


Owner's Customer No.: CN

Facility's Regulated Entity No.: RN

TCEQ - UNDERGROUND STORAGE TANK REGISTRATION & SELF-CERTIFICATION FORM

(Use this form for filing registration and self-certification information)

Page 1 of 5

For Use in TEXAS		Texas Commission On Environmental Quality	• Please mail completed form to: Petroleum Storage Tank Registration Team (MC-138) Texas Commission on Environmental Quality P. O. Box 13087 Austin, Texas 78711-3087 (512) 239-2160 Fax (512) 239-3398 *MAKE A COPY OF FORM FOR YOUR RECORDS*	TCEQ Facility ID No.:
				TCEQ Owner ID No.:
				Federal Tax ID No. :

1. TANK OWNER INFORMATION

TANK OWNER BUSINESS OR LAST NAME:		TANK OWNER FIRST NAME		TYPE OF TANK OWNER:			
OWNER MAILING ADDRESS				<input type="checkbox"/> Individual		<input type="checkbox"/> Corporation	
				<input type="checkbox"/> Federal Gov't		<input type="checkbox"/> State Gov't	
				<input type="checkbox"/> County Gov't		<input type="checkbox"/> City Gov't	
				LOCATION OF RECORDS: <input type="checkbox"/> At facility <input type="checkbox"/> Offsite at:			
CITY:		STATE:		ZIP CODE:		OFFSITE RECORDS LOCATION ADDRESS	
						CITY	
						STATE	
COUNTRY (OUTSIDE USA)		E-MAIL ADDRESS		RECORDS CUSTODIAN/CONTACT PERSON:		TELEPHONE NO.	
OWNER'S AUTHORIZED REPRESENTATIVE		TITLE:		TELEPHONE NO.		FAX NO:	
						INDEPENDENTLY OWNED & OPERATED	
						<input type="checkbox"/> YES <input type="checkbox"/> NO	
STATE FRANCHISE TAX ID		DUNS NO		NUMBER OF EMPLOYEES			
				<input type="checkbox"/> 0-20 <input type="checkbox"/> 21-100 <input type="checkbox"/> 101-250 <input type="checkbox"/> 251-500 <input type="checkbox"/> 501 & HIGHER			

** For Self-Certification only this form will not be processed until all delinquent fees and/or penalties owed to the TCEQ or the Office of the Attorney General on behalf of the TCEQ are paid in accordance with the Delinquent Fee and Penalty Protocol. **

2. FACILITY INFORMATION

FACILITY NAME:			TYPE OF FACILITY: <input type="checkbox"/> Emergency Generator <input type="checkbox"/> Wholesale <input type="checkbox"/> Retail <input type="checkbox"/> Farm or Residential <input type="checkbox"/> Fleet Refueling <input type="checkbox"/> Aircraft Refueling <input type="checkbox"/> Indian Land <input type="checkbox"/> Watercraft Fueling <input type="checkbox"/> Industrial/Manufacturing/Chemical Plant		
PHYSICAL LOCATION:					
CITY:	ZIP CODE	COUNTY:	Number of regulated *USTs at this facility: <input style="width: 100px;" type="text"/> *Underground Storage Tanks (USTs) Number of regulated *ASTs at this facility: <input style="width: 100px;" type="text"/> *Aboveground Storage Tanks (ASTs)		
TX					
ON-SITE CONTACT PERSON		TITLE:	TELEPHONE NO.:		PRIMARY SIC CODE
					SECONDARY SIC CODE
E-MAIL ADDRESS:		FAX NUMBER		PRIMARY NAICS CODE	
				SECONDARY NAICS CODE	
LATITUDE	Minutes	Seconds	LONGITUDE	Minutes	Seconds
Degrees			Degrees		

*** PRIOR TO RETAIL SALE OF FUEL TO THE PUBLIC USING MEASURED DISPENSING DEVICES, ANY METER MUST BE REGISTERED WITH THE TEXAS DEPARTMENT OF AGRICULTURE 1-800-TELL-TDA (1-800-835-5832).

3. TANK OPERATOR*INFORMATION ☐ (mark here if same as owner)

* "Operator" means any person in day-to-day control of, and having responsibility for, the daily operation of the UST system.

TCEQ Operator ID No.: (Assigned by TCEQ) CN

TANK OPERATOR NAME: <u>(Do Not List Employees of Operator)</u>			TYPE OF TANK OPERATOR: <input type="checkbox"/> Individual <input type="checkbox"/> Corporation <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Federal Gov't <input type="checkbox"/> State Gov't <input type="checkbox"/> County Gov't <input type="checkbox"/> Local Gov't <input type="checkbox"/> City Gov't		
MAILING ADDRESS:					
CITY:	STATE:	ZIP CODE:	Date listed person became operator: <input style="width: 150px;" type="text"/>		
OPERATOR'S AUTHORIZED REPRESENTATIVE:					
TITLE:			TELEPHONE NO.:		

TCEQ- UST REGISTRATION & SELF-CERTIFICATION FORM

TCEQ Facility ID No

MAKE A COPY OF FORM FOR YOUR RECORDS

For Self-Certification Annual Renewal, **Sections 1 thru 5 and 7 thru 9** must be completed. If there are any changes including change of ownership along with the renewal of the delivery certificate, **Sections 1 thru 5 and 7 thru 10 & 12** must be completed.

For Initial Registration, **Sections 1 thru 13**, the complete form should be completed.

For data verification purposes, please check our IWR (Integrated web reporting) web page

www15.tceq.texas.gov/crpub/index.cfm?fuseaction=regent.RNSearch

If you have any questions on how to fill out this form or about the PST Registration program, please contact us at 512/239-2160.

Individuals are entitled to request and review their personal information that the agency gathers on its forms. They may also have any errors in their information corrected. To review such information, contact us at 512-239-2160.

4. REASON FOR THIS FILING

PART A). UST REGISTRATION INFORMATION (Mark all that apply):

- | | | |
|---|--|--|
| <input type="checkbox"/> Initial Registration | <input type="checkbox"/> UST Ownership Change (New Owner indicate effective date :) | <input style="width: 150px;" type="text"/> |
| <input type="checkbox"/> Amendment of: | <input type="checkbox"/> A Owner Information <input type="checkbox"/> B Operator Information <input type="checkbox"/> C Facility Information
<input type="checkbox"/> D UST System Information <input type="checkbox"/> E Financial Assurance Information | |
| <input type="checkbox"/> Operator Training | | |
| <input type="checkbox"/> Other (specify): | <input style="width: 750px;" type="text"/> | |

PART B). UST COMPLIANCE SELF-CERTIFICATION INFORMATION (Mark all that apply):

- | | |
|--|--|
| <input type="checkbox"/> Initial Certification at Facility (Including Tank Ownership Change) | <input type="checkbox"/> Annual Renewal |
| <input type="checkbox"/> New Tank at Facility | <input type="checkbox"/> Other (specify): <input style="width: 540px;" type="text"/> |

5. TCEQ PROGRAMS IN WHICH THIS REGULATED ENTITY PARTICIPATES

Check all Programs and write in the permits/registration numbers that will be affected by the updates submitted on this form or the updates may not be made. If the program is not listed, check other and write it in.

<input type="checkbox"/> Animal Feeding Operation	<input type="checkbox"/> Dam Safety	<input type="checkbox"/> Districts
<input type="checkbox"/> Industrial & Hazardous Waste	<input type="checkbox"/> Municipal Solid Waste	<input type="checkbox"/> New Source Review - Air
<input type="checkbox"/> OSSF	<input type="checkbox"/> Petroleum Storage Tank	<input type="checkbox"/> Sludge
<input type="checkbox"/> Stormwater	<input type="checkbox"/> Tires	<input type="checkbox"/> Title V - Air
<input type="checkbox"/> Utilities	<input type="checkbox"/> Voluntary Cleanup Program	<input type="checkbox"/> Wastewater Agriculture
<input type="checkbox"/> Wastewater Permit	<input type="checkbox"/> Water Districts	<input type="checkbox"/> Water Rights
<input type="checkbox"/> Water Utilities	<input type="checkbox"/> Other	<input type="checkbox"/> Other <input style="width: 100px;" type="text"/>
<input type="checkbox"/> Unknown	<input type="checkbox"/> Licensing - Type(s) <input style="width: 40px;" type="text"/> <input style="width: 40px;" type="text"/> <input style="width: 40px;" type="text"/> <input style="width: 40px;" type="text"/> <input style="width: 40px;" type="text"/> <input style="width: 40px;" type="text"/>	

6. OPERATOR TRAINING

Each class of operator – Class A, Class B, and Class C shall be trained and certified in accordance with Title 30, TAC 334 Subchapter N. Class A and Class B Operators must ensure that training certificates are maintained at each facility. A copy of the initial or new certificate must also be provided to the TCEQ with their annual self certification starting August 8, 2012. All classes of operators must be retrained within three years of their training date.

As of the signature date on this form, this site is in compliance with all Class A, B, and C UST facility operator training: ☐ Yes ☐ No

Class A Operator (Exactly as it appears on certificate)

First Name	Last Name
Training Provider	Date of Training

Class B Operator – Check Box if Same as Class A Operator ☐

First Name	Last Name
Training Provider	Date of Training

TCEQ Facility ID No.				
TCEQ- UST REGISTRATION & SELF-CERTIFICATION FORM				
7. SELF-CERTIFICATION OF COMPLIANCE WITH UST REQUIREMENTS				
Important: Completion of this section is required before TCEQ issues a UST Delivery Certificate. Delivery of regulated substances into regulated USTs is prohibited by state law unless a valid, current Delivery Certificate is available and/or displayed at the UST facility. Any responses marked <u>ANO</u>, or any incomplete submittal, will result in non-issuance of a Delivery Certificate for this facility.				
● INDICATE RESPONSES TO EACH QUESTION BY MARKING X IN THE APPROPRIATE SPACE AT THE RIGHT.		<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="width: 50%; padding: 5px;">YES</th> <th style="width: 50%; padding: 5px;">NO</th> </tr> </table>	YES	NO
YES	NO			
REGISTRATION	● For regulated UST systems at the facility indicated below, is the registration information filed with the TCEQ pursuant to §334.7 of TCEQ rules (including information in this filing) complete, accurate, & up-to-date?	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; height: 40px;"><input type="checkbox"/></td> <td style="width: 50%; height: 40px;"><input type="checkbox"/></td> </tr> </table>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>			
FACILITY FEES	● For regulated UST systems at the facility indicated below, have all facility fees billed to date to the current owner been paid in full (i.e., annual fees plus all late fees, penalties, & interest)? (Does not apply to common carrier railroads)	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; height: 40px;"><input type="checkbox"/></td> <td style="width: 50%; height: 40px;"><input type="checkbox"/></td> </tr> </table>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>			
FINANCIAL ASSURANCE	● For regulated UST systems at the facility indicated below, does financial assurance coverage meet TCEQ requirements, as described in Chapter 37 Subchapter I of TCEQ rules, for first-party corrective action, third-party bodily-injury, and third-party property damage in the event of a petroleum release from these UST systems?	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; height: 40px;"><input type="checkbox"/></td> <td style="width: 50%; height: 40px;"><input type="checkbox"/></td> </tr> </table>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>			
TECHNICAL STANDARDS	● For regulated UST systems at the facility indicated below, are all in compliance with technical standards, as described in TCEQ rules in §334.49 (relating to Corrosion Protection), §334.50 (relating to Release Detection), §334.51 (relating to Spill and Overfill Prevention and Control) and §334.43 (relating to Variances and Alternative Procedures) if a written variance to all or part of the requirements of the previous three sections has been granted by the TCEQ? (A <u>yes</u> response indicates that recordkeeping requirements and reporting duties have been met for 60 days prior to and including the date of certification.)	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; height: 40px;"><input type="checkbox"/></td> <td style="width: 50%; height: 40px;"><input type="checkbox"/></td> </tr> </table>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>			
I am certifying that the following UST systems at this facility are in compliance: Tank ID #(s) as numbered on Pages 4 and 5 of this form. <small>If certifying more UST systems, please list additional ID #s on another form.</small>				
<i>This Self-Certification will not be processed or Delivery Certificate created unless Proof of Financial Assurance has been provided with this form. (State & Federal Entities Exempt)</i>				
8. FINANCIAL ASSURANCE INFORMATION				
Financial Assurance (Petroleum USTs only) Does this facility meet Financial Assurance (FA) requirements for <u>both</u> 1 st party corrective action and 3 rd party bodily injury/property damage liability? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Exempt (state and federal entities only)				
If YES, identify FA mechanism(s): <input type="checkbox"/> Insurance (or risk retention group) <input type="checkbox"/> Financial test <input type="checkbox"/> Guarantee* <input type="checkbox"/> Letter of credit* <input type="checkbox"/> Surety bond* <input type="checkbox"/> Local Gov. financial test * <input type="checkbox"/> Local Gov. guarantee* <input type="checkbox"/> Trust fund <small>* Also requires stand-by trust fund. ** Only available to local governments (counties, municipalities, and special districts).</small>				
Information pertaining to the financial assurance mechanism(s) used to demonstrate financial assurance under Chapter 37, Subchapter I of Title 30, Texas Administrative Code is as follows:				
Name of Issuer:	Phone # of Issuer:	Policy or mechanism #:		
Coverage period Beginning: Ending:	Coverage Amount s: Occurrence \$ Annual Aggregate \$	Insurance Premium pre-paid for entire year?*** <input type="checkbox"/> Yes <input type="checkbox"/> No***For information purposes only		
For questions regarding Financial Assurance, call the Financial Assurance Section at (512) 239-0300				
9. TANK OWNER/OPERATOR SELF-CERTIFICATION (for Delivery Certificate)				
I hereby certify under penalty of law to the following: ● I am the (mark one): <input type="checkbox"/> owner ... <input type="checkbox"/> legally-authorized representative of the owner ... <input type="checkbox"/> operator ... <input type="checkbox"/> legally-authorized representative of the operator of the regulated underground storage tank (UST) systems at this facility; AND ● I have personally examined and am familiar with the information included in Sections 1 through 4 AND 7; AND 8 ● Based on my current knowledge and understanding, the submitted information is true, accurate, and complete; AND ● I understand that any person who intentionally or knowingly submits false information on this form is subject to criminal prosecution.				
PRINTED NAME OF OWNER/OPERATOR (OR AUTHORIZED REPRESENTATIVE)		TITLE		
SIGNATURE OF OWNER/OPERATOR (OR AUTHORIZED REPRESENTATIVE)		DATE OF SIGNATURE (PLEASE PRINT)		
10. TANK OWNER/OPERATOR REGISTRATION (for Initial Registration or Changes)				
I hereby represent the following: ● I am the (mark one): <input type="checkbox"/> owner ... <input type="checkbox"/> legally-authorized representative of the owner ... <input type="checkbox"/> operator ... <input type="checkbox"/> legally-authorized representative of the operator of the regulated underground storage tank (UST) systems at this facility; AND ● I have personally examined and am familiar with the information included in Sections 1 through 5, and Sections 8, 11 - 13; AND ● Based on my current knowledge and understanding, the submitted information is true, accurate, and complete and that I have signature authority to submit this form on behalf of the entity in Section 1 and/or as required for the updates to the ID numbers identified in Section 5; AND ● I understand that any person who intentionally or knowingly submits false information on this form is subject to criminal prosecution.				
PRINTED NAME OF OWNER/OPERATOR (OR AUTHORIZED REPRESENTATIVE)		TITLE		
SIGNATURE OF OWNER/OPERATOR (OR AUTHORIZED REPRESENTATIVE)		DATE OF SIGNATURE (PLEASE PRINT)		

TCEQ- UST REGISTRATION & SELF-CERTIFICATION FORM**11. INSTALLER/ON-SITE SUPERVISOR CERTIFICATION**

NOTE: This section must be completed and signed by the Installer or On-Site Supervisor.

Leave blank if no tank or underground line installation activity is involved.

Was tank and/or line testing completed during and after installation? ☐ Yes ☐ No**DATE(S) INSTALLATION ACTIVITIES PERFORMED: CONTRACTOR (COMPANY OR FIRM):****TCEQ CRP No.:**

CRP

INDIVIDUAL INSTALLER/ ON-SITE SUPERVISOR:**TCEQ ILP No.:**

ILP

- I hereby certify that the information provided concerning recent installations were conducted by me or under my direct supervision, that I am familiar with the TCEQ requirements applicable to such activities and that to the best of my knowledge and belief such activities were performed in conformance with applicable TCEQ UST regulations.

SIGNATURE OF INSTALLER/SUPERVISOR:**DATE OF SIGNATURE**

Important: The information in the following sections regarding the UST system(s) at this facility must be properly completed in sufficient detail to support registration. UST owners & operators are encouraged to examine their UST records and/or consult with their UST equipment installers, service technicians, and/or insurance providers to ensure that this information is accurate and complete.

12. TANK IDENTIFICATION/DESCRIPTION

Tank Identification <i>Number each tank compartment at your site consistent with Rule 334.8(c)(5)(C).</i>				
Tank Installation Date (Month/day/year)				
Tank Capacity (in U.S. gallons)				
Tank Status (Mark One Status & Indicate Date, if Applicable)				
1-Currently in Use	1- <input type="checkbox"/>	1- <input type="checkbox"/>	1- <input type="checkbox"/>	1- <input type="checkbox"/>
2-Temporarily out of service (date)	2- <input type="text"/>	2- <input type="text"/>	2- <input type="text"/>	2- <input type="text"/>
- Meets TCEQ Definition of Empty? - Yes or 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	<input type="checkbox"/> Yes <input type="checkbox"/> No
3-Perm.filled in place w/ sand, concrete, etc.(date)	3- <input type="text"/>	3- <input type="text"/>	3- <input type="text"/>	3- <input type="text"/>
4-Permanently removed from the ground (date)	4- <input type="text"/>	4- <input type="text"/>	4- <input type="text"/>	4- <input type="text"/>
Current/Last Substance Stored (Mark All that Apply)				
1-Gasoline	1- <input type="checkbox"/>	1- <input type="checkbox"/>	1- <input type="checkbox"/>	1- <input type="checkbox"/>
2-Diesel	2- <input type="checkbox"/>	2- <input type="checkbox"/>	2- <input type="checkbox"/>	2- <input type="checkbox"/>
3-Kerosene	3- <input type="checkbox"/>	3- <input type="checkbox"/>	3- <input type="checkbox"/>	3- <input type="checkbox"/>
4-Used Oil	4- <input type="checkbox"/>	4- <input type="checkbox"/>	4- <input type="checkbox"/>	4- <input type="checkbox"/>
5-New Oil	5- <input type="checkbox"/>	5- <input type="checkbox"/>	5- <input type="checkbox"/>	5- <input type="checkbox"/>
6-Other Petroleum Substance (specify)	6- <input type="text"/>	6- <input type="text"/>	6- <input type="text"/>	6- <input type="text"/>
7a-CERCLA Hazardous Substance (specify)	7a- <input type="text"/>	7a- <input type="text"/>	7a- <input type="text"/>	7a- <input type="text"/>
7b-Chemical Abstract Service (CAS) No.	7b- # <input type="text"/>	7b- # <input type="text"/>	7b- # <input type="text"/>	7b- # <input type="text"/>
7c-Hazardous Substances Mixture (specify)	7c- <input type="text"/>	7c- <input type="text"/>	7c- <input type="text"/>	7c- <input type="text"/>
8-Petroleum/Hazardous Substances Mixture (specify)	8- <input type="text"/>	8- <input type="text"/>	8- <input type="text"/>	8- <input type="text"/>

13. UST SYSTEM TECHNICAL INFORMATION

Tank & Piping Design (Mark One for Tank & Piping)	Tank	Piping	Tank	Piping	Tank	Piping	Tank	Piping
1-Single-Wall	1- <input type="checkbox"/>	<input type="checkbox"/>	1- <input type="checkbox"/>	<input type="checkbox"/>	1- <input type="checkbox"/>	<input type="checkbox"/>	1- <input type="checkbox"/>	<input type="checkbox"/>
2-Double-Wall	2- <input type="checkbox"/>	<input type="checkbox"/>	2- <input type="checkbox"/>	<input type="checkbox"/>	2- <input type="checkbox"/>	<input type="checkbox"/>	2- <input type="checkbox"/>	<input type="checkbox"/>
External Containment (Mark all that apply)								
3-Factory-Built Nonmetallic Jacket	3- <input type="checkbox"/>	<input type="checkbox"/>	3- <input type="checkbox"/>	<input type="checkbox"/>	3- <input type="checkbox"/>	<input type="checkbox"/>	3- <input type="checkbox"/>	<input type="checkbox"/>
4a-Synthetic Tank-Pit/Piping-Trench Liner	4a- <input type="checkbox"/>	<input type="checkbox"/>	4a- <input type="checkbox"/>	<input type="checkbox"/>	4a- <input type="checkbox"/>	<input type="checkbox"/>	4a- <input type="checkbox"/>	<input type="checkbox"/>
4b-Tank Vault/Rigid Trench Liner	4b- <input type="checkbox"/>	<input type="checkbox"/>	4b- <input type="checkbox"/>	<input type="checkbox"/>	4b- <input type="checkbox"/>	<input type="checkbox"/>	4b- <input type="checkbox"/>	<input type="checkbox"/>
Type of Piping (Mark One)								
5a-Pressurized		5a- <input type="checkbox"/>		5a- <input type="checkbox"/>		5a- <input type="checkbox"/>		5a- <input type="checkbox"/>
5b-Suction		5b- <input type="checkbox"/>		5b- <input type="checkbox"/>		5b- <input type="checkbox"/>		5b- <input type="checkbox"/>
5c-Gravity		5c- <input type="checkbox"/>		5c- <input type="checkbox"/>		5c- <input type="checkbox"/>		5c- <input type="checkbox"/>
Tank Internal Protection								
6-Internal Tank Lining (Indicate date)	6- <input type="text"/>		6- <input type="text"/>		6- <input type="text"/>		6- <input type="text"/>	

TCEQ Facility ID No.

TCEQ- UST REGISTRATION & SELF-CERTIFICATION FORM

13. UST SYSTEM TECHNICAL INFORMATION – CONTINUED FROM PAGE 4

Tank Identification (e.g. 1, 2, 3, 4, etc.)								
Tank & Piping Materials (Mark all that apply)	Tank	Piping	Tank	Piping	Tank	Piping	Tank	Piping
1-Steel	1 - <input type="checkbox"/>	<input type="checkbox"/>	1 - <input type="checkbox"/>	<input type="checkbox"/>	1 - <input type="checkbox"/>	<input type="checkbox"/>	1 - <input type="checkbox"/>	<input type="checkbox"/>
2-FRP (fiberglass-reinforced plastic)	2 - <input type="checkbox"/>	<input type="checkbox"/>	2 - <input type="checkbox"/>	<input type="checkbox"/>	2 - <input type="checkbox"/>	<input type="checkbox"/>	2 - <input type="checkbox"/>	<input type="checkbox"/>
3-Composite tank (steel w/external FRP cladding)	3 - <input type="checkbox"/>	N/A	3 - <input type="checkbox"/>	N/A	3 - <input type="checkbox"/>	N/A	3 - <input type="checkbox"/>	N/A
4-Concrete	4 - <input type="checkbox"/>	<input type="checkbox"/>	4 - <input type="checkbox"/>	<input type="checkbox"/>	4 - <input type="checkbox"/>	<input type="checkbox"/>	4 - <input type="checkbox"/>	<input type="checkbox"/>
5a-Jacketed (steel w/external nonmetallic jacket)	5a <input type="checkbox"/>	<input type="checkbox"/>	5a <input type="checkbox"/>	<input type="checkbox"/>	5a <input type="checkbox"/>	<input type="checkbox"/>	5a <input type="checkbox"/>	<input type="checkbox"/>
5b-Coated (steel w/external polyurethane cladding)	5b <input type="checkbox"/>	N/A	5b <input type="checkbox"/>	N/A	5b <input type="checkbox"/>	N/A	5b <input type="checkbox"/>	N/A
5c-Nonmetallic flexible piping	5c-N/A <input type="checkbox"/>	<input type="checkbox"/>	5c-N/A <input type="checkbox"/>	<input type="checkbox"/>	5c-N/A <input type="checkbox"/>	<input type="checkbox"/>	5c-N/A <input type="checkbox"/>	<input type="checkbox"/>
Piping Connectors & Valves (Mark all that apply)								
6-Shear/Impact Valves (under dispenser)	6-N/A <input type="checkbox"/>	<input type="checkbox"/>	6-N/A <input type="checkbox"/>	<input type="checkbox"/>	6-N/A <input type="checkbox"/>	<input type="checkbox"/>	6-N/A <input type="checkbox"/>	<input type="checkbox"/>
7-Steel swing-joints (at ends of piping)	7-N/A <input type="checkbox"/>	<input type="checkbox"/>	7-N/A <input type="checkbox"/>	<input type="checkbox"/>	7-N/A <input type="checkbox"/>	<input type="checkbox"/>	7-N/A <input type="checkbox"/>	<input type="checkbox"/>
8-Flexible connectors (at ends of piping)	8-N/A <input type="checkbox"/>	<input type="checkbox"/>	8-N/A <input type="checkbox"/>	<input type="checkbox"/>	8-N/A <input type="checkbox"/>	<input type="checkbox"/>	8-N/A <input type="checkbox"/>	<input type="checkbox"/>
Tank/Piping Corrosion Protection (Mark all that apply)	Tank	Piping	Tank	Piping	Tank	Piping	Tank	Piping
1-External dielectric coating/laminate/tape/wrap	1- <input type="checkbox"/>	<input type="checkbox"/>	1- <input type="checkbox"/>	<input type="checkbox"/>	1- <input type="checkbox"/>	<input type="checkbox"/>	1- <input type="checkbox"/>	<input type="checkbox"/>
2a-Listed/certified factory-installed cathodic protection	2a <input type="checkbox"/>	<input type="checkbox"/>	2a <input type="checkbox"/>	<input type="checkbox"/>	2a <input type="checkbox"/>	<input type="checkbox"/>	2a <input type="checkbox"/>	<input type="checkbox"/>
2b-Certified field-installed cathodic protection	2b <input type="checkbox"/>	<input type="checkbox"/>	2b <input type="checkbox"/>	<input type="checkbox"/>	2b <input type="checkbox"/>	<input type="checkbox"/>	2b <input type="checkbox"/>	<input type="checkbox"/>
3a-Listed composite tank (steel w/FRP external laminate)	3a <input type="checkbox"/>	N/A	3a <input type="checkbox"/>	N/A	3a <input type="checkbox"/>	N/A	3a <input type="checkbox"/>	N/A
3b-Listed coated tank (steel w/external polyurethane laminate)	3b <input type="checkbox"/>	N/A	3b <input type="checkbox"/>	N/A	3b <input type="checkbox"/>	N/A	3b <input type="checkbox"/>	N/A
4a-Listed FRP tank or piping (non-corrodible)	4a <input type="checkbox"/>	<input type="checkbox"/>	4a <input type="checkbox"/>	<input type="checkbox"/>	4a <input type="checkbox"/>	<input type="checkbox"/>	4a <input type="checkbox"/>	<input type="checkbox"/>
4b-Listed nonmetallic flexible piping (non-corrodible)	4b-N/A <input type="checkbox"/>	<input type="checkbox"/>	4b-N/A <input type="checkbox"/>	<input type="checkbox"/>	4b-N/A <input type="checkbox"/>	<input type="checkbox"/>	4b-N/A <input type="checkbox"/>	<input type="checkbox"/>
5a-Listed/certified external nonmetallic jacket	5a <input type="checkbox"/>	N/A	5a <input type="checkbox"/>	N/A	5a <input type="checkbox"/>	N/A	5a <input type="checkbox"/>	N/A
5b-Isolated in open-area (e.g., sump, boot, etc.) or secondary containment device (e.g., wall, jacketed or liner)	5b- N/A <input type="checkbox"/>	<input type="checkbox"/>	5b- N/A <input type="checkbox"/>	<input type="checkbox"/>	5b- N/A <input type="checkbox"/>	<input type="checkbox"/>	5b- N/A <input type="checkbox"/>	<input type="checkbox"/>
6-Dual protected	6- <input type="checkbox"/>	N/A	6- <input type="checkbox"/>	N/A	6- <input type="checkbox"/>	N/A	6- <input type="checkbox"/>	N/A
7-Unnecessary per corrosion protection specialist	7- <input type="checkbox"/>	<input type="checkbox"/>	7- <input type="checkbox"/>	<input type="checkbox"/>	7- <input type="checkbox"/>	<input type="checkbox"/>	7- <input type="checkbox"/>	<input type="checkbox"/>
Tank & Piping Release Detection (Mark all that apply)	Tank	Piping	Tank	Piping	Tank	Piping	Tank	Piping
1-External vapor/tracer monitoring	1- <input type="checkbox"/>	<input type="checkbox"/>	1- <input type="checkbox"/>	<input type="checkbox"/>	1- <input type="checkbox"/>	<input type="checkbox"/>	1- <input type="checkbox"/>	<input type="checkbox"/>
2-External groundwater monitoring	2- <input type="checkbox"/>	<input type="checkbox"/>	2- <input type="checkbox"/>	<input type="checkbox"/>	2- <input type="checkbox"/>	<input type="checkbox"/>	2- <input type="checkbox"/>	<input type="checkbox"/>
3-Monitoring of secondary containment barrier	3- <input type="checkbox"/>	<input type="checkbox"/>	3- <input type="checkbox"/>	<input type="checkbox"/>	3- <input type="checkbox"/>	<input type="checkbox"/>	3- <input type="checkbox"/>	<input type="checkbox"/>
4-Automatic tank gauge test & inventory control	4- <input type="checkbox"/>	N/A	4- <input type="checkbox"/>	N/A	4- <input type="checkbox"/>	N/A	4- <input type="checkbox"/>	N/A
5-Interstitial monitoring within secondary wall/jacket	5- <input type="checkbox"/>	<input type="checkbox"/>	5- <input type="checkbox"/>	<input type="checkbox"/>	5- <input type="checkbox"/>	<input type="checkbox"/>	5- <input type="checkbox"/>	<input type="checkbox"/>
6a-Monthly piping tightness test (@ 0.2 gph)	6a-N/A <input type="checkbox"/>	<input type="checkbox"/>	6a-N/A <input type="checkbox"/>	<input type="checkbox"/>	6a-N/A <input type="checkbox"/>	<input type="checkbox"/>	6a-N/A <input type="checkbox"/>	<input type="checkbox"/>
6b- Annual piping tightness test / Annual electronic monitoring (@ 0.1gph)	6b-N/A <input type="checkbox"/>	<input type="checkbox"/>	6b-N/A <input type="checkbox"/>	<input type="checkbox"/>	6b-N/A <input type="checkbox"/>	<input type="checkbox"/>	6b-N/A <input type="checkbox"/>	<input type="checkbox"/>
6c-Triennial tightness test (for suction/gravity piping)	6c-N/A <input type="checkbox"/>	<input type="checkbox"/>	6c-N/A <input type="checkbox"/>	<input type="checkbox"/>	6c-N/A <input type="checkbox"/>	<input type="checkbox"/>	6c-N/A <input type="checkbox"/>	<input type="checkbox"/>
6d-Auto. line leak detector (3.0gph for pressure piping)	6d-N/A <input type="checkbox"/>	<input type="checkbox"/>	6d-N/A <input type="checkbox"/>	<input type="checkbox"/>	6d-N/A <input type="checkbox"/>	<input type="checkbox"/>	6d-N/A <input type="checkbox"/>	<input type="checkbox"/>
7a-Weekly manual tank gauging (tanks ≤ 1,000 gal)	7a <input type="checkbox"/>	N/A	7a <input type="checkbox"/>	N/A	7a <input type="checkbox"/>	N/A	7a <input type="checkbox"/>	N/A
7b-Monthly tank gauging (for emer. generator tanks)	7b <input type="checkbox"/>	N/A	7b <input type="checkbox"/>	N/A	7b <input type="checkbox"/>	N/A	7b <input type="checkbox"/>	N/A
8-SIR-Statistical Inventory Reconciliation & inv. Control	8- <input type="checkbox"/>	<input type="checkbox"/>	8- <input type="checkbox"/>	<input type="checkbox"/>	8- <input type="checkbox"/>	<input type="checkbox"/>	8- <input type="checkbox"/>	<input type="checkbox"/>
9-Exempt system suction	9- N/A <input type="checkbox"/>	<input type="checkbox"/>	9- N/A <input type="checkbox"/>	<input type="checkbox"/>	9- N/A <input type="checkbox"/>	<input type="checkbox"/>	9- N/A <input type="checkbox"/>	<input type="checkbox"/>
Spill Containment & Overfill Prevention Equipment								
1- Tight-fill fitting	1 - <input type="checkbox"/>		1 - <input type="checkbox"/>		1 - <input type="checkbox"/>		1 - <input type="checkbox"/>	
2- Factory-built spill container/bucket/sump	2 - <input type="checkbox"/>		2 - <input type="checkbox"/>		2 - <input type="checkbox"/>		2 - <input type="checkbox"/>	
3a-Delivery shut-off valve (set@ ≤95%capacity)	3a <input type="checkbox"/>		3a <input type="checkbox"/>		3a <input type="checkbox"/>		3a <input type="checkbox"/>	
3b-Flow restrictor valve, e.g., vent ball-float (set@ ≤90% cap.)	3b <input type="checkbox"/>		3b <input type="checkbox"/>		3b <input type="checkbox"/>		3b <input type="checkbox"/>	
3c-Alarm (set@ ≤90%), w/3a or 3b (set@ ≤98% cap.)	3c <input type="checkbox"/>		3c <input type="checkbox"/>		3c <input type="checkbox"/>		3c <input type="checkbox"/>	
4 - N/A - All deliveries to tank are ≤ 25 gal. each	4 - <input type="checkbox"/>		4 - <input type="checkbox"/>		4 - <input type="checkbox"/>		4 - <input type="checkbox"/>	
Stage I Vapor Recovery								
* See 30 TAC 115 for rule & location exemption information.								
1-Stage I (UST to tanker truck): Installation date:	1 <input type="text"/>		1 <input type="text"/>		1 <input type="text"/>		1 <input type="text"/>	
• Type: 1a-Stage I two-point system	1a <input type="checkbox"/>		1a <input type="checkbox"/>		1a <input type="checkbox"/>		1a <input type="checkbox"/>	
1b-Stage I coaxial system	1b <input type="checkbox"/>		1b <input type="checkbox"/>		1b <input type="checkbox"/>		1b <input type="checkbox"/>	
• Exempt by: 1c-TCEQ Rule*	1c <input type="checkbox"/>		1c <input type="checkbox"/>		1c <input type="checkbox"/>		1c <input type="checkbox"/>	