1/02/2014

WV UNDERGROUND STORAGE TANK SYSTEM INSTALLATION REQUEST

Tank Owner: _____ Operator Name: _____

Address: _____ Address: _____

_____ _____

Phone(s): _____ Phone(s): _____

If land owner is different from tank owner enter name and address (**MUST attach copy of lease agreement**): _____

Class A Worker: _____ Cert. #: _____ Phone: _____

Project Manager: _____ Phone: _____ Cell: _____

Facility Name: _____ ☐ New ☐ Existing (enter DEP ID#) _____

Physical Address: _____ City: _____ Zip: _____

GPS Coordinates: _____ District: _____ Map: _____ Parcel: _____

Travel Directions: _____

Date work to start: _____ # Tanks to be installed: _____ # piping runs: _____ Estimated Total Length of Piping (Ft): _____

System upgraded? _____ # of Tanks upgraded: _____ # piping runs: _____ Which piping runs? _____

ATTENTION: Effective 7/1/2008, all new and replaced tanks and/or piping must be secondarily contained. New or replaced dispenser systems must be provided with dispenser pans. All systems installed under these requirements must be monitored monthly, liquid-tight, **compatible with the substance conveyed**, and be tightness-tested every three years.

Tank pit subject to flooding/high water? Anchoring method: Type backfill: Depth Overburden:

TANK #					
Brand					
Model					
Construction material					
Double Walled? (Y/N)					
Substance Stored					
Total Volume					
Vol each Compartment					
Dimensions					
Type of manifold (Tank, piping, or none)					
CP factory or field installed (NA if no CP)					
Will all system components be compatible with alternative fuels?	If not, which components?				
With which fuels have components been approved for use?					

PIPING						
	Pressure or Suction?					
	Brand, Model,Diameter					
	Double Walled? (Y/N)					
	Construction material					
	Manifold piping CP?					

PROPOSED RELEASE DETECTION METHODS (mark all that apply):

☐ Manual Tank Gauging
☐ Tank Tightness with Inventory Controls
☐ Automatic Tank Gauging (brand/model): _____
☐ Vapor Monitoring (requires site assessment)
☐ Groundwater Monitoring (requires site assessment)
☐ Interstitial Monitoring (type): _____
☐ SIR (Statistical Inventory Reconciliation) Vendor: _____
☐ Automatic Line Leak Detectors (type): _____
☐ Line Tightness Testing
☐ Other Approved Method: _____

SPILL PREVENTION:

☐ Spill Buckets ☐ Other (describe): _____

OVERFILL PREVENTION:

☐ Fill Shut Off ☐ Alarm

***Ball-Floats are not allowed**

Owner, please sign below:

Date: _____ Signature: _____ Print Name: _____

***Include site plans showing location of tank system and components, underground utilities, nearby buildings, water supplies, wells, roads, and waterways. Additional information may be included on back or attached to this form.**