLD data N/A for non-pressurized piping only
Leak detection console printout showing interstitial liquid/vacuum sensor set-up copied on 8 ½ X 11 paper attached.	☐ Yes	
Leak detection console printout showing most recent interstitial sensor "fuel alarm" history report , followed by a sensor status report (showing "normal" or OK") for each sensor copied on 8 ½ X 11 paper attached. Note that additional printouts may be required for certain types of sensors (i.e., discriminating, position-sensitive, etc).	☐ Yes	

X. Facility Owner Certification and Acknowledgement (Read and Sign After Completing Sections I – VI and VIII – IX)

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 responsible for obtaining this information, I believe that the submitted information is true, accurate, and complete. In addition, I certify that all applicable State and Federal UST requirements have been complied with.

If signing as an officer of a corporation, representative of a public agency, administrator of an estate, or as having power of attorney, you must provide a copy of the legal document that proves you can legally sign in such capacity.

Print Name of Facility Owner or Authorized Representative

Print Title of Owner or Authorized Representative

Signature

Date Signed

Penalties: Pursuant to N.C.G.S.143-215.94W any UST system owner or operator who knowingly fails to notify or submits false information shall be subject to a civil penalty not to exceed $10,000 per day, per violation.

UST-6C

Application to Install or Replace Underground Storage Tank Systems (SCHEDULE OF MATERIALS)

Facility ID No.	Facility Name	Attachment to (check one): UST-6A ☐ UST-6B ☐

UST System components installed (Check one):
☐ Tanks and Piping ☐ Tanks Only ☐ Piping Only

If attached to UST-6B, have any modifications been made to approved design plan? YES ☐ NO ☐

INSTRUCTIONS: List the manufacturer, model or part number and quantity for the following equipment installed at the facility: tanks; piping including flexible connectors; leak detection equipment including the monitoring console, interstitial monitoring sensors and automatic line leak detectors; spill and overfill prevention equipment; vapor recovery equipment; containment sumps and method of locating the piping once it is buried. Group like categories of equipment together in the list. The item number provided below must correspond to the location(s) of the equipment shown on the scale drawing. Attach additional pages as necessary.

ITEM NO.	ITEM/PART DESCRIPTION	MANUFACTURER	MODEL/PART NO.	QTY

Print Name of North Carolina Professional Engineer

Company Name

Date

Affix PE seal here:

UST-6D/23A

Triennial UST Spill Bucket Integrity Testing

(for components installed on or after 11/1/2007 or when returning any UST system to service from temporary closure)

This form must be used to document spill bucket testing (for spill buckets not monitored continuously for releases using vacuum, pressure, or hydrostatic methods) for UST systems installed on or after November 1, 2007 (this includes existing UST systems that have installed or replaced the spill bucket on or after November 1, 2007) or for any existing UST system regardless of installation date prior to returning to service from temporary closure.

- A separate form should be used for each facility. If there are more than five (5) spill buckets at this facility, make additional copies of this page.
- The last periodic tightness test record must be maintained at the UST site or the tank owner or operators place of business and must be readily available for inspection.
- If any periodic test fails, a suspected release report must be submitted on a UST-17A form, *UST Suspected Release 24 Hour Notice.* The suspected release must be investigated, in accordance with 15A NCAC 2N .0603, and any defective equipment repaired in accordance with 15A NCAC 2N .0404/.0900. Results of the investigation must be submitted on a UST-17B form. *UST Suspected Release 7 Day Notice.*

UST FACILITY

Owner / Operator Name	Facility Name	Facility ID#:
Facility Street Address	Facility City	County

TESTING CONTRACTOR INFORMATION

Company Name	Phone	E-mail Address	
Mailing Address	City	State	Zip

I certify, under penalty of law, that the testing data provided on this form documents the UST system equipment was tested in accordance with the manufacturer's guidelines and the applicable national industry standards listed in 15A NCAC 2N .0900.

Print Name of person conducting test	Signature of person conducting test

SPILL BUCKET TESTING

- The primary containment and interstitial space of the spill bucket shall be tested in accordance with the manufacturers written guidelines and PEI/RP100 "Recommended Practice for Installation of Underground Liquid Storage Systems."
- If the spill bucket test results are not within the manufacturer's written guidelines or the manufacturer does not have written test evaluation guidelines then any change in level for a hydrostatic test within 1 hour or change in vacuum within 30 minutes for a vacuum test must be considered a failing integrity test. For hydrostatic tests, please indicate the measured depths of water in the spill bucket as the Begin I End Levels.
- If the spill bucket fails a tightness test, it must be replaced or repaired by the manufacturer, or the manufacturer's authorized representative in accordance with the manufacturer's specifications. Following any repair, the spill bucket must be re-tested for tightness.
- The primary and secondary walls are both considered to be tested at the same time if vacuum is used to test the interstice.

Test Method Used: ☐ Hydrostatic ☐ Vacuum ☐ Other *(Specify)*

Test Equipment Used (If applicable)

Identify Spill Bucket *(By Tank Number, Stored Product, etc.)*	**Tank #**	**Tank #**	**Tank #**	**Tank #**	**Tank #**
Tank Size Product					
Indicate units for all measurements					
Bucket Installation Type	☐ Direct Bury ☐ Containment sump	☐ Direct Bury ☐ Containment sump	☐ Direct Bury ☐ Containment sump	☐ Direct Bury ☐ Containment sump	☐ Direct Bury ☐ Containment sump
Bucket Manufacturer/Model					
Bucket Diameter **X** Depth					
Wait time between applying vacuum/water and start of test					
Primary Section Test Date					
Begin I End Test Time	¡	¡	¡	¡	¡
Begin I End Reading	¡	¡	¡	¡	¡
Test Result	☐ Pass ☐ Fail	☐ Pass ☐ Fail	☐ Pass ☐ Fail	☐ Pass ☐ Fail	☐ Pass ☐ Fail
Secondary Interstice Test Date					
Begin I End Test Time	¡	¡	¡	¡	¡
Begin I End Reading	¡	¡	¡	¡	¡
Test Result	☐ Pass ☐ Fail	☐ Pass ☐ Fail	☐ Pass ☐ Fail	☐ Pass ☐ Fail	☐ Pass ☐ Fail

Comments – *(include information on repairs made prior to testing, and recommended follow-up for failed tests)*

Date next spill bucket tightness test are due (required every 3 years)

UST-6E/23D Application to Install or Replace Underground Storage Tank Systems

(TANK INSTALLATION/TRIENNIAL TESTING)

- A separate form should be used for each facility. If there are more than five (5) tanks at this facility, make additional copies of this page.
- The primary and interstitial space of the tank shall be tested in accordance with the manufacturers written guidelines and PEI/RP100 "Recommended Practice for Installation of Underground Liquid Storage Systems."
- The last periodic tightness test record must be maintained by the tank owner or operator and must be readily available for inspection.
- Tanks that are not monitored continuously for releases using vacuum, pressure, or hydrostatic methods must be tightness tested at installation, between 6 and 12 months from installation, and every three years following installation.
- The interstitial space of the tank shall be tested using a 3rd party certified interstice tightness test capable of detecting a 0.1 gph leak from the inner or outer wall of the interstice for the tank model that is installed.
- If the tank fails a tightness test, it must be replaced or repaired by the manufacturer or the manufacturer's authorized representative in accordance with the manufacturer's specifications. Following any repair, the tank must be re-tested for tightness. Also a suspected release report must be submitted on a UST-17A form, *UST Suspected Release 24 Hour Notice.* The suspected release must be investigated, in accordance with 15A NCAC 2N .0603, and any defective equipment repaired/replaced in accordance with 15A NCAC 2N .0404/.0900. Results of the investigation must be submitted on a UST-17B form, *UST Suspected Release 7 Day Notice.*

UST FACILITY

Owner / Operator Name	Facility Name	Facility ID#:
Facility Street Address	Facility City	County

TESTING CONTRACTOR INFORMATION

Company Name	Phone	E-mail address	
Mailing Address	City	State	Zip
Print Name of person conducting test	Signature of person conducting test		

Identify Tank (Tank Number, etc.)	**Tank #**	**Tank #**	**Tank #**	**Tank #**	**Tank #**
Tank Size					
Product					
UST Type					

UST types: FRP, Steel Jacketed, Steel/CLAD,	**Indicate units for all measurements:**				
I. Pre-installation testing	**Vacuum/Pressure Gauge Range:**				
Test Date					
Interstitial space - Liquid Filled or Vacuum	**Test method:** ☐ Vacuum ☐ Liquid filled/other:_____				
Begin ¡ End Test Time (liquid)					
Begin ¡ End Level (liquid)					
Begin ¡ End Test Time					
Begin ¡ End Pressure/Vacuum					
Test Result	☐ Pass ☐ Fail	☐ Pass ☐ Fail	☐ Pass ☐ Fail	☐ Pass ☐ Fail	☐ Pass ☐ Fail
Liquid visible on inside/outside of tank (if applicable)	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
II. Post-installation/triennial testing	**Tightness Test Model (if applicable):** _____				
Test Date: Begin ¡ End					
Interstitial space - Liquid Filled/Other.	**Test method:** ☐ Vacuum ☐ Liquid filled/other:_____				
Begin ¡ End Test Time (liquid)					
Begin ¡ End Level (liquid)					
Begin ¡ End Test Time					
Begin ¡ End Pressure/Vacuum					
Test Result	☐ Pass ☐ Fail	☐ Pass ☐ Fail	☐ Pass ☐ Fail	☐ Pass ☐ Fail	☐ Pass ☐ Fail
Liquid visible on inside of tank	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No

UST-6F/23B Triennial UST Containment Sump / UDC Integrity Testing (for components installed on or after 11/1/2007)

- A separate form should be used for each facility. If there are more than six (6) UDC / containment sumps at this facility, make additional copies of this page.
- The last periodic tightness test record must be maintained at the UST site or the tank owner or operators place of business and must be readily available for inspection.
- If any periodic test fails, a suspected release report must be submitted on a UST-17A form, *UST Suspected Release 24 Hour Notice.* The suspected release must be investigated, in accordance with 15A NCAC 2N .0603, and any defective equipment repaired in accordance with 15A NCAC 2N .0404/.0900. Results of the investigation must be submitted on a UST-17B form, *UST Suspected Release 7 Day Notice.*

UST FACILITY

Owner / Operator Name	Facility Name	Facility ID#:
Facility Street Address	Facility City	County

TESTING CONTRACTOR INFORMATION

Company Name	Phone	E-mail Address	
Mailing Address	City	State	Zip

I certify, under penalty of law, that the testing data provided on this form documents the UST system equipment was tested in accordance with the manufacturer's guidelines and the applicable national industry standards listed in 15A NCAC 2N .0900.

Print Name of person conducting test	Signature of person conducting test	

UNDER DISPENSER CONTAINMENT (UDC) / CONTAINMENT SUMP TESTING

- Containment sumps that are not monitored continuously for releases using vacuum, pressure, or hydrostatic interstitial monitoring methods shall be tightness tested at installation and every three (3) years following installation in accordance with the manufacturer's written guidelines and PEI/RP100, "Recommended Practice for Installation of Underground Liquid Storage Systems."
- If the containment sump or UDC test results are not within the manufacturer's written guidelines or the manufacturer does not have written test evaluation guidelines then any change in level for a hydrostatic test within 4 hours or change in vacuum within 1 hour for a vacuum test must be considered a failing integrity test. For hydrostatic tests, please indicate the measured depths of water in the sump as the Begin ¡ End Levels.
- If a UDC / containment sump fails a periodic tightness test, the sump must be replaced or repaired by the manufacturer, or the manufacturer's authorized representative in accordance with the manufacturer's specifications.
- Following replacement or repair, the UDC / containment sump must be re-tested for tightness.

Test Method Used ☐ Hydrostatic ☐ Vacuum ☐ Other *(Specify)*	Test Equipment Used (If applicable)

Identify UDC/sump *(By Dispenser No. or Tank Number, Tank Size, Stored Product)*	☐**Dispenser #** ☐**Tank #**	☐**Dispenser #** ☐**Tank #**	☐**Dispenser #** ☐**Tank #**	☐**Dispenser #** ☐**Tank #**	☐**Dispenser #** ☐**Tank #**	☐**Dispenser #** ☐**Tank #**
Transition sumps should be listed above as "TS-XX" (with XX= sump ID#)						
Tank Size Product						
Sump Manufacturer						
Sump Material	☐ FRP ☐ Plastic	☐ FRP ☐ Plastic	☐ FRP ☐ Plastic	☐ FRP ☐ Plastic	☐ FRP ☐ Plastic	☐ FRP ☐ Plastic
Sump Installation Type	☐ Single Wall ☐ Double Wall	☐ Single Wall ☐ Double Wall	☐ Single Wall ☐ Double Wall	☐ Single Wall ☐ Double Wall	☐ Single Wall ☐ Double Wall	☐ Single Wall ☐ Double Wall
Indicate units for all measurements						
Sump Diameter or Length X Width						
Sump Depth						
Wait time between applying vacuum/water and start of test						
Test Date						
Begin ¡ End Test Time	¡	¡	¡	¡	¡	¡
Begin ¡ End Level	¡	¡	¡	¡	¡	¡
Test Result	☐ Pass ☐ Fail	☐ Pass ☐ Fail	☐ Pass ☐ Fail	☐ Pass ☐ Fail	☐ Pass ☐ Fail	☐ Pass ☐ Fail

Comments – *(include information on repairs made prior to testing, and recommended follow-up for failed tests)*

Date next Containment Sump/UDC integrity test are due (required every 3 years)

UST-6G/23C

Triennial UST Piping Integrity Testing

(for components installed on or after 11/1/2007 or when returning any UST system to service from temporary closure)

This form must be used to document pipe integrity testing (for piping not monitored continuously for releases using vacuum, pressure, or hydrostatic methods) for UST systems installed on or after November 1, 2007 (this includes existing UST systems that have installed or replaced the piping on or after November 1, 2007) or for any existing UST system conducting interstitial monitoring of the piping regardless of installation date prior to returning to service from temporary closure.

- A separate form should be used for each facility. If there are more than five (5) piping systems at this facility, make additional copies of this page.
- The primary containment and interstitial space of the piping shall be tested in accordance with the manufacturers written guidelines and PEI/RP100 "Recommended Practice for Installation of Underground Liquid Storage Systems."
- The last periodic tightness test record must be maintained by the tank owner/operators and must be readily available for inspection.
- If any periodic test fails, a suspected release report must be submitted on a UST-17A form, *UST Suspected Release 24 Hour Notice,* and investigated in accordance with 15A NCAC 2N .0603, and any defective equipment repaired in accordance with 15A NCAC 2N .0404/.0900. Results of the investigation must be submitted on a UST-17B form, *UST Suspected Release 7 Day Notice.*
- If the piping fails a tightness test, it must be replaced or repaired by the manufacturer or the manufacturer's authorized representative in accordance with the manufacturer's specifications. Following any repair, the piping must be re-tested for tightness.

UST FACILITY

Owner/Operator Name	Facility Name	Facility ID#:
Facility Street Address	Facility City	County

TESTING CONTRACTOR INFORMATION

Company Name	Phone	E-mail Address	
Mailing Address	City	State	Zip

I certify, under penalty of law, that the testing data provided on this form documents the UST system equipment was tested in accordance with the manufacturer's guidelines and the applicable national industry standards listed in 15A NCAC 2N .0900.

Print Name of person conducting test	Signature of person conducting test

Identify piping system (By Tank Number, Stored Product, etc.)	**Tank #**	**Tank #**	**Tank #**	**Tank #**	**Tank #**
Tank Size					
Product					
Piping Type(DW FRP, DW Flex, Other)					
Piping Configuration	☐ Gravity ☐ Manifold ☐ Pressurized ☐ Suction	☐ Gravity ☐ Manifold ☐ Pressurized ☐ Suction	☐ Gravity ☐ Manifold ☐ Pressurized ☐ Suction	☐ Gravity ☐ Manifold ☐ Pressurized ☐ Suction	☐ Gravity ☐ Manifold ☐ Pressurized ☐ Suction
Piping Manufacturer					
Pipe Model (Part No.)					

Indicate Test Phase: ☐ Triennial Testing ☐ Installation ☐ Post-Installation ☐ Return to Service from Temporary Closure

Test Date					
A. Primary Pipe Test (Air or Inert gas test) Installation Only (Indicate units for all measurements)					
Begin ¦ End test time					
Begin ¦ End pressure					
Primary Test Result	☐ Pass ☐ Fail	☐ Pass ☐ Fail	☐ Pass ☐ Fail	☐ Pass ☐ Fail	☐ Pass ☐ Fail
B. Primary Pipe Test (Note: Must be a third-party certified tightness test) (Attach test data sheets to form)					
Line Tightness Test Results Attached	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
ALLD Test Results Attached	☐ Yes ☐ No ☐ N/A (Suction pipe)	☐ Yes ☐ No ☐ N/A (Suction pipe)	☐ Yes ☐ No ☐ N/A (Suction pipe)	☐ Yes ☐ No ☐ N/A (Suction pipe)	☐ Yes ☐ No ☐ N/A (Suction pipe)
C. Secondary Interstice Test (Indicate units for all measurements)					
Begin ¦ End test time					
Begin ¦ End pressure					
Secondary Test Result	☐ Pass ☐ Fail	☐ Pass ☐ Fail	☐ Pass ☐ Fail	☐ Pass ☐ Fail	☐ Pass ☐ Fail