

# UST-20

## Alternative Fuel/Hazardous Substances Compatibility Checklist



Is this an existing facility? Yes ☐ No ☐  
Is this a revised checklist? Yes ☐ No ☐  
If known, enter Facility ID Number: \_\_\_\_\_

STATE USE ONLY

Reviewer name: \_\_\_\_\_  
Approved: Yes ☐ No ☐  
Date Approved/Disapproved: \_\_\_\_\_

**Instructions:** This form is to be used to notify NC DEQ that the proposed UST systems are compatible with ethanol blends greater than 10%, biodiesel blends greater than 20% or hazardous substances. This form must also be submitted **prior** to conversion from a conventional motor fuel to an ethanol blend greater than 10% ethanol content, a biodiesel blend greater than 20% biodiesel content or hazardous substances. Forms shall be submitted to the following address:

**NC DEPARTMENT OF ENVIRONMENTAL QUALITY  
DIVISION OF WASTE MANAGEMENT / UST SECTION  
1646 MAIL SERVICE CENTER, RALEIGH, NC 27699-1646  
PHONE (919) 707-8171 FAX (984) 236-8310  
<http://www.wastenotnc.org/web/wm>**

Sections I, II, and VI are to be completed by the UST owner/operator. Sections III through V of this form are to be completed by a UST Equipment Contractor. Complete one form for each UST system that will be storing the ethanol, biodiesel blend fuel or hazardous substances. Keep a copy of this form and all supporting documentation for your records to be made available for inspection.

For equipment items below that have manufacturer approved checked, you must provide copies of the applicable documents from the manufacturer stating the approval for use with the ethanol, biodiesel or hazardous substance concentration to be stored. If the manufacturer provides a warranty for the item, then you must provide a copy of the manufacturer's warranty that states the component is warranted for use with that concentration of alternative fuel blend/hazardous substance.

If any component is not Underwriters Laboratory (UL) listed or manufacturer approved for use with ethanol blend fuels greater than 10%, biodiesel blends greater than 20% or hazardous substances, then it cannot be stored and/or dispensed from the UST system. For "Tank Material" in Section III, if the tank is a steel tank that has not been internally lined and will not contain hazardous substances, write "steel" in the "manufacturer" box. UL or Manufacturer approval is not required.

For "Pipe Material" in Section IV, if the piping is steel and will not contain hazardous substances, write "steel" in the "manufacturer" box. UL or Manufacturer approval is not required.

Write "NA" in the manufacturer box if the UST system does not have a particular component on the list.

**Please note that the Fire Marshal must be notified prior to dispensing ethanol blend fuels.**

| I. Ownership of Tanks                                                        |                                                                                                                                                                                                                                         | II. Location of Tanks                                               |                               |
|------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------|-------------------------------|
| Owner's Name (Corporation, Individual, Public Agency or Other Entity): _____ |                                                                                                                                                                                                                                         | Facility Name: _____                                                |                               |
| Contact Person for UST Location: _____                                       | Phone Number: _____                                                                                                                                                                                                                     | Address: _____                                                      |                               |
| E-mail Address: _____                                                        |                                                                                                                                                                                                                                         | City (nearest): _____                                               | County: _____                 |
| III. Tank Information                                                        |                                                                                                                                                                                                                                         |                                                                     |                               |
| Tank ID No. _____                                                            | Tank Size: _____                                                                                                                                                                                                                        | Install Date: _____                                                 |                               |
| Product formerly stored: _____                                               |                                                                                                                                                                                                                                         | New product stored: _____                                           | % Ethanol or Biodiesel: _____ |
| Is tank lined: <input type="checkbox"/> Yes <input type="checkbox"/> No      | <b>Note:</b> Tanks that have an interior lining are not approved for storage of ethanol or biodiesel blend fuels. The exception is FRP tanks that were lined under certification by the tank manufacturer to provide the compatibility. |                                                                     |                               |
| UST Leak Detection:                                                          | <input type="checkbox"/> Automatic Tank Gauge (ATG)                                                                                                                                                                                     | <input type="checkbox"/> Inventory control & tank tightness testing |                               |
|                                                                              | <input type="checkbox"/> Interstitial monitoring                                                                                                                                                                                        | <input type="checkbox"/> Statistical Inventory Reconciliation (SIR) |                               |

| III. Tank Information (Continued)                                                                                                                                  |              |             |                          |        |                          |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------|-------------|--------------------------|--------|--------------------------|
| Component                                                                                                                                                          | Manufacturer | Model/Brand | UL                       |        | Manufacturer Approved *  |
|                                                                                                                                                                    |              |             | Listed                   | Number |                          |
| Tank material                                                                                                                                                      |              |             | <input type="checkbox"/> |        | <input type="checkbox"/> |
| Spill bucket                                                                                                                                                       |              |             | <input type="checkbox"/> |        | <input type="checkbox"/> |
| Overfill / Auto shut-off / Ball float (circle)                                                                                                                     |              |             | <input type="checkbox"/> |        | <input type="checkbox"/> |
| Submersible pump                                                                                                                                                   |              |             | <input type="checkbox"/> |        | <input type="checkbox"/> |
| Leak detection probes                                                                                                                                              |              |             | <input type="checkbox"/> |        | <input type="checkbox"/> |
| Interstitial & sump sensors                                                                                                                                        |              |             | <input type="checkbox"/> |        | <input type="checkbox"/> |
| * <b>Attach</b> documents from the manufacturer stating the approval and warranty (if one is provided) for use with specific alternative fuel/hazardous substance. |              |             |                          |        |                          |

| IV. Pipe Information                                                                                                                                                                                                                                              |              | Install Date: _____ | Pipe: Pressurized <input type="checkbox"/> Suction <input type="checkbox"/> |        |                          |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------|---------------------|-----------------------------------------------------------------------------|--------|--------------------------|
| Component                                                                                                                                                                                                                                                         | Manufacturer | Model/Brand         | UL                                                                          |        | Manufacturer Approved *  |
|                                                                                                                                                                                                                                                                   |              |                     | Listed                                                                      | Number |                          |
| <b>Configuration:</b> <input type="checkbox"/> Single wall <input type="checkbox"/> Double wall <b>Type:</b> <input type="checkbox"/> Steel <input type="checkbox"/> Fiberglass <input type="checkbox"/> Flexible <input type="checkbox"/> Other (specify): _____ |              |                     |                                                                             |        |                          |
| Pipe material                                                                                                                                                                                                                                                     |              |                     | <input type="checkbox"/>                                                    |        | <input type="checkbox"/> |
| Pipe dope/sealant / adhesive                                                                                                                                                                                                                                      |              |                     | <input type="checkbox"/>                                                    |        | <input type="checkbox"/> |
| Gaskets / Seals                                                                                                                                                                                                                                                   |              |                     | <input type="checkbox"/>                                                    |        | <input type="checkbox"/> |
| Flex connector                                                                                                                                                                                                                                                    |              |                     | <input type="checkbox"/>                                                    |        | <input type="checkbox"/> |
| Angle check valve (suction pipe systems)                                                                                                                                                                                                                          |              |                     | <input type="checkbox"/>                                                    |        | <input type="checkbox"/> |
| Emergency shear valve                                                                                                                                                                                                                                             |              |                     | <input type="checkbox"/>                                                    |        | <input type="checkbox"/> |
| Line leak detector                                                                                                                                                                                                                                                |              |                     | <input type="checkbox"/>                                                    |        | <input type="checkbox"/> |
| * <b>Attach</b> documents from the manufacturer stating the approval and warranty (if one is provided) for use with specific alternative fuel/hazardous substance.                                                                                                |              |                     |                                                                             |        |                          |

| V. Petroleum Equipment Contractor Signature                                                                                                                                                                                                                                                  |                                     |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------|
| I certify by signing below that the components checked in the "UL" and/or "Manufacturer Approved" columns of sections III through IV are UL listed and/or manufacturer approved for use with the specified ethanol blend, specified biodiesel blend or specific listed hazardous substances. |                                     |
| _____<br>Signature of petroleum equipment contractor                                                                                                                                                                                                                                         | _____<br>Date                       |
| _____<br>Print petroleum equipment contractor name                                                                                                                                                                                                                                           |                                     |
| Contractor Company Name: _____ Phone: _____                                                                                                                                                                                                                                                  |                                     |
| Address _____                                                                                                                                                                                                                                                                                | City: _____ State: _____ Zip: _____ |

| VI. Owner / Operator Signature                                                                                                                                              |                  |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------|
| By signing below you are acknowledging that all of the items in sections I through V have been completed.                                                                   |                  |
| _____<br>Tank owner / operator signature                                                                                                                                    | _____<br>Date    |
| _____<br>Print tank owner / operator name                                                                                                                                   | _____<br>Company |
| Failure to submit this form with all sections completed and any appropriate attachments could result in an enforcement action and/or non-issuance of your operating permit. |                  |