

Kentucky Department for Environmental Protection
Division of Waste Management
Underground Storage Tank Branch
300 Sower Boulevard, Second Floor – Frankfort KY 40601
(502) 564-5981

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DO NOT WRITE IN THIS SPACE

UST System Compatibility Verification

1. UST Facility Information

Agency Interest Number (AI)			
UST Facility Name			
UST Facility Physical Address	Street Address:		
	City:	County:	Zip Code: -

2. Installation / Modification Information

Description Type	Installation Type	Modification Type	
		<input type="checkbox"/> New UST System (tank & piping) <input type="checkbox"/> New Tank <input type="checkbox"/> New Piping	<input type="checkbox"/> Manifolded Piping <input type="checkbox"/> Siphon Tank <input type="checkbox"/> Change in Product
Completion Date	/ /		

3. UST System Details

(Attach additional pages as necessary)

List each compartment separately if the UST system will be storing different regulated substances or if the piping, spill containment, or overfill prevention devices are not the same make or model.

Tank ID Number (e.g., 1, 2, etc.)			
Compartment Number (e.g., 1, 2, etc.)			
Capacity (gallons)			
Substance (refer to substance list below)			
Ethanol %			
Biodiesel %			

Substance List	UNL - Reg Unleaded Gas*	DSL - Diesel**	UOL - Used Oil	AVG - Aviation Gas
	PLS - Plus Unleaded Gas*	ORD - Off-Road Diesel	NOL - New Oil	JET - Jet Fuel
	PRM - Premium Unleaded Gas*	BIO - Biodiesel	REC - Recreation Fuel	HAZ - Haz Substance (CAS #)
	KER - Kerosene	ETH - Ethanol	OTH - Other (specify)	

Directions for remainder of form:

New installations: Complete Sections 4, 5, 6 and 7. Check all that apply below for each tank and/or compartment listed above for tank details and piping details.

Modifications, repairs, replacements, or changes in product: Complete Sections 6 and 7 for the applicable component or components.

4. New UST System Installation Tank and Piping Details

(Attach additional pages as necessary)

Complete for all new UST system installations. Check all that apply.

Tank ID Number (continued from Section 3)				
Tank Details	Tank Construction Material (DW = Double-wall)	<input type="checkbox"/> DW Fiberglass <input type="checkbox"/> DW Steel in Fiberglass shell <input type="checkbox"/> DW Steel – Urethane Coating <input type="checkbox"/> Other (specify):	<input type="checkbox"/> DW Fiberglass <input type="checkbox"/> DW Steel in Fiberglass shell <input type="checkbox"/> DW Steel – Urethane Coating <input type="checkbox"/> Other (specify):	<input type="checkbox"/> DW Fiberglass <input type="checkbox"/> DW Steel in Fiberglass shell <input type="checkbox"/> DW Steel – Urethane Coating <input type="checkbox"/> Other (specify):
	Tank Corrosion Protection	<input type="checkbox"/> N/A (not required) <input type="checkbox"/> Other (specify):	<input type="checkbox"/> N/A (not required) <input type="checkbox"/> Other (specify):	<input type="checkbox"/> N/A (not required) <input type="checkbox"/> Other (specify):

AI _____

New UST System Installation Tank and Piping Details (continued from Section 4)

Tank ID Number (continued from Section 3)				
Tank Details (continued)	Tank Release Detection	<input type="checkbox"/> Electronic Interstitial Monitoring	<input type="checkbox"/> Electronic Interstitial Monitoring	<input type="checkbox"/> Electronic Interstitial Monitoring
		Automatic Tank Gauging (ATG) Make: _____ Model: _____	Automatic Tank Gauging (ATG) Make: _____ Model: _____	Automatic Tank Gauging (ATG) Make: _____ Model: _____
		<input type="checkbox"/> Other (specify): _____	<input type="checkbox"/> Other (specify): _____	<input type="checkbox"/> Other (specify): _____
Tank Details (continued)	Spill & Overfill Prevention (DW = Double-wall)	<input type="checkbox"/> DW Spill Catchment Basin	<input type="checkbox"/> DW Spill Catchment Basin	<input type="checkbox"/> DW Spill Catchment Basin
		<input type="checkbox"/> ASD (set at 95% capacity)	<input type="checkbox"/> ASD (set at 95% capacity)	<input type="checkbox"/> ASD (set at 95% capacity)
		<input type="checkbox"/> High Level Alarm (set at 90% capacity)	<input type="checkbox"/> High Level Alarm (set at 90% capacity)	<input type="checkbox"/> High Level Alarm (set at 90% capacity)
		<input type="checkbox"/> Exempt (deliveries < 26 gal)	<input type="checkbox"/> Exempt (deliveries < 26 gal)	<input type="checkbox"/> Exempt (deliveries < 26 gal)
		<input type="checkbox"/> Other (specify): _____	<input type="checkbox"/> Other (specify): _____	<input type="checkbox"/> Other (specify): _____
Piping Details	Piping Construction Material (DW = Double-wall)	<input type="checkbox"/> DW Fiberglass <input type="checkbox"/> DW Flexible	<input type="checkbox"/> DW Fiberglass <input type="checkbox"/> DW Flexible	<input type="checkbox"/> DW Fiberglass <input type="checkbox"/> DW Flexible
		<input type="checkbox"/> Other (specify): _____	<input type="checkbox"/> Other (specify): _____	<input type="checkbox"/> Other (specify): _____
	Piping Corrosion Protection	<input type="checkbox"/> N/A (not required)	<input type="checkbox"/> N/A (not required)	<input type="checkbox"/> N/A (not required)
		<input type="checkbox"/> Other (specify): _____	<input type="checkbox"/> Other (specify): _____	<input type="checkbox"/> Other (specify): _____
Piping Details	Piping Release Detection	<input type="checkbox"/> Same as Tank Release Detection	<input type="checkbox"/> Same as Tank Release Detection	<input type="checkbox"/> Same as Tank Release Detection
		<input type="checkbox"/> Electronic Interstitial Monitoring	<input type="checkbox"/> Electronic Interstitial Monitoring	<input type="checkbox"/> Electronic Interstitial Monitoring
		Automatic Tank Gauging (ATG) Make: _____ Model: _____	Automatic Tank Gauging (ATG) Make: _____ Model: _____	Automatic Tank Gauging (ATG) Make: _____ Model: _____
		<input type="checkbox"/> Other (specify): _____	<input type="checkbox"/> Other (specify): _____	<input type="checkbox"/> Other (specify): _____

5. Documentation for New UST System Installations

Complete this section for all new UST system installations. Check all documentation accompanying form below. Installation and compatibility verification also includes the submittal of photographs, "as-builts" of the location of the tank system in relation to other site features, and invoices of the installation.

Installation Records	<input type="checkbox"/> "As-built" Plans	<input type="checkbox"/> Invoices
Photographs	<input type="checkbox"/> Tank Tops	<input type="checkbox"/> Piping
	<input type="checkbox"/> Equipment	<input type="checkbox"/> Sump
		<input type="checkbox"/> Under-dispenser containment
		<input type="checkbox"/> Other (specify): _____

6. Equipment Compatibility Verification

If the manufacturer, make, and model of the equipment listed are the same for each UST system, list the tank numbers below and complete this section one time. Otherwise, complete this section for each tank. Make additional copies of page as needed.

Component	# of Devices	Manufacturer	Make	Model	UL		Manufacturer Approved
					Listed	Number	
Tank					<input type="checkbox"/>		<input type="checkbox"/>
Piping					<input type="checkbox"/>		<input type="checkbox"/>
Spill Containment					<input type="checkbox"/>		<input type="checkbox"/>
Overfill Prevention					<input type="checkbox"/>		<input type="checkbox"/>
Submersible Pump					<input type="checkbox"/>		<input type="checkbox"/>
ATG Probes					<input type="checkbox"/>		<input type="checkbox"/>
Interstitial & Sump Sensors					<input type="checkbox"/>		<input type="checkbox"/>
Vapor Recovery Adaptor					<input type="checkbox"/>		<input type="checkbox"/>
Gaskets / Seals					<input type="checkbox"/>		<input type="checkbox"/>
Flex Connectors					<input type="checkbox"/>		<input type="checkbox"/>
Line Leak Detector					<input type="checkbox"/>		<input type="checkbox"/>
Angle Check Valve (suction)					<input type="checkbox"/>		<input type="checkbox"/>
Shear Valve					<input type="checkbox"/>		<input type="checkbox"/>
Under-Dispenser Containment					<input type="checkbox"/>		<input type="checkbox"/>
Sump (specify):					<input type="checkbox"/>		<input type="checkbox"/>
Other (specify):					<input type="checkbox"/>		<input type="checkbox"/>

AI _____

7. Certification

I certify that the UST system or component was installed in accordance with the manufacturer's instructions. I further certify that the information provided in this document is true, accurate, and complete.

SFMO Certified Installer	<i>Printed</i>			Date	/ /
	<i>Signature</i>				
	License #		License Expiration Date		/ /
SFMO Certified Installer Contact Information	Phone: () -		Email:		
Company Name					

If you have questions on how to fill out this form please contact the cabinet at (502) 564-5981 or visit our web site at <http://waste.ky.gov/ust>. For copies of UST facility records please visit <http://eec.ky.gov/pages/openrecords.aspx> or email EEC.KORA@ky.gov.