

SOLID AND HAZARDOUS WASTE BRANCH

Underground Storage Tank Program

2827 Waimano Home Road #100 • Pearl City, Hawaii 96782

Phone: 808-586-4226 • Fax: 808-586-7509 • <http://health.hawaii.gov/shwb/underground-storage-tanks>

CERTIFICATION OF UNDERGROUND STORAGE TANK INSTALLATION

**Return completed form within
30 days after tank installation to:**

Solid and Hazardous Waste Branch
Underground Storage Tank Program
2827 Waimano Home Road #100
Pearl City, Hawaii 96782

Facility ID Number: _____

Permit Number: _____

State Use Only

Date received: _____

Date entered into computer: _____

Data clerk initials: _____

LOCATION OF TANK(S)

Facility Name or Company Site identifiers Location Contact Person

Location Address (P.O. Box not acceptable) City State Zip Code Island Tax Map Key #

Location Phone # (w/ area code) Location Fax # (w/ area code)

Part I. CERTIFICATION OF COMPLIANCE FOR NEW TANK(S) (Complete for each tank at this location)

Tank Number	Tank No. ___	Tank No. ___	Tank No. ___	Tank No. ___	Tank No. ___
1. Date UST/s installed					
2. Installation					
A. Installation certified by tank and piping manufacturers					
B. Installation inspected by a registered engineer					
C. Installation inspected and approved by the department					
D. Manufacturer's installation checklists have been completed and documented					
E. Another method allowed by the department. Please specify					
3. Estimated date product to be placed into UST/s					
4. Substance to be stored. (Specify type and grade of product)					

Part II. INSTALLER'S CERTIFICATION

I certify the information concerning installation that is provided in Part I are true to the best of my belief and knowledge.

Installer's Name (Print)	Signature	Date Signed
Position	Company Name	

Part III. OWNER'S AND OPERATOR'S CERTIFICATION FOLLOWING INSTALLATION

Were any changes made to the original installation plans? No Yes - Complete and Submit Part IV

I have received the manufacturer's operations manual, the certification of performance on all permanently installed leak detection equipment (if applicable), and other documentation regarding the equipment that has been installed.

I also 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 immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete.

Operator's Name (Print)	Signature	Date Signed
Owner's Name (Print)	Signature	Date Signed

Part IV. CHANGES TO ORIGINAL INSTALLATION PLANS (Complete this Part only if changes were made to the original installation plans.)

FINANCIAL RESPONSIBILITY (Check all that apply.)

- | | | |
|----------------------------------|------------------|--------------------------------------|
| Commercial Insurance | Letter of Credit | Local Government Bond Rating Test |
| Financial Test of Self Insurance | Surety Bond | Other Method Allowed (Specify) _____ |
| Guarantee | Trust Fund | Exempt: State or Federal Agency |

Checking one or more of the above boxes attests to the fact that the financial responsibility requirements in subchapter 8 of chapter 11-280.1, Hawaii Administrative Rules, are met using the selected mechanism(s) as of the date of the certification below.

DESCRIPTION OF TANK(S) (Complete for each tank at this location)

Tank Number	Tank No. _____	Tank No. _____	Tank No. _____	Tank No. _____	Tank No. _____
1. Status of Tank (Mark only one)					
A. Currently in Use					
B. Temporarily Out of Use					
2. Date of Installation (mo/year)					
3. Estimated Capacity (gallons)					
A. Compartmentalized? Yes/No Estimated compartment capacity (gallons)					
B. Manifolder? Yes/No					
4. Substance Stored					
A. Gasoline (Specify product grade)					
B. Diesel					
C. Gasohol (Including ethanol blends) Specify product grade					
D. Kerosene					
E. Used Oil / Waste Oil					
F. JP-4					
G. Non-Petroleum Hazardous Substance (CERCLA name and/or CAS #)					
H. Mixture of Substances Please specify.					
I. Other, please specify.					

Tank Number	Tank No. _____	Tank No. _____	Tank No. _____	Tank No. _____	Tank No. _____
5. Substance Compatible with Tank and Piping (Y/N)					
6. Tank (Mark all that apply)					
A. Manufacturer and Model					
B. Underwriters Laboratory No.					
C. Primary Containment Material					
i. Fiberglass reinforced plastic					
ii. Steel					
iii. Other, please specify.					
D. Secondary Containment Material					
i. Fiberglass reinforced plastic					
ii. Steel					
iii. Other, please specify.					
iv. None					
F. Corrosion Protection (except fiberglass reinforced plastic tanks)					
i. Fiberglass coated steel					
ii. Double-walled steel					
iii. Impressed current system					
iv. Sacrificial anode system					
v. Corrosion expert determination					
vi. Other, please specify.					
7. Piping					
A. Manufacturer and Model					
B. Underwriters Laboratory No.					
C. Primary Containment Material					
i. Fiberglass reinforced plastic					
ii. Flex piping					
iii. Steel					
iv. Other, please specify.					

Tank Number	Tank No. _____	Tank No. _____	Tank No. _____	Tank No. _____	Tank No. _____
D. Secondary Containment Material					
i. Fiberglass reinforced plastic					
ii. Flex piping					
iii. Lined trench					
iv. Other, please specify.					
v. None					
E. Corrosion Protection (except fiberglass reinforced plastic piping)					
i. Fiberglass coated steel					
ii. Impressed current system					
iii. Sacrificial anode system					
iv. Corrosion expert determination					
v. Other, please specify.					
8. Method of Product Dispensing					
A. Unsafe Suction (valve at tank)					
B. Safe Suction (no valve at tank)					
C. Pressure					
D. Not Applicable					
9. Spill prevention equipment					
Manufacturer and Model					
Capacity (gallons)					
10. Overfill prevention equipment					
i. Automatic shutoff device (flapper) Make and Model					
ii. Overfill alarm Make and Model					
iii. Ball float valve Make and Model					

11. Release Detection (Mark all that apply)	TANK	PIPE	TANK	PIPE	TANK	PIPE	TANK	PIPE	TANK	PIPE
A. Manual tank gauging		NA		NA		NA		NA		NA
B. Tank tightness testing		NA		NA		NA		NA		NA
C. Inventory control		NA		NA		NA		NA		NA
D. Automatic tank gauging		NA		NA		NA		NA		NA
E. Vapor monitoring										
F. Groundwater monitoring										
G. Interstitial monitoring										
H. Statistical inventory reconciliation										
I. Automatic line leak detectors (Y/N) If yes, specify type.	NA		NA		NA		NA		NA	
J. Line tightness testing	NA		NA		NA		NA		NA	
K. Other method approved by the Department. Please specify										

DESCRIPTION OF DISPENSER AND UNDER DISPENSER CONTAINMENT (Attach additional sheet if necessary.)

Dispenser Unit	Manufacturer of Dispenser	Dispenser Serial No.	Under Dispenser Containment installed (Yes/No) Installation Date
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			
11			
12			