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| **UST-6-TOPR** | **UST Post-Installation – Temporary Operating Permit Request** | | | | | | | |  | | |
| * Please complete this page when submitting a facility for expedited review of the installation testing to obtain a 30-day temporary operating permit to allow operation of the UST system while the post-installation documents and final design plans are reviewed. * The expedited review process is only for standard motor vehicle fueling facilities, typically found at convenience stores, where the installation of one or more complete UST systems (tanks and piping) has occurred and that need an operating permit to allow receipt of fuel for normal operation of the UST system. * The following types of UST system installations, that are typically more complex in design, do not qualify for this request: Truck Stops, Emergency Generator systems, Aircraft Fueling systems, Airport car rental systems, installations that have had significant changes to the approved design plans and any other non-standard motor vehicle fueling system. * Please attach the following items to this submittal along with this form and email them to:   [deq.wm.ust-installation@deq.nc.gov](mailto:deq.wm.ust-installation@deq.nc.gov).   * Incomplete requests will be returned without being processed. Once a complete request is received then it will go into the queue to be reviewed for temporary operating permit issuance. The UST-6-TOPR will be reviewed **within 5 business days** of submittal. * Paper submittals of this form and testing documents will not be accepted for the expedited review and will be returned. * **The complete post-installation design plan package needs to be submitted to the Raleigh central office as soon as possible following the issuance of the temporary operating permit to ensure that there is adequate time for review and approval before the temporary operating permit expires.** | | | | | | | | | | | |
| **UST FACILITY** | | | | | | | | | | | |
| Owner / Operator Name | | | Facility Name | | | | | Facility ID#: | | | |
| Facility Street Address | | | Facility City | | | | | County | | | |
| **APPLICANT INFO** | | | | | | | | | | | |
| Applicant Name | | Company Name | | Email | | | Phone Number | | | Date | |
| **REQUIRED ATTACHMENTS** | | | | | | | | | | | |
| UST-6D/23A “Triennial UST Spill Bucket Integrity Testing” containing post-installation test results. | | | | | Yes | N/A or previously submitted to UST Inspector | | | | | |
| UST-6E/23D “Application to Install or Replace Underground Storage Tank Systems (Tank Installation Testing)” containing pre-installation and post-installation test results. | | | | | Yes |  | | | | | |
| UST-6F/23B “Triennial UST Containment Sump / UDC Integrity Testing” containing post-installation test results. | | | | | Yes |  | | | | | |
| UST-6H/23C “Triennial UST Piping Integrity Testing” containing post-installation test results | | | | | Yes |  | | | | | |
| Line Tightness Test (LTT) results and data sheets. | | | | | Yes |  | | | | | |
| Automatic Line Leak Detector (ALLD) test results and data sheets. | | | | | Yes | N/A, non-pressurized piping only | | | | | |
| UST-22A, “Overfill Prevention Equipment Operability Check. | | | | | Yes | N/A or previously submitted to UST Inspector | | | | | |
| UST-22B, “Annual Leak Detection Equipment Operability Check. | | | | | Yes |  | | | | | |
| UST-22C, “Annual Containment Sump Visual Inspections”. | | | | | Yes |  | | | | | |
| Leak detection console printout documenting the functionality of each interstitial sensor (e.g., vacuum, pressure, hydrostatic, liquid-detecting sensor). The sensor functionality tests, conducted in accordance with manufacturer’s written guidelines, should consist of printouts documenting the status of each sensor:   * Normal / OK Status (Prior to Test) * Alarm (During Test) * Normal / OK Status (At the Conclusion of the Test)   Note: Additional printouts may be required to document sensors with multiple alarm states (e.g., discriminating sensors, position-sensitive sensors, dual-float hydrostatic sensors). Please submit results copied onto 8.5 X 11 paper1. | | | | | Yes |  | | | | | |
| NORTH CAROLINA DEPARTMENT OF ENVIRONMENTAL QUALITY, DIVISION OF WASTE MANAGEMENT, UST SECTION  1646 MAIL SERVICE CENTER, RALEIGH, NC 27699-1646 PHONE (919) 707-8171 FAX (919) 715-1117 http://www.wastenotnc.org/ | | | | | | | | | | | 1/2024 |