

# 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 • <https://health.hawaii.gov/ust/>

### CERTIFICATION OF UNDERGROUND STORAGE TANK INSTALLATION

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

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

DOH Facility ID Number: \_\_\_\_\_

Current Permit Number: \_\_\_\_\_

#### State Use Only

Date Certification Received: \_\_\_\_\_

Date Certification Completed: \_\_\_\_\_

Date Entered into Computer: \_\_\_\_\_

Data Clerk Initials : \_\_\_\_\_

Comments: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

#### Section I: 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 #1 (w/ area code)

Location Phone #2, if any (w/ area code)

Location Fax, if any (w/ area code)

#### Section II: CONTACT PERSON IN CHARGE OF TANK(S)

Name

Company Name

Job/Position Title

Mailing Address

City

State

Zip Code

Phone Number (w/ area code)

Alternative Phone Number (w/ area code)

E-mail Address

**Section III: FINANCIAL RESPONSIBILITY (Check all that apply)**

<input type="checkbox"/>	Commercial Insurance	<input type="checkbox"/>	Letter of Credit	<input type="checkbox"/>	Local Government Bond Rating Test
<input type="checkbox"/>	Financial Test of Self Insurance	<input type="checkbox"/>	Surety Bond	<input type="checkbox"/>	Other Method Allowed (specify):
<input type="checkbox"/>	Guarantee	<input type="checkbox"/>	Trust Fund	<input type="checkbox"/>	Exempt: ___ State Agency ___ 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.

**Section IV: UPDATED DESCRIPTION OF ALL EXISTING AND NEWLY INSTALLED TANK(S) OR TANK SYSTEM(S)**

Tank Number	Tank No.____				
1. Date of Installation (mm/yyyy)					
2. Estimated Total Capacity of Tank (gallons)					
A. Compartmentalized? <b>Yes/No</b>					
Estimated Compartment Capacity (gallons)					
B. Tanks Manifolderd? <b>Yes/No</b>					
3. Substance Stored (Mark only one)					
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.					

4. Substance Compatible with Tank & Piping? <b>Yes/No</b>					
5. Tank Description (Mark all that apply)					
A. Manufacturer and Model					
i. Is this a brand-new tank?					
ii. Is this a co-structural tank? If <b>yes</b> , specify original tank manufacturer, make and model					
iii. Is this a structural tank? If <b>yes</b> , specify original tank manufacturer, make and model					
iv. Other, please specify					
B. Underwriters Laboratory (UL) Number.					
C. Primary Containment Material (Mark only one)					
i. Fiberglass reinforced plastic					
ii. Steel					
iii. Other, please specify.					
D. Secondary Containment Material (Mark only one)					
i. Fiberglass reinforced plastic					
ii. Steel					
iii. Other, please specify.					
iv. None					
E. 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.					

6. Piping Description					
A. Manufacturer and Model					
i. New					
ii. Retained existing piping					
B. Underwriters Laboratory (UL) Number					
C. Primary Containment Material (Mark only one)					
i. Fiberglass reinforced plastic					
ii. Flex piping					
iii. Steel					
iv. Other, please specify.					
D. Secondary Containment Material (Mark only one)					
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.					
7. Method of Product Dispensing (Mark only one)					
A. Unsafe Suction (valve at tank)					
B. Safe Suction (no valve at tank)					
C. Pressure					
D. Not Applicable					

8. Spill Prevention Equipment											
A. Manufacturer and Model											
B. Estimated Capacity (gallons)											
9. Overfill Prevention Equipment (Mark all that apply)											
A. Automatic shutoff device (flapper) Make and Model											
B. Overfill alarm Make and Model											
10. Release Detection (Mark all that apply)	TANK	PIPE									
A. Interstitial monitoring											
B. Automatic line leak detectors ( <b>Yes/No</b> ) If <b>YES</b> , Specify type (mechanical or electronic)	NA										
C. Other method approved by the Department. Please specify											

**Section V: UPDATED DESCRIPTION OF ALL CURRENTLY INSTALLED DISPENSER/S AND UNDER DISPENSER CONTAINMENT/S  
(Attach additional sheet if necessary)**

Dispenser Unit #	Dispenser Unit Manufacturer, Make or Model	Dispenser Unit Serial #	Dispenser System Installation Date <i>(Provide ONLY if installation was on or after 8/9/2013)</i>	Under Dispenser Containment (UDC) Installed ( <b>Yes/No?</b> )
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				

**Section VI: CERTIFICATION OF COMPLIANCE FOR NEW TANK(S) OR TANK SYSTEM(S)**  
**(Complete for each tank at this location)**

Tank Number	Tank No.____				
1. Date UST(s) installed					
2. Installation - <b>MUST submit supporting documentation for any checked criteria below:</b>					
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/or grade of product					

**Section VII: INSTALLER'S CERTIFICATION**

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

\_\_\_\_\_  
 PRINT Name of Installer and Position \_\_\_\_\_  
Signature \_\_\_\_\_  
Date Signed

\_\_\_\_\_  
 Company Name \_\_\_\_\_  
Phone Number (w/ area code) \_\_\_\_\_  
E-mail Address

**Section VIII: OWNER'S AND OPERATOR'S CERTIFICATION FOLLOWING INSTALLATION**

Were any changes made to the original installation plans?  NO  YES

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.

\_\_\_\_\_  
 PRINT Name of Operator or Authorized Operator Representative \_\_\_\_\_  
Signature \_\_\_\_\_  
Date Signed

\_\_\_\_\_  
 PRINT Name of Owner or Authorized Owner Representative \_\_\_\_\_  
Signature \_\_\_\_\_  
Date Signed