

North Carolina Department of Environment and Natural Resources Underground Storage Tank Section

UST-6A APPLICATION TO INSTALL OR REPLACE UNDERGROUND STORAGE TANK

Is this an existing facility? Yes No

Is this a revised application? Yes No

Enter Facility ID No. (if known)

UST System components to be installed (check one)

Tanks and Piping Tanks Only

INSTRUCTIONS: Please type or print all items. Staple necessary additional sheets and staple to this form.

I. Ownership of UST System

Owner Name (Corporation, Individual, Public Agency)

Contact Name (if not named above)

Mailing Address

City

Phone Number

Check here if "Real" Property Owner

Type of UST owner (check all that apply)

State Gov't

III. Location of UST System

Facility Name or Company

Street Address (if not available)

City

County

IV. North Carolina

PE Name

Company Name

UST-6A "Application to Install or Replace UST Systems (Pre-Installation)"



Installation Review Process Overview



UST-6A

“Application to Install or Replace Underground Storage Tank Systems (Pre-Installation)”

Pre-Installation

30+ days in advance you must submit:

- **UST-6A form**
"Application to Install or Replace UST Systems (Pre-Installation)"
- **UST-6C form**
"Schedule of Materials"
- **Engineered Drawings**
- **UST-20 form (potentially)**
"Alternative Fuel / Hazardous Substances Compatibility Checklist"



It is recommended that you submit Financial Responsibility and Ownership information at this time.

UST-6A Form

Page 1

- Contact Information
- UST Facility Information
- Applicant Certification

UST-6A APPLICATION TO INSTALL OR REPLACE UNDERGROUND STORAGE TANK SYSTEMS (PRE-INSTALLATION)			
Is this an existing facility? Yes <input type="checkbox"/> No <input type="checkbox"/> Is this a revised application? Yes <input type="checkbox"/> No <input type="checkbox"/> Enter Facility ID No. (if known): _____		STATE USE ONLY Receiver name: _____ Application approved: Yes <input type="checkbox"/> No <input type="checkbox"/> Date Approved/Disapproved: _____	
UST System components to be installed (Check one): <input type="checkbox"/> Tanks and Piping <input type="checkbox"/> Tanks Only <input type="checkbox"/> Piping Only <input type="checkbox"/> Piping Only - Emergency (Must provide a letter with emergency justification)		Projected installation date for USTs and/or piping: _____	
INSTRUCTIONS: 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.			
I. Ownership of UST System Owner Name (Corporation, Individual, Public Agency, or Other Entity) _____		II. Operator of UST System <input type="checkbox"/> Check if same as owner 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 Code _____	City _____
Phone Number _____	Fax Number or E-Mail Address _____	Phone Number _____	Fax Number or E-Mail Address _____
<input type="checkbox"/> Check here if "Buy" 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 GGA Facility ID: _____			
III. Location of UST System Facility Name or Company _____			
Street Address (if not available, then County Tax Map Number): _____			
City _____	State _____	Zip Code _____	
County _____	Phone Number _____	Fax Number or E-Mail Address _____	
IV. North Carolina Professional Engineer PE Name _____		V. General or Main Installation Contractor Contractor Name _____	
PE License No. _____	Project Manager Name (if not named above) _____		
Company Name _____		Mailing Address _____	
City _____	State _____	Phone Number _____	City _____
Phone Number _____	Fax Number _____	Phone Number _____	Fax Number _____
E-Mail Address _____		E-Mail Address _____	
VI. Applicant Certification 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 _____	

UST-6A

APPLICATION TO INSTALL OR REPLACE UNDERGROUND STORAGE TANK SYSTEMS (PRE-INSTALLATION)



Is this an existing facility? Yes No

Is this a revised application? Yes No

Enter Facility ID No. (if Known):

STATE USE ONLY

Reviewer name: _____

Application approved: Yes No

Date Approved/Disapproved: _____

UST System components to be installed (Check one):

- Tanks and Piping Tanks Only Piping Only Piping Only - Emergency (Must provide a letter with emergency justification)

Projected Installation Date for USTs and/or piping

INSTRUCTIONS: 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.

I. Ownership of UST System

Owner Name (Corporation, Individual, Public Agency, or Other Entity)

Contact Name (if not named above)

Mailing Address

City

State

Zip Code

Phone Number

Fax Number or E-Mail Address

Check here if "Real" Property Owner of Site

Type of UST owner (check all that apply):

State Gov't Local Gov't Private/Corporate Federal Gov't GSA Facility ID _____

III. Location of UST System

Facility Name or Company

Street Address (if not available, then County Tax Map Number):

II. Operator of UST System

Check if same as owner

Operator Name (Corporation, Individual, Public Agency, or Other Entity)

Contact Name (if not named above)

Mailing Address

City

State

Zip Code

Phone Number

Fax Number or E-Mail Address



UST-6A

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

Page 1

Type of UST owner (check all that apply):

State Gov't Local Gov't Private/Corporate Federal Gov't GSA Facility ID _____

III. Location of UST System

Facility Name or Company

Street Address (if not available, then County Tax Map Number):

City	State	Zip Code
County	Phone Number	Fax Number or E-Mail Address

IV. North Carolina Professional Engineer

PE Name PE License No.

Company Name

Mailing Address

City	State	Phone Number
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Phone Number	Fax Number
--------------	------------

E-Mail Address

V. General or Main Installation Contractor

Contractor Name

Project Manager Name (if not named above)

Mailing Address

City	State	Zip Code
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Phone Number	Fax Number
--------------	------------

E-Mail Address

VI. Applicant Certification

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



UST-6A

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

UST-6A Form

Page 2

- UST Information
- Piping Information

UST-6A Application to Install or Replace Underground Storage Tank Systems (Pre-Installation)				
VI. UST Information 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.
Indicate if tank is N= new, U=used, or E=existing ²				
Tank Manufacturer				
Tank Model				
Method of monitoring interstice ³				
Material of Construction ⁴				
If Other (specify)				
Capacity (gallons)				
If compartment tank list compartment sizes				
Check box if tank to be installed by siphon manifold and enter tank # it is to be manifolded with.	<input type="checkbox"/> /	<input type="checkbox"/> /	<input type="checkbox"/> /	<input type="checkbox"/> /
Product to be stored (if other specify below) ⁵				
If Hazardous substance, Chemical Abstract Service (CAS) number				
If Other (specify)				
¹ No UST systems can be installed within 50 feet of a human consumption well or within 100 feet of a public water supply well. ² If UST is "used" attach a completed manufacturers re-certification checklist, if "existing", provide the tank capacity, product stored and as much other information as available. ³ Enter one of the following choices: VM=Vacuum Sensor, PR=Pressure Sensor, HYDRO=Hydrostatic Float, LDS=Liquid Detecting (dry) Sensor (usually position-sensitized), OTH=Other (specify type). ⁴ Tanks using liquid detecting (dry) interstitial sensors must also be tested for tightness in accordance with 15A NCAC 02N 06031 & tanks using hydrostatic level interstitial sensors must be dual-float(s) to monitor both low & high level alarm conditions. ⁵ Enter one of the following choices: DW=FRP ⁶ (e.g. Xerxes, Carbinment Solutions), DW=Steel/FRP ⁶ (e.g. ACT-100), DW=Steel/Polyethylene (e.g. ACT-100-U), DW=Steel/Jacketed (e.g. Permasek, Titrax, Other). ⁶ DW = Double-walled **FRP = Fiberglass Reinforced Plastic. ⁷ 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. ⁸ Tanks with <20% Biodiesel should list the product as "Diesel" and tanks with <10% Ethanol should list the product as "Gasoline".				
VII. Piping Information ¹				
Associated Tank number				
Indicate if piping is N=new or E=existing ²				
Indicate use (P=product distribution, M=manifold, R=return fill, P/R=product return or OTH=other-specify)				
Piping Manufacturer				
Piping Model/Part No. (Manufacturer)				
Method of monitoring interstice ³				
Flexible connections & other metal components in a monitored zone (yes, no or N/A)				
Material of Construction ⁴				
If Other (specify)				
Piping configuration (P=Pressurized, S=Suction or G=Gravity)				
Method that will be used to allow piping to be located once it is back-filled ⁵				
¹ No UST systems can be installed within 50 feet of a human consumption well or within 100 feet of a public water supply well. 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: SS=Sump Sensor, VM=Vacuum Sensor, PR=Pressure Sensor, HYDRO=Hydrostatic Float, OTH=Other (specify type). ⁴ Note that discriminating sensors must be set up to detect and alarm with all liquids. ⁵ Enter one of the following choices: DW=Flex (e.g. APT AP, CPW Flexworks, UFFI), DW=FRP ⁶ (e.g. Ameron Duxley 3000 LCC), MDV/Fiberglass (Red Thread SA), None, Other (specify). ⁶ DW = Double-walled **FRP = Fiberglass Reinforced Plastic. ⁷ If detectable backfill is proposed, also list manufacturer/model number on UST-6C, tape/pipe width (gauge) & installation depth on UST-6C or plans. Note that NC DENR may require documentation that the pipe can be located after installation for compliance with 15A NCAC 02N 06043.				

UST-6A Application to Install or Replace Underground Storage Tank Systems (Pre-Installation)



VII. UST Information 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
Indicate if tank is N= new, U=used, or E=existing ²				
Tank Manufacturer				
Tank Model				
Method of monitoring interstice ³				
Material of Construction ⁴				
If Other (specify)				
Capacity (gallons) If compartment tank list compartment sizes.				
Check box, if tank to be installed is siphon manifolded and enter tank # it is to be manifolded with.	<input type="checkbox"/> /	<input type="checkbox"/> /	<input type="checkbox"/> /	<input type="checkbox"/> /
Product to be stored (If other specify below) ⁵				
If Hazardous substance, Chemical Abstract Service (CAS) number				
If Other (specify)				

¹ No UST system can be installed within 50 feet of a human consumption well or within 100 feet of a public water supply well.

² If UST is "used" attach a completed manufacturers re-certification checklist. If "existing", provide the tank capacity, product stored and as much other information as available.

³ 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).

⁴ 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. Permatank, Titan), Other.

*DW = Double-walled **FRP = Fiberglass Reinforced Plastic

⁵ 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"



UST-6A

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

Indicate if piping is N=new or E=existing*				
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UST-6A Form

UST-6A Application to Install or Replace Underground Storage Tank S		
VII. UST Information ¹		
TANK IDENTIFICATION NO. (e.g., A, B, C or 1, 2, 3; If compartment tank 1A, 1B, 1C, etc.)	Tank No <input type="text"/>	Tank No <input type="text"/>
Indicate if tank is N= new, U=used, or E=existing ²	<input type="text"/>	<input type="text"/>
Tank Manufacturer	<input type="text"/>	<input type="text"/>
Tank Model	<input type="text"/>	<input type="text"/>
Method of monitoring interstice ³	<input type="text"/>	<input type="text"/>
Material of Construction ⁴	<input type="text"/>	<input type="text"/>
If Other (specify)		<input type="text"/>
Capacity (gallons) If compartment tank list compartn		<input type="text"/>
Check box, if tank to be installed and enter tank # it is to be manifo		<input type="checkbox"/> / <input type="text"/>
Product to be stored (If other spe		<input type="text"/>
If Hazardous substance, Chemical Abstract Service (CAS) number	<input type="text"/>	<input type="text"/>
If Other (specify)	<input type="text"/>	<input type="text"/>

- DW FRP
- DW Steel/FRP
- DW Steel/Polyurethane
- DW Steel/Jacketed
- Other



Note that the Microsoft Word version of the UST-6 forms includes many dropdown menus to aid in their completion

hydrostatic (wet) interstitial sensors must be dual-float/(to monitor both low & high level alarm conditions).

⁴ 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. Permatank, Titan), Other.

*DW = Double-walled **FRP = Fiberglass Reinforced Plastic

⁵ 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".

VIII. Piping Information ¹

Associated Tank number				
Indicate if piping is N=new or E=existing ²				
Indicate use (PD=product distribution, M=manifold, RF=remote fill, PR=product return or OTH=other-specify)				
Piping Manufacturer				
Piping Model/Part No. (Manufacturer's)				
Method of monitoring interstice ³				
Flexible connections & other metal components in a monitored sump (yes, no or N/A)				
Material of Construction ⁴				
If Other (specify)				
Piping configuration (P=Pressurized, S=Suction or G=Gravity)				
Method that will be used to allow piping to be located once it is back-filled? ⁵				

¹ No UST system can be installed within 50 feet of a human consumption well or within 100 feet of a public water supply well.

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: SS=Sump Sensor, VM=Vacuum Sensor, PR=Pressure Sensor, HYDRO=Hydrostatic Float, OTH=Other (specify type)
Note that discriminating sensors must be set up to detect and alarm with all liquids

⁴ Enter one of the following choices: DW* Flex (e.g. APT XP, OPW Flexworks, UPP), DW* FRP** (e.g. Ameron Dualoy 3000 LCX, NOV Fiberglass Red Thread IIA), None, Other (Specify)
*DW = Double-walled **FRP = Fiberglass Reinforced Plastic

⁵ 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 DENR may require documentation that the pipe can be located after installation for compliance with 15A NCAC 02N.0904(d).



UST-6A

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

UST-6A Form

Page 3

- Spill Prevention Equipment
- Overfill Prevention Equipment
- Vapor Recovery
- Containment Sumps

UST-6A Application to Install or Replace Underground Storage Tank Systems (Pre-Installation)				
IX. Spill Prevention Equipment				
Associated Tank number				
Spill Prevention Equipment Type (Enter Spill Bucket, Other specify, Name, or Not Required ¹)				
Indicate if equipment is New or Existing ²				
Spill Prevention Equipment Manufacturer				
Spill Prevention Equipment Model				
Method of Monitoring Interstice ³				
Does Spill Prevention Equipment have built-in sensor (Yes/No)?				
¹ Not Required is only valid for USTs that are always filled by transfers that are 25 gallons or less. ² If "existing", provide (minimally) the type of equipment and as much other information as available. ³ Enter one of the following choices: B=Ball float Sensor, VM=Vacuum Sensor, PR=Pressure Sensor, HYDRO=Hydrostatic Float, OTH=Other (specify type) Note that discriminating sensors must be set up to detect and alarm with all liquids.				
X. Overfill Prevention Equipment Note: Ball Floats cannot be used with coaxial vapor recovery or suction piping systems.				
Overfill Prevention Equipment Type (Enter Automatic shut-off ¹ , Alarm at tank, Ball float ^{1,2} , None, or Not Required ³)				
Indicate if equipment is New or Existing ⁴				
Overfill Prevention Equipment Manufacturer				
Overfill Prevention Equipment Model				
¹ When installing an automatic shut off device, do not install a ball float valve unless the ball float is 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 Ball Floats cannot be used with coaxial vapor recovery or suction piping systems. ³ Not Required is only valid for USTs that are always filled by transfers that are 25 gallons or less. ⁴ If "existing", provide (minimally) the type of equipment and as much other information as available.				
XI. Vapor Recovery Mark the type(s) of Stage 1 vapor recovery that will be used for all gasoline USTs at this facility				
Note: the following gasoline USTs are not required to have Stage 1 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 1 vapor recovery, please call the Air Quality Section at (916) 733-1490.				
Indicate if equipment is New or Existing				
Coaxial system	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dual point system	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Vapor recovery is not required for this UST	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
XII. Containment Sumps				
Enter the 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.				
Sump Type/Number ¹				
Indicate if sumps are New or Existing ²				
Method of monitoring sump ³				
Sump Material of Construction ⁴				
If Other (specify)				
¹ Enter one of the following choices: Tank sump, UDC (dispenser), transition, other type of sump ² Note that existing sumps, connected to replacement piping, will be required to be monitored and tested for integrity ³ Enter one of the following choices: SS=Sump Sensor, VM=Vacuum Sensor, PR=Pressure Sensor, HYDRO=Hydrostatic Float, OTH=Other (specify type) ⁴ Note that discriminating sensors must be set up to detect and alarm with all liquids Enter one of the following choices: Plastic, FRP (Fiberglass Reinforced Plastic), Other				

UST-6A Application to Install or Replace Underground Storage Tank Systems (Pre-Installation)



IX. Spill Prevention Equipment

Associated Tank number				
Spill Prevention Equipment Type (Enter Spill Bucket, Other-specify, None, or Not Required ¹)				
Indicate if equipment is New or Existing ²				
Spill Prevention Equipment Manufacturer				
Spill Prevention Equipment Model				
Method of Monitoring Interstice ³				
Does Spill Prevention Equipment have built-in sensor (Yes/No)?				

¹ Not Required is only valid for USTs that are always filled by transfers that are 25 gallons or less.
² If "existing", provide (minimally) the type of equipment and as much other information as available
³ Enter one of the following choices: FS=Float Sensor, VM=Vacuum Sensor, PR=Pressure Sensor, HYDRO=Hydrostatic Float, OTH=Other (specify type)
 Note that discriminating sensors must be set up to detect and alarm with all liquids

X. Overfill Prevention Equipment Note: Ball Floats cannot be used with coaxial vapor recovery or suction piping systems.

Overfill Prevention Equipment Type (Enter Automatic shutoff ¹ , Alarm at tank, Ball float ^{1,2} , None, or Not Required ³)				
Indicate if equipment is New or Existing ⁴				
Overfill Prevention Equipment Manufacturer				
Overfill Prevention Equipment Model				

¹ When installing an automatic shut off device, do not install a ball float valve unless the ball float is 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 Ball Floats cannot be used with coaxial vapor recovery or suction piping systems.
³ Not Required is only valid for USTs that are always filled by transfers that are 25 gallons or less.
⁴ If "existing", provide (minimally) the type of equipment and as much other information as available



UST-6A

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

Indicate if equipment is New or Existing

- ¹ When installing an automatic shut off device, do not install a ball float valve unless the ball float is 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 Ball Floats cannot be used with coaxial vapor recovery or suction piping systems.
- ³ Not Required is only valid for USTs that are always filled by transfers that are 25 gallons or less.
- ⁴ If "existing", provide (minimally) the type of equipment and as much other information as available

XI. Vapor Recovery Mark the type(s) of Stage 1 vapor recovery that will be used for all gasoline USTs 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) 733-1480.

Indicate if equipment is New or Existing				
Coaxial system	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dual point system	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Vapor recovery is not required for this UST	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

XII. Containment Sumps

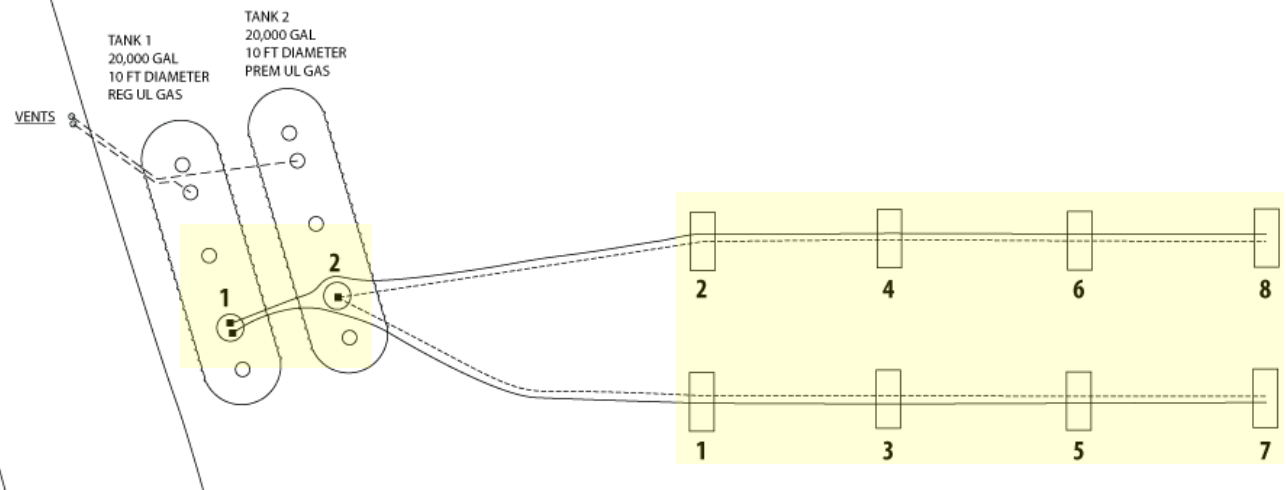
Enter the number(s) in each column that will have the same make/model of containment sumps. If all containment sumps will be the same then list the range of sump numbers in one column. Containment sumps with the same make/model only have to be entered in one of the columns with a list of the sumps that have that make/model.

Sump Type/Number ¹				
Indicate if sumps are New or Existing ²				
Method of monitoring sump ³				
Sump Material of Construction ⁴				
If Other (specify)				

- ¹ Enter one of the following choices: Tank sump, UDC (dispenser), transition, other type of sump
- ² Note that existing sumps, connected to replacement piping, will be required to be monitored and tested for integrity
- ³ Enter one of the following choices: SS=Sump Sensor, VM=Vacuum Sensor, PR=Pressure Sensor, HYDRO=Hydrostatic Float, OTH=Other (specify type)
Note that discriminating sensors must be set up to detect and alarm with all liquids
- ⁴ Enter one of the following choices: Plastic, FRP (Fiberglass Reinforced Plastic), Other



- 1 When installing automatic shut
- 2 Ball Floats can
- 3 Not Required is
- 4 If "existing", pro



XI. Vapor Recd

Note: the followi
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in this section sh

Inc

Vapor

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in the last box
80.

XII. Containment Sumps

Enter the 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.

Sump Type/Number ¹	Tank Sump		UDC			
	1-2		1-8			
Indicate if sumps are New or Existing ²	New		New			
Method of monitoring sump ³	SS		SS			
Sump Material of Construction ⁴	FRP		FRP			
If Other (specify)						

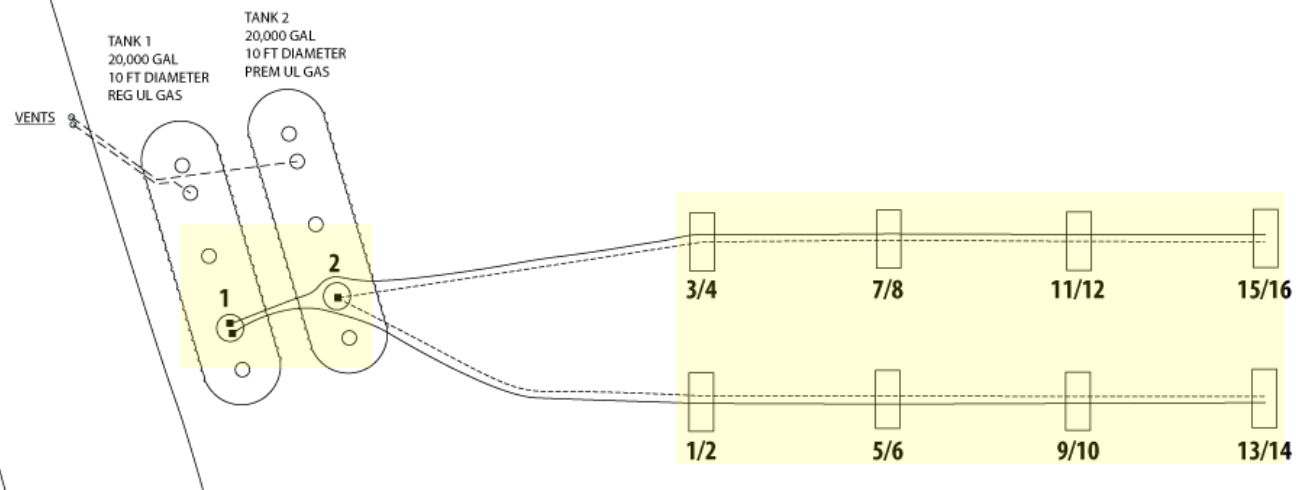
¹ Enter one of the following choices: Tank sump, UDC (dispenser), transition, other type of sump
² Note that existing sumps, connected to replacement piping, will be required to be monitored and tested for integrity
³ Enter one of the following choices: SS=Sump Sensor, VM=Vacuum Sensor, PR=Pressure Sensor, HYDRO=Hydrostatic Float, OTH=Other (specify type)
 Note that discriminating sensors must be set up to detect and alarm with all liquids
⁴ Enter one of the following choices: Plastic, FRP (Fiberglass Reinforced Plastic), Other



UST-6A

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

- 1 When installing automatic shut
- 2 Ball Floats can
- 3 Not Required is
- 4 If "existing", pro



XI. Vapor Recd

Note: the followi
facilities that have
in this section sh

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n the last box
80.

XII. Containment Sumps

Enter the 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.

Sump Type/Number ¹	Tank Sump		UDC			
	1-2		1/2-15/16			
Indicate if sumps are New or Existing ²	New		New			
Method of monitoring sump ³	SS		SS			
Sump Material of Construction ⁴	FRP		FRP			
If Other (specify)						

¹ Enter one of the following choices: Tank sump, UDC (dispenser), transition, other type of sump
² Note that existing sumps, connected to replacement piping, will be required to be monitored and tested for integrity
³ Enter one of the following choices: SS=Sump Sensor, VM=Vacuum Sensor, PR=Pressure Sensor, HYDRO=Hydrostatic Float, OTH=Other (specify type)
 Note that discriminating sensors must be set up to detect and alarm with all liquids
⁴ Enter one of the following choices: Plastic, FRP (Fiberglass Reinforced Plastic), Other



UST-6A

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

UST-6A Form

Page 4

- Leak Detection
- Scope of Work
- Attachments

UST-6A Application to Install or Replace Underground Storage Tank Systems (Pre-Installation)				
XIII. Leak Detection (LD)				
Associated Tank number				
Monitoring console manufacturer/model				
Indicate if New or Existing Equipment				
Automatic Line Leak Detector (ALLD) Equipment Type (ELLD or MLLD)				
ALLD Manufacturer/Model				
Indicate if New or Existing Equipment [†]				
<small>[†] A residential (MLLD) or electronic (ELLD) line leak detector is required for all pressurized piping systems. They must be tested annually. [‡] If existing, include (renewal) the type of ALLD used as much other information as available.</small>				
XIV. Work Proposed				
New installation, expansion or replacement? (Describe work. If piping replacement, also explain reason & condition of other existing piping, as applicable)				
<hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/>				
XV. Attachments				
Two copies of UST System design plans which include the following:				
• A 11" x 17" Scale Drawing prepared by a North Carolina Professional Engineer attached.	<input type="checkbox"/>	Yes		
• UST-8C, Application to Install or Replace Underground Storage Tank Systems (Schedule of Materials) attached	<input type="checkbox"/>	Yes		
Tank manufacturer's re-certification checklist is attached? (Only required for "used" tanks being reinstalled)	<input type="checkbox"/>	Yes	<input type="checkbox"/>	N/A
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

UST-6A Application to Install or Replace Underground Storage Tank Systems (Pre-Installation)



XIII. Leak Detection (LD)

Associated Tank number				
Monitoring console manufacturer/model				
Indicate if New or Existing Equipment				
Automatic Line Leak Detector (ALLD) Equipment Type(ELLD or MLLD) ¹				
ALLD Manufacturer/Model				
Indicate if N=new or E=existing Equipment ²				

¹ A mechanical (MLLD) or electronic (ELLD) line leak detector is required for all pressurized piping systems. They must be tested annually.

² If existing, indicate (minimally) the type of ALLD and as much other information as available.

XIV. Work Proposed

New installation, expansion or replacement? (Describe work. If piping replacement, also explain reason & condition of other existing piping, as applicable):

XV. Attachments

Copies of UST System design plans which include the following:



UST-6A

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

Systems (Schedule of Materials) attached.

XV. Attachments

Two copies of UST System design plans which include the following:

- A 11" x 17" Scale Drawing prepared by a North Carolina Professional Engineer attached. Yes
- UST-6C, Application to Install or Replace Underground Storage Tank Systems (Schedule of Materials) attached. Yes

Tank manufacturer's re-certification checklist is attached? Yes N/A

(Only required for "used" tanks being reinstalled)

UST-20, "Alternative Fuel /Hazardous Substances Compatibility Checklist" Yes N/A

(Only required for > 20% Bio-Diesel , >10% Ethanol or Hazardous substances)

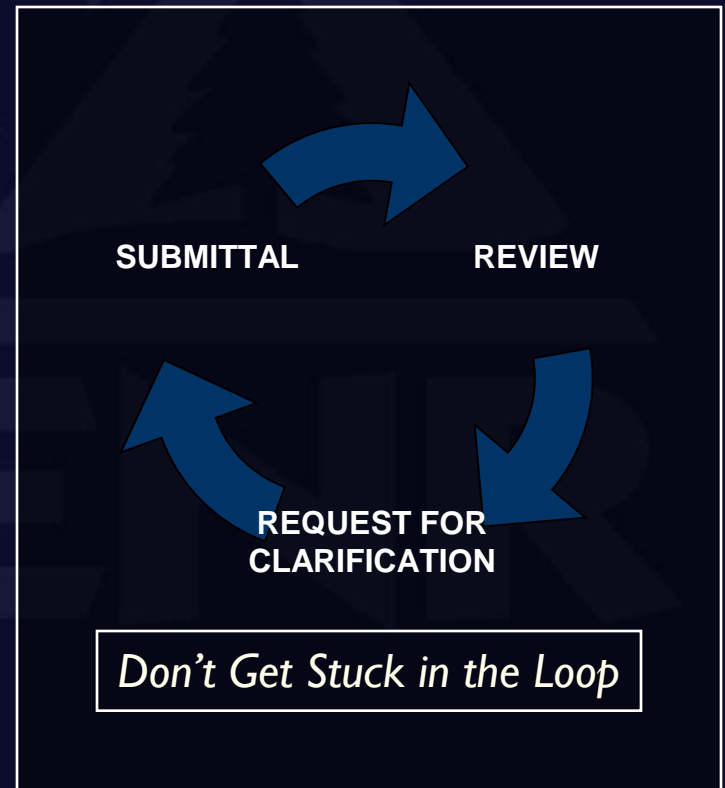


Use "XV. Attachments" as a checklist to aid in completion of the UST-6A

UST-6A Approval

If UST system design is not satisfactory:

- State will request additional information to correct minor deficiencies
- State may return application if severely deficient
- Deficient applications will result in delayed approval



UST-6A Approval

If UST system design is satisfactory:

- State issues an approval to construct letter including the name and contact information of your UST inspector
- Installation may begin
- Two inspections are required during installation





North Carolina Department of Environment and Natural Resources
Division of Waste Management

Beverly Eaves Perdue
Governor

Dexter R. Matthews
Director

Dee Freeman
Secretary

May 01, 2012

To: [Redacted]
[Redacted]
[Redacted]
[Redacted]

Contractor: [Redacted]
[Redacted]
[Redacted]
[Redacted]

Engineer: [Redacted]
[Redacted]
[Redacted]
[Redacted]

Subject: UST-6A "Application to Install or Replace Underground Storage Tank Systems"
[Redacted]



[REDACTED]
[REDACTED]
[REDACTED]

Subject: UST-6A "Application to Install or Replace Underground Storage Tank Systems"

[REDACTED]
[REDACTED]
[REDACTED]
Facility ID: [REDACTED]

Dear [REDACTED]

The North Carolina Department of Environment and Natural Resources (NCDENR) – Underground Storage Tank (UST) Section has reviewed the subject UST-6A "Application to Install or Replace Underground Storage Tank Systems (Pre-Installation)", received 04/12/2012 and additional information submitted on 05/01/2012. Based on your submittal, your application to install or replace UST systems at the above location is approved. This approval is limited to the tank and piping system specified in the aforementioned application and is valid for one year. Any modifications to the approved application must be approved by the design engineer. Significant modifications need to be submitted to NCDENR for review and approval prior to installation (see enclosed "Guidance on UST-6A Modifications" for additional information).

Be advised that new tanks and piping cannot be installed in areas where it will be in contact with contaminated soil or free product. If evidence of a release has been discovered or confirmed, the UST Section Regional Office Corrective Action Branch must be notified and initial response/abatement activities must be completed prior to initiating UST installation or replacement activities. Please refer to the UST Section's new website (<http://portal.ncdenr.org/web/wm/ust/ustmain>) for UST Section Regional Office locations/contact information and for the UST Section's *Guidelines for Site Checks, Tank Closure and Initial Response and Abatement for UST Releases*.



Note that all components of the UST system must be tested in accordance with manufacturer's guidelines, PEI/RP100 and 15A NCAC 2N, Section 0900. This includes, but is not limited to the following:

1. The Veeder Root Position-Sensitive #794380-323 sensor shall be installed in accordance with the Modern Welding Company "Annular (Interstitial) Space Sensor Positioning" instructions (enclosed FYI). Tank owners or operators will need to test the sensor and maintain written records in accordance with the manufacturer's guidelines and 15A NCAC 02N.0901. The installation and annual operability check shall also include documentation of the "Sensor Out" alarm and "normal" conditions for this sensor.
2. Periodic integrity testing of the tank interstitial space shall be conducted, in accordance with the "Evaluation of the Glasteel Interstitial Monitor for Liquid Leaks", prepared for the Modern Welding Company, Inc., as revised by Ken Wilcox Associates, Inc (December, 2011) and written records maintained, as required by 15A NCAC 02N.0903. Be advised that the periodic integrity testing must be conducted before UST system start-up (**during installation**), between six months and the first anniversary of start-up and every three years thereafter. This testing must be done in accordance with the Modern Welding "Periodic Interstitial Test Procedure", revised 01/04/2012 and for the test times specified for the specific tank size (10K: 11 hours, 20K: 17 hours). This interstitial test information shall be recorded on the UST-6E form and submitted with the UST-6B application (please use the revised UST-6E form and other UST-6B forms which are available on our website).
3. The resultant data shall be submitted with the UST-6B application within thirty (30) days after installation. ALLD operability test data and sensor printouts shall also be submitted to confirm that the equipment was installed and tested in accordance with the manufacturer's written guidelines.

During the installation of your UST system, you are required to schedule an installation inspection with UST Section personnel. The following phases of the UST system installation must be inspected:

1. Exterior tank surface inspection and tank integrity testing prior to placing the tanks into the excavation; and
2. Testing of all piping, fittings and containment sumps prior to burial of the product piping. Note that the detectable tape (specified on the UST-6C form) must be on-site during the inspection.



Example UST-6A Approval Letter

Page 2

required to propose to the inspector so that a mutually convenient inspection date may be arranged on or around your proposed date. You should

- personnel. The following phases of the UST system installation must be inspected:
1. Exterior tank surface inspection and tank integrity testing prior to placing the tanks into the excavation; and
 2. Testing of all piping, fittings and containment sumps prior to burial of the product piping. Note that the detectable tape (specified on the UST-6C form) must be on-site during the inspection.

The UST inspector for the above location is Caroline Huertas and she can be reached at (919) 851-3906. You are required to schedule this inspection a minimum of 2 work days (not including weekends or holidays) prior to the day you propose to commence the activity. Prior to finalizing the schedule of the installation activity, it is recommended that you contact the inspector so that a mutually convenient inspection date may be arranged on or around your proposed date. You should provide one or more weeks notice to have a better chance that your proposed installation date is open on the inspector's calendar. Note that inspections cannot be scheduled for weekends or state holidays. If you have any questions feel free to contact me.

Sincerely,

Robert E. Johns, P.E.
Underground Storage Tank Section
Phone & Fax: (919) 707-8162
Email: Robert.Johns@ncdenr.gov

Enclosure: Guidance on UST-6A Modifications

cc: Caroline Huertas, UST Inspector
cc: Registration File



Modifications to an Approved UST-6A

Minor Modifications

- Installation of UST with a different capacity than what was originally proposed
- Installation of a different but equivalent make and model piece of UST equipment
- Installation of UST equipment in a slightly different location on the property



Contractors must check with the design engineer prior to making minor modifications to the UST system design



Modifications to the approved UST-6A require that the as-builts be sealed by the engineer, with all changes clearly indicated

Modifications to an Approved UST-6A

Significant Modifications

- Installation of additional tanks, piping, sumps or dispensers
- Installation of a different and non-equivalent make and model piece of UST equipment
- Installation of UST equipment outside of the general area of where it was originally proposed
- Elimination of UST equipment that may affect compliance with 15A NCAC 2N



Significant modifications require the submittal and approval of a revised UST-6A

North Carolina Department of Environment and Natural Resources Underground Storage Tank Section



Questions?

