

UST-6

Application to Install or Replace Underground Storage Tank Systems (Pre/Post-Installation)



Facility ID No.:	INSTRUCTIONS: This form is used to: (1) document the proposed installation of regulated Underground Storage Tanks (UST) and/or piping in North Carolina, referred to as the UST-6A, and (2) certify the specifics of the installation once it is complete, referred to as the UST-6B. 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.
Is this an existing facility?	<input type="checkbox"/> Yes <input type="checkbox"/> No

1. Type of Notification		STATE USE ONLY	
1.1	<input type="checkbox"/> Pre-Installation Notification (UST-6A)	Projected Installation Start Date: UST System components to be installed (Check one): <input type="checkbox"/> Tanks and Piping <input type="checkbox"/> Piping Only <input type="checkbox"/> Tanks Only <input type="checkbox"/> Piping Only (Emergency)* *[A letter of emergency justification must be provided]	UST-6A Reviewer Name: UST-6A Approved: <input type="checkbox"/> Yes <input type="checkbox"/> No Date UST-6A Approved/Disapproved: UST-6B Reviewer Name:
1.2	<input type="checkbox"/> Post-Installation Notification (UST-6B)	Date Installation Completed: Were there any modifications made to the approved UST-6A design (Check one): <input type="checkbox"/> Yes <input type="checkbox"/> No	UST-6B Approved: <input type="checkbox"/> Yes <input type="checkbox"/> No Date UST-6B Approved/Disapproved:

2. Ownership of UST System				3. Operator of UST System <input type="checkbox"/> 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	City		State	Zip
Phone Number		Email Address		Phone Number		Email Address	
<input type="checkbox"/> Check here if "Real" Property Owner of Site							
Type of UST Owner (check all that apply): <input type="checkbox"/> State Gov't <input type="checkbox"/> Local Gov't <input type="checkbox"/> Private/Corporate <input type="checkbox"/> Federal Gov't <input type="checkbox"/> GSA Facility ID							

4. Location of UST System			
Facility Name or Company			<input type="checkbox"/> Check if tanks located on Indian lands or reservation
Street Address (if street address has not been assigned, then provide county tax map number or street intersection):			
City			State
County			Zip
Phone Number		Email Address	

5. North Carolina Professional Engineer				6. Main UST System 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	City		State	Zip
Phone Number		Fax Number		Phone Number		Fax Number	
Email Address				Email Address			



Please complete and attach this page when submitting a UST-6A (proposed installation).

7. Scope of the Proposed Work

7.1 **Proposed Work - General**
 This UST-6A proposes the installation of UST system components as part of a(n):

New UST Facility (Ground Up) Existing UST Facility - Expansion Existing UST Facility - Replacement of UST System Component(s)

7.2 **Proposed Work - Components (to be filled out for non-ground up installations)**
 This UST-6A proposes the installation of the following UST components (check all that apply):

Underground Storage Tanks Spill Prevention Equipment (e.g., spill buckets) Leak Detection Equipment (e.g., sump sensors, monitoring consoles)

Piping Overfill Prevention Equipment (e.g., flapper valves, ball float vent restriction devices) Stage I Vapor Recovery Equipment

Containment Sumps

8. Additional Description of the Proposed Work

For proposed installations that require additional description (e.g., complicated projects), please include additional details below. Also, if piping is being replaced at an existing facility, please explain reason for replacement and condition of other existing piping at facility, as applicable:

NOTE: Per 15A NCAC 2N, no UST system or UST system component may be installed:

- Within 100 feet of a well serving a public water supply
- Within 50 feet of any other well used for human consumption
- Where it would be in contact with petroleum contaminated soils
- Where it would be in contact with free product

NOTE: "Existing" temporarily closed USTs must follow the requirements outlined in the temporary closure link below before the UST may return to service after a piping replacement. This includes the following USTs:

- USTs listed as being in temporary closure with NC DEQ
- USTs out of use for 90 or more days. This includes USTs that were in-use but the piping replacement takes longer than 90 days to complete or USTs where NC DEQ was not notified of the temporary closure.

https://files.nc.gov/ncdeq/Waste%20Management/DWM/UST/Brochures-FAQs/Brochure-Temporary_Closure.pdf

NOTE: A cathodic protection test is required any time installation work is completed at a UST facility that has an Impressed Current corrosion protection system.

9. UST-6A Application Certification (Pre-Installation)

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

10. UST-6A Attachments (Pre-Installation)

Please attach the following items to this submittal (i.e., Pages 1 and 2).

10.1	Sections 11 through 17 (pages 3-7) of the UST-6 form detailing the proposed installation	<input type="checkbox"/> Yes	
10.2	An 11" x 17" scale drawing signed and sealed by a North Carolina Professional Engineer detailing the proposed installation	<input type="checkbox"/> Yes	
10.3	UST-6C, "Application to Install or Replace Underground Storage Tank Systems (Schedule of Materials)" signed and sealed by a North Carolina Professional Engineer	<input type="checkbox"/> Yes	
10.4	UST-15A, "Ownership of UST System(s)"	<input type="checkbox"/> Yes	
10.5	Proof of Financial Responsibility along with the Certification of Financial Responsibility form	<input type="checkbox"/> Yes	<input type="checkbox"/> Will be submitted after post-installation testing
10.6	Tank manufacturer's re-certification checklist. (Only required for "used" tanks being reinstalled)	<input type="checkbox"/> Yes	<input type="checkbox"/> N/A
10.7	UST-20, "Alternative Fuel /Hazardous Substances Compatibility Checklist" (Only required for > 20% Bio-Diesel, >10% Ethanol or Hazardous substances)	<input type="checkbox"/> Yes	<input type="checkbox"/> N/A



11. Description of all Underground Storage Tanks (USTs) at this Facility

Instructions: Please complete Part 1 of this Section when submitting a UST-6A (proposed installation). Upon completion of installation, verify the information in Part 1 and revise as necessary, making sure to indicate those changes, and then complete Part 2. If there are more than four USTs at facility, please attach additional copies of this page.

PART 1 - PRE-INSTALLATION

11.1 UST - General					
11.1.1	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.
11.1.2	Indicate if tank is N= new, U=used, or E=existing ¹				
11.1.3	Capacity (gallons) If compartment tank, list compartment size.				

11.2 UST - Product Stored					
11.2.1	Product stored or to be stored (if other specify below) ²				
11.2.2	If Other (specify)				
11.2.3	If hazardous substance, provide Chemical Abstract Service (CAS) number				

11.3 UST - Construction					
11.3.1	Tank manufacturer				
11.3.2	Tank model				
11.3.3	Materials of construction ³				
11.3.4	If other (specify)				
11.3.5	Check if tank is siphon manifolded and enter tank # it is manifolded with.	<input type="checkbox"/> /	<input type="checkbox"/> /	<input type="checkbox"/> /	<input type="checkbox"/> /

11.4 UST - Interstitial Monitoring (Leak Detection) ⁴					
11.4.1	Method of monitoring tank interstice ⁵				
11.4.2	Tank interstitial sensor manufacturer				
11.4.3	Tank interstitial sensor model				

PART 2 - POST-INSTALLATION

11.5 UST - Post Installation Certification (To Be Filled Out After Installation is Complete)					
11.5.1	Date of UST installation ⁶				
11.5.2	Tank UL (or serial) number				

¹ If UST is "used" attach a completed manufacturers re-certification checklist. If "existing", please fill out sections 11.1 and 11.2 at a minimum.

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"

³ 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

⁴ All tanks installed on or after November 1, 2007 must be of double-walled construction with continuous interstitial monitoring.

⁵ 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.

⁶ For consistency, please use the same installation date as recorded on the tank manufacturer's installation checklists.



12. Description of All Piping Systems at this Facility

Instructions: Please complete Part 1 of this Section when submitting a UST-6A (proposed installation). Upon completion of installation, verify the information in Part 1 and revise as necessary, making sure to indicate those changes, and then complete Part 2. If there will be piping associated with more than four USTs, more than four different types of piping installed, etc., please attach additional copies of this page.

PART 1 - PRE-INSTALLATION

12.1 Piping System - General

12.1.1	Tank # (associated with piping) ¹				
12.1.2	Indicate if piping is N=new or E=existing ²				
12.1.3	Indicate piping use/application ³				
12.1.4	If other (specify)				
12.1.5	Piping configuration (PR=Pressurized, SU=Suction, SI=Siphon or GR=Gravity)				

12.2 Piping System - Construction

12.2.1	Piping manufacturer				
12.2.2	Piping model				
12.2.3	Material of construction ⁴				
12.2.4	If Other (specify)				

12.3 Piping System - Interstitial Monitoring (Leak Detection) ⁵

12.3.1	Method of monitoring piping interstice ⁶				
12.3.2	Piping interstitial sensor manufacturer				
12.3.3	Piping interstitial sensor model				
12.3.4	Indicate if piping interstitial sensor is N=new or E=existing				

12.4 Piping System - Automatic Line Leak Detector (To Be Filled Out for Pressurized Piping Only)

12.4.1	Automatic Line Leak Detector (ALLD) (Mechanical or Electronic)				
12.4.2	ALLD manufacturer				
12.4.3	ALLD model				
12.4.4	Indicate if ALLD is N=new or E=existing				

¹ Indicate which tank the piping is associated with (e.g., Tank 1, Tank 2A, Tank 2B). If the piping is associated with two or more USTs (e.g., a siphon manifold), then list both tanks in the column (e.g., Tank 1 & 2). If there is more than a single kind of piping associated with an individual tank, list each kind of piping in a separate column.

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:
 PD = Product Distribution
 M = Tank Manifold (Siphon Bar)
 RF = Remote Fill
 PR = Product Return
 OTH = Other (specify)

⁴ Enter one of the following choices:
 DW Flex = Double-walled Flex Piping (e.g., APT XP, APT UPP, OPW FlexWorks)
 DW FRP = Double-walled Fiberglass Reinforced Plastic (e.g., NOV Fiberglass Dualoy 3000/L (3" over 2"), Dualoy 3000/LCX, Red Thread IIA)
 DW Metal/Plastic = Double-walled Plastic secondary and metal primary (e.g., OmegaFlex DoubleTrac)
 None
 OTH = Other (specify)

⁵ All piping installed on or after November 1, 2007 must be of double-walled construction with continuous interstitial monitoring

⁶ Enter one of the following choices:
 LDS = Liquid Detecting Sensor (e.g., sump sensor)
 VM = Vacuum Sensor
 PR = Pressure Sensor
 HYDRO = Hydrostatic Float
 OTH = Other (specify)

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



12. Description of All Piping Systems at this Facility (cont)

Instructions: Please complete Part 1 of this Section when submitting a UST-6A (proposed installation). Upon completion of installation, verify the information in Part 1 and revise as necessary, making sure to indicate those changes, and then complete Part 2. If there will be piping associated with more than four USTs, more than four different types of piping installed, etc., please attach additional copies of this page.

PART 1 - PRE-INSTALLATION (cont)

12.5 Piping System Information - Associated Piping Components

12.5.1	Tank # (associated with piping)				
12.5.2	Method that will be used to allow piping to be located once it is backfilled? ¹				
12.5.3	If Other (specify)				

PART 2 - POST-INSTALLATION

12.6 Piping System - Post Installation Certification (To Be Filled Out After Installation is Complete)

12.6.1	Date of piping installation ²				
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¹ 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 DEQ may require documentation that the pipe can be located after installation for compliance with 15A NCAC 02N.0904(d).

² For consistency, please use the same installation date as recorded on the piping manufacturer's installation checklists.

13. Description of Spill Prevention Equipment at this Facility

Please complete Part 1 of this Section when submitting a UST-6A (proposed installation). Upon completion of installation, verify the information in Part 1, revise as necessary.

PART 1 - PRE-INSTALLATION

13.1 Spill Prevention Equipment - General

13.1.1	Tank # (associated with)				
13.1.2	Indicate if spill prevention equipment is N=new or E=existing ¹				

13.2 Spill Prevention Equipment - Construction

13.2.1	Spill prevention equipment type ²				
13.2.2	Spill prevention equipment manufacturer				
13.2.3	Spill prevention equipment model				

13.3 Spill Prevention Equipment - Interstitial Monitoring Information ³

13.3.1	Method of monitoring interstice ⁴				
13.3.2	Does spill prevention equipment have built-in sensor?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
13.3.3	Interstitial sensor manufacturer (if not built-in)				
13.3.4	Interstitial sensor model (if not built-in)				

¹ If "existing", fill out Section 13.1 at a minimum

² Enter one of the following choices:
 DW = Double-walled spill bucket
 SW+MCS = Single-walled spill bucket within a monitored containment sump
 SW = Single-walled spill bucket (only valid if installed prior to November 1, 2007)
 NR = Not Required (only valid for USTs that are always filled by transfers that are 25 gallons or less)

³ All spill prevention equipment installed on or after November 1, 2007 must be of double-walled construction with continuous interstitial monitoring (if tank installed on or after 11/1/2007) or mechanical float gauge (if tank installed prior to 11/1/2007).

⁴ Enter one of the following choices:

LDS = Liquid Detecting Sensor (e.g., sump sensor, float switch, etc.)
 VM = Vacuum Sensor
 PR = Pressure Sensor
 HYDRO = Hydrostatic Float
 MECH = Mechanical Float (only valid for tanks installed prior to 11/1/2007)
 OTH = Other (specify type)

Note: Discriminating sensors must be set up to detect and alarm with all liquids



14. Description of All Containment Sumps at this Facility

Please complete Part 1 of this Section when submitting a UST-6A (proposed installation). Upon completion of installation, verify the information in Part 1, revise as necessary.

PART 1 - PRE-INSTALLATION

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. For example, a gas station with three tank top containment sumps of the same make and model and four under dispenser containment (UDC) sumps of the same make and model could be grouped as Tank 1-3 and Disp. 1/2 - 7/8, respectively.

14.1 Containment Sumps - General					
14.1.1	Containment sump identifier / name (e.g., Disp. 1/2 - 7/8, Tank 1-3, etc.)				
14.1.2	Quantity of containment sumps of this type				
14.1.3	Containment sump type ¹				
14.1.4	If Other (specify)				
14.1.5	Indicate if containment sump is N=new or E=existing ²				
14.2 Containment Sumps - Construction					
14.2.1	Containment sump manufacturer				
14.2.2	Containment sump model				
14.2.3	Material of construction ³				
14.2.4	If Other (specify)				
14.3 Containment Sumps - Leak Detection ⁴					
14.3.1	Method of monitoring containment sump ⁵				
14.3.2	Interstitial sensor manufacturer				
14.3.3	Interstitial sensor model				
14.3.4	Indicate if interstitial sensor is N=new or E=existing				

¹ Enter one of the following choices:
 TTS = Tank Top Sump (e.g., STP sump)
 UDC = Under Dispenser Containment Sump
 TS = Transition Sump
 OTH = Other (specify)

² Note that existing containment sumps, when connected to replacement piping, will require continuous monitoring and must be tested for integrity

³ Enter one of the following choices:
 PLS = Plastic
 FRP = Fiberglass Reinforced Plastic
 OTH = Other (specify)

⁴ All single-walled or metal UST system components (e.g., flex connectors, automatic line leak detectors, submersible turbine pumps, shear valves) installed on or after November 1, 2007 must be located within continuously monitored containment sumps

⁵ Enter one of the following choices:
 LDS = Liquid Detecting Sensor (e.g., sump sensor)
 VM = Vacuum Sensor
 PR = Pressure Sensor
 HYDRO = Hydrostatic Float
 OTH = Other (specify)

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



15. Description of Overfill Prevention Equipment at this Facility

Please complete Part 1 of this Section when submitting a UST-6A (proposed installation). Upon completion of installation, verify the information in Part 1, revise as necessary.

PART 1 - PRE-INSTALLATION

15.1 Overfill Prevention Equipment - General

15.1.1	Tank # (associated with)				
15.1.2	Overfill prevention equipment type ¹				
15.1.3	Indicate if overfill prevention equipment is N=new or E=existing ²				

15.2 Overfill Prevention Equipment - Construction

15.2.1	Overfill prevention equipment manufacturer				
15.2.2	Overfill prevention equipment model				

16. Description of Leak Detection Monitoring Equipment at this Facility

Please complete Part 1 of this Section when submitting a UST-6A (proposed installation) application. Upon completion of installation, verify the information in Part 1, revise as necessary.

PART 1 - PRE-INSTALLATION

Please list the manufacturer and model of each leak detection monitoring console that is being used at the UST facility. If more than one monitoring console is being used, list each monitoring console and specify which tanks, piping, containment sumps, etc. are being monitored by each.

16.1 Leak Detection Monitoring Equipment - General

		Monitoring Console #1	Monitoring Console #2	Monitoring Console #3	Monitoring Console #4
16.1.1	Monitoring console manufacturer				
16.1.2	Monitoring console model				
16.1.3	Indicate if N=new or E=existing Equipment				

17. Description of Stage I Vapor Recovery Equipment 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) 707-8400.

17.1.1	Tank # (associated with)				
17.1.2	Indicate if N=new or E=existing Equipment				
17.1.3	Type of Stage I vapor recovery	<input type="checkbox"/> Coaxial system <input type="checkbox"/> Dual point system <input type="checkbox"/> Stage 1 vapor recovery is not required for this UST	<input type="checkbox"/> Coaxial system <input type="checkbox"/> Dual point system <input type="checkbox"/> Stage 1 vapor recovery is not required for this UST	<input type="checkbox"/> Coaxial system <input type="checkbox"/> Dual point system <input type="checkbox"/> Stage 1 vapor recovery is not required for this UST	<input type="checkbox"/> Coaxial system <input type="checkbox"/> Dual point system <input type="checkbox"/> Stage 1 vapor recovery is not required for this UST

¹ Enter one of the following choices:
 AS = Automatic shutoff device (e.g., flapper valve)
 BF = Ball float vent valve (e.g., vent restriction device) [Note: Ball Floats cannot be used with coaxial vapor recovery or suction piping systems. Also, new ball floats cannot be installed after June 1, 2017]
 OA = Overfill alarm [Note: Alarm must be located where fuel delivery takes place.]
 NR = Not required [Note: Not Required is only valid for USTs that are always filled by transfers that are 25 gallons or less.]
 [Note: If installing an automatic shut off device (e.g., flapper valve) and a ball float vent valve on the same tank, the ball float must be 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 If "existing", provide (minimally) the type of equipment and as much other information as available.



Please complete this page when submitting a UST-6B (post-installation).

18. 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 briefly 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 provided in this application 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.

19. Facility Owner Certification and Acknowledgement (Read and Sign After Completing Sections 1 to 7 and 12 to 21)

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.

Print Name of UST Facility Owner or Authorized Representative

Print Title of Owner or Authorized Representative

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.

UST-6

Application to Install or Replace Underground Storage Tank Systems (Pre/Post-Installation)



Please complete this page when submitting a UST-6B (post-installation).

20. UST-6B Attachments (Post-Installation)

Please attach the following items to this submittal (i.e., Pages 1, 8 and 9).

20.1	Sections 11 through 17 (pages 3-7) of the UST-6 form detailing the completed installation, indicating any changes that were made to the originally approved plans	<input type="checkbox"/> Yes	
20.2	Proof of Financial Responsibility along with the Certification of Financial Responsibility form ¹	<input type="checkbox"/> Yes	<input type="checkbox"/> Previously submitted
20.3	Manufacturers tank installation checklist and warranty registrations.	<input type="checkbox"/> Yes	<input type="checkbox"/> N/A, for piping only
20.4	Manufacturers piping installation checklist and warranty registrations.	<input type="checkbox"/> Yes	<input type="checkbox"/> N/A, for tank only
20.5	Copies of manufacturer's installer certifications for each employee who installed equipment at this facility.	<input type="checkbox"/> Yes	
20.6	One copy of 11" x 17" as-built plans signed/sealed by a NC PE documenting and detailing the completed installation, indicating any changes that were made to the originally approved design plans. [Note: If no changes were made, no as-builts need to be submitted.]	<input type="checkbox"/> Yes	<input type="checkbox"/> N/A. The originally approved engineered design plans can be used as as-builts, as there were no changes.
20.7	UST-6C, "Application to Install or Replace Underground Storage Tank Systems (Schedule of Materials)" attached. [Note: If no changes were made, no UST-6C needs to be submitted.]	<input type="checkbox"/> Yes	<input type="checkbox"/> N/A. The originally approved UST-6C can be used, as there were no changes.
20.8	UST-6D/23A "Application to Install or Replace Underground Storage Tank Systems (Spill Bucket Installation Testing)" containing post-installation test results ¹ .	<input type="checkbox"/> Yes	<input type="checkbox"/> N/A
20.9	UST-6E/23D "Application to Install or Replace Underground Storage Tank Systems (Tank Installation Testing)" containing pre-installation and post-installation test results ¹ .	<input type="checkbox"/> Yes	<input type="checkbox"/> N/A, for piping only
20.10	UST-6F/23B "Application to Install or Replace Underground Storage Tank Systems (UDC/Containment Sump Installation Testing)" containing post-installation test results ¹ .	<input type="checkbox"/> Yes	<input type="checkbox"/> N/A
20.11	UST-6H/23C "Application to Install or Replace Underground Storage Tank Systems (Piping Post-Installation Testing)" containing post-installation test results ¹	<input type="checkbox"/> Yes	<input type="checkbox"/> N/A
20.12	Line Tightness Test (LTT) results and data sheets ¹ .	<input type="checkbox"/> Yes	<input type="checkbox"/> N/A
20.13	Automatic Line Leak Detector (ALLD) test results and data sheets ¹ .	<input type="checkbox"/> Yes	<input type="checkbox"/> N/A, non-pressurized piping only
20.14	UST-22A, "Overfill Prevention Equipment Operability Check" ¹ .	<input type="checkbox"/> Yes	<input type="checkbox"/> N/A
20.15	UST-22B, "Annual Leak Detection Equipment Operability Check" ¹ .	<input type="checkbox"/> Yes	<input type="checkbox"/> N/A
20.16	UST-22C, "Annual Sump Visual Inspections" ¹ .	<input type="checkbox"/> Yes	<input type="checkbox"/> N/A
20.17	Leak detection console printout documenting the setup of each interstitial sensor (e.g., vacuum, pressure, hydrostatic, liquid-detecting sensor). Please submit results copied onto 8.5 X 11 paper.	<input type="checkbox"/> Yes	
20.18	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: <ul style="list-style-type: none"> • 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 paper ¹ .	<input type="checkbox"/> Yes	<input type="checkbox"/> N/A
20.19	UST-7B, "North Carolina Cathodic Protection System Evaluation for Impressed Current Systems" completed after installation completed. NOTE: A cathodic protection test is required any time installation work is completed at a UST facility that has an Impressed Current corrosion protection system.	<input type="checkbox"/> Yes	<input type="checkbox"/> N/A, Site does not have an Impressed Current corrosion protection system.

¹ At a minimum, items that need to be completed for a Temporary Operating Permit (TOP) to be issued. TOP will be valid for a period of approximately 60 days to allow interim operations while the other application items are completed.