

# COMPLIANCE CERTIFICATION FORMS BOOKLET

for Underground Storage Tank Facilities



# Table of Contents

1.0	Compliance Certification Instructions .....	2
1.1	What is Compliance Certification? .....	2
1.2	Submission Timeline .....	2
1.3	Do I Have to Certify? .....	3
1.4	How Do I Fill Out the Compliance Certification Forms? .....	3
1.5	How Do I Submit a Compliance Certification? .....	4
1.6	What Is Not Covered by the Compliance Certification? .....	4
1.7	What are the Advantages of the Compliance Certification Program? .....	4
1.8	Detailed Instructions for Filling Out the Compliance Certification Forms .....	5
1.9	Frequently Asked Questions .....	6
	2008 Compliance Certification Checklist .....	CC-1
	2008 Certification Statement .....	CC-26
	Return to Compliance Form .....	RTC-1

Note: This booklet is a public document and is not copyrighted. It may be reproduced for educational purposes, but may not be sold for profit. Also, any and all products and companies identified (through the manufacturer's supplied product literature) in this report are for example only. No endorsements are implied nor should any be inferred.

# 1.0 Compliance Certification Instructions

## 1.1 What is Compliance Certification?

In order to improve environmental protection, underground storage tank (UST) facilities must self-certify to the Department of Environmental Conservation (DEC) that they are complying with the environmental requirements that apply to their business. This approach to regulation holds great promise for UST facilities to meet - and surpass – Vermont's environmental regulations. This package contains the materials needed to complete and submit the compliance certification checklist. The accompanying workbook provides the information needed to help you understand and comply with state and federal environmental regulations. The entire package has two parts:

1. **Compliance Certification Workbook for Underground Storage Tank Facilities:** The Workbook explains the regulations that apply to your facility, and how to make sure you are complying with them. It covers not just UST regulations, but also regulations for vapor recovery, floor drains, and fuel-contaminated hazardous waste. The Workbook is designed to be used in conjunction with the accompanying Compliance Certification Checklist and can also be used as a reference for your facility. In addition to information about requirements, the Workbook also provides information regarding best management practices and pollution prevention techniques that can help your facility minimize human health risks and environmental impacts while saving money.
2. **Compliance Certification Checklist and Accompanying Forms Booklet (This Booklet):** This booklet consists of 2 forms that you may need to fill out, as described below.
  - **Compliance Certification Checklist:** The checklist requires facility information (facility name, address, owner, etc.) and contains a series of compliance questions, which generally require "yes" or "no" answers about whether or not your facility is following the applicable environmental requirements. Some of the "no" answers in the checklist are indicator questions marked with an **(!)** that require you to complete a Return to Compliance Plan. The checklist ends with a certification statement which must be signed by the permittee. The checklist begins on page CC-1 of this booklet.
  - **Return to Compliance Plan:** Complete the Return to Compliance Plan if your facility is not in compliance with a particular checklist item at the time you complete your certification form. You must detail your plans to address the particular items to bring them back into conformance with environmental regulations within a specified period of time. This form can be found on page RTC-1 of this booklet.

## 1.2 Submission Timeline

**Certification Checklists** must be returned and postmarked by December 31, 2008. **Return to Compliance Plan** forms must also be submitted with the checklists on or before December 31, 2008. Facilities that submit **Return to Compliance Plan** forms will have an additional 60 days after the submittal date to implement their plans. Certification will take place every year during the same timeframe.

Questions and/or Comments can be directed to:

**Underground Storage Tank Program  
Vermont Department of Environmental Conservation  
103 South Main Street  
Waterbury, VT 05671-0404  
(802) 241-3888**

### 1.3 Do I Have to Certify?

The self-certification program is **mandatory**. Every facility that has a regulated underground storage tank is required to complete this booklet. If you have any questions regarding the status of your facility, please call us at (802) 241-3888.

### 1.4 How Do I Fill Out the Compliance Certification Forms?

1. **Read the accompanying Workbook** to understand your environmental responsibilities.
2. **Make a copy of the Compliance Certification Checklist and any other necessary forms** to use as working drafts (or download and print from the Internet at [<http://www.anr.state.vt.us/dec/wastediv/ust/home.htm>]).
3. **Read the Compliance Certification Checklist** and identify all the questions that apply to your facility. (You may not have to answer all of the questions on the checklist. If a certain question does not apply to your facility, you may skip that question and move to the next one.) Additional step-by-step instructions for the Compliance Certification Checklist are included in Section 1.8.
4. **Fill Out the Compliance Certification Checklist.** Walk through your facility with the checklist copy and identify all the questions where you are already in compliance and those where you will need to make changes to come into compliance. This step should be done well in advance of December 31, 2008, the certification deadline. **Please note that a few Vermont UST facilities will have components that are not included on this checklist. If this checklist does not cover some component of your tank system, and you are unsure how to fill out the form, contact the UST Program.**
5. **Look at the Workbook for Help.** If you're having trouble understanding how to answer the questions, you can look up the answers in the Workbook. For all but the simplest questions, the certification form provides a "Workbook Reference" in the right-hand column of the form. This column shows the chapter and section of the Workbook where you should look for more information to answer this question.
6. **Complete Return to Compliance Plans.** If your facility will be out of compliance with any requirement after the certification deadline, be sure to document each checklist item you are not in compliance with in your Return to Compliance Plan for that post deadline submittal.

7. **Review your Compliance Certification Checklist for completeness.** Once complete, copy your answers from the draft and complete the **Certification Statement**. Then make a copy of the completed certification package for your files, and submit the original signed copy of the **Compliance Certification Checklist** and **Certification Statement** to the DEC. Be sure to include any **Return to Compliance Plan** forms, if applicable.

## 1.5 How Do I Submit a Compliance Certification?

You are required to complete all applicable forms in this Forms Booklet and submit them to the DEC on or before December 31, 2008. Mail or hand-deliver the completed certification forms to:

**Underground Storage Tank Program  
Vermont Department of Environmental Conservation  
103 South Main Street  
Waterbury, VT 05671-0404**

## 1.6 What Is Not Covered by the Compliance Certification?

The Compliance Certification is intended to cover the environmental requirements most common at a underground storage tank facility. There may be other federal, state or local requirements or permits that apply to your facility such as building codes, fire codes, etc. that are not covered. You must still comply with these requirements.

## 1.7 What are the Advantages of the Compliance Certification Program?

Compliance with environmental regulations is a requirement of all UST facilities. Completion of the Compliance Certification Program means:

- DEC may reduce the inspection priority for your facility, although there is always a possibility of a random inspection,
- You can find and correct environmental violations before we discover them during an inspection,
- You will have completed a comprehensive evaluation of your facility's compliance status, making you better prepared for an inspection, and
- The DEC's Underground Storage Tank Program will be happy to provide technical assistance if you encounter any questions or problems.

Note: Participation in the Compliance Certification Program does not guarantee that your facility will not be subject to an inspection. Both state and federal environmental agencies have the authority to perform such inspections. If these inspections reveal serious violations, the Agency of Natural Resources may initiate an enforcement action against your facility. Participation in this program will allow you to identify deficiencies and prepare your facility in

the event of an inspection. Keep copies of your checklists to assist you in demonstrating compliance with applicable state and federal regulations.

## 1.8 Detailed Instructions for Filling Out the Compliance Certification Forms

### ***Compliance Certification Checklist***

The **Compliance Certification Checklist** questions provide the DEC with some background information about your UST facility and information about whether or not your facility is following the environmental protection standards and requirements that apply to it. The **Workbook** contains the information you will need to determine how to answer the questions. The checklist tells you where in the Workbook you can find information about the environmental requirements referred to in each question. *The DEC strongly advises you to consult the Workbook before answering any questions.* Most of the questions are "yes" or "no" questions about compliance with particular standards. In some cases, your answers to a specific question on the checklist will determine whether you have to answer the "dependent questions" that follow it. Before answering them, make sure that they apply to your facility. Some of the "no" answers in the checklist are indicator questions marked with an **(!)** that require you to complete a Return to Compliance Plan for that question.

If you are not in compliance with the requirement on the date you certify, you must complete a **Return to Compliance Plan** (described below) and submit it with the **Compliance Certification Checklist**. At the end of subsections of the checklist that deal with compliance issues, you will see two questions. One asks if you must submit a **Return to Compliance Plan** for any items in the section. The second question asks you to identify, if applicable, the question(s) for which you are not in compliance and thus must submit a **Return to Compliance Plan**. **You must submit a Return to Compliance Plan for each non-compliant answer i.e. (!).**

Please note that it is your responsibility to keep your facility in compliance with environmental protection requirements at all times. There are some questions that ask whether you have been doing a routine activity for the past year, such as properly maintaining your equipment. Be sure to comply with the requirements throughout the year.

### ***Certification Statement***

The *Certification Statement* is a preprinted statement which says that the person signing the form:

- has reviewed it,
- believes the information being submitted is true, and
- Understands that there may be serious consequences for submitting false information to DEC.

The statement must be signed by the UST permittee. The person who signs the form must also print or type his/her name and title on the appropriate lines, date the form, and check the space next to the signatory authority, if applicable.

### ***Return to Compliance Plan***

- MAKE COPIES OF THIS FORM BEFORE YOU BEGIN -

If you are unable to comply with a certain requirement, you must fill out the **Return to Compliance Plan** form. If you cannot comply with a certain requirement, it is important to understand that your facility is in violation of Vermont regulations. You must correct the problem within the allowed time frame. If a tank system is not fully in compliance by the end of the allowed period, the tank system must be pumped empty and taken temporarily out of service. Failure to comply with requirements could result in the Agency of Natural Resources initiating an enforcement action.

A copy of a **Return to Compliance Plan** form can be found starting on page RTC-1 of this booklet. If you need more forms, make the necessary number of copies, download and print copies from the Internet at [<http://www.anr.state.vt.us/dec/wastediv/ust/home.htm>], or call us for additional copies at (802) 241-3888. Attach all **Return to Compliance Plan** forms to your completed **Compliance Certification Checklist** and mail or hand-deliver to DEC by December 31, 2008.

A Return to Compliance Plan Report, which is a letter documenting whether you have accomplished all Return to Compliance items, must be submitted within 60 days of submittal of the Return to Compliance Plan form.

### **1.9 Frequently Asked Questions**

#### ***What do we do if we have more than one UST permittee at our facility?***

Each UST permittee must fill out the appropriate certification forms for the tanks covered by the permit. A facility with two permittees would have two certification forms submitted, one for each permittee.

#### ***What do I do if I have more than four regulated tanks at my facility?***

The Compliance Certification Checklist is designed for facilities/permittees that have four tanks or fewer. Such facilities represent the vast majority of UST facilities in the state. Those permittees that have more than four tanks at a facility should make as many copies as necessary to cover all of their tanks at that facility. For instance, if the permittee had six tanks, the permittee would fill out one certification form completely, for all environmental issues at the first four tanks and throughout the facility. Then the permittee would fill out a copy of another certification form just addressing UST issues for the remaining two tanks. The permittee should number the tank columns on the second form as "5" and "6." Call DEC if you have any questions.

#### ***What if I have more than one facility?***

UST permittees need to fill out a separate set of compliance certification forms for each facility that they own/operate. For example, a permittee with tanks at three different facilities

would need to submit three separate sets of compliance certification forms, one for each facility.

<b>I. Facility Information</b>			
<b>#</b>	<b>Question</b>	<b>Answer</b>	<b>Workbook Reference</b>
<b>A Facility Information</b>			
1	Facility name		N/A
2	Facility ID Number		Ch. 1
3	Facility physical street address		N/A
4	Town/City		N/A
5	Zip code		N/A
6	Does the facility have multiple tank owners? If yes, complete a different self-certification form for each permittee.	<input type="checkbox"/> Yes <input type="checkbox"/> No	Ch. 1
<b>B Tank Owner Information</b>			
1	Tank owner		Ch. 1
2	Owner mailing address		N/A
3	Town/City		N/A
4	State		N/A
5	Zip code		N/A
6	Tank owner telephone number		N/A
7	Tank owner contact person (corp.)		N/A
<b>C Property Owner Information</b>			
1	Property owner		N/A
2	Property owner mailing address		N/A
3	Town/City		N/A
4	State		N/A
5	Zip code		N/A
6	Property owner telephone number		N/A
7	Property owner contact person (corp.)		N/A
<b>D Facility Operator Information</b>			
1	Facility operator		N/A
2	Facility operator mailing address		N/A
3	Town/City		N/A
4	State		N/A
5	Zip code		N/A
6	Facility operator telephone number		N/A

II. Underground Storage Tank System Profile						
#	Question	Tank 1	Tank 2	Tank 3	Tank 4	Workbook Reference
<b>A Status of Tank and Piping</b>						
1	Tank ID or nickname (e.g., "8K Super" or "east oil tank"). The nickname is to help you remember which tank is which from year to year. <i>Each manifolded tank/ compartment of a tank should be treated as an individual tank on this form. Use a separate column for each one.</i>					Ch. 4.0
2	Is the tank diagram posted?	<input type="checkbox"/> Yes <input type="checkbox"/> No (!)				Ch. 4.0.1
3	If yes, is the tank diagram accurate?	<input type="checkbox"/> Yes <input type="checkbox"/> No (!)				Ch. 4.0.1
4	Is the diagram visible from the tank pad?	<input type="checkbox"/> Yes <input type="checkbox"/> No (!)				Ch. 4.0.1
5	What is the product stored in the tank?	<input type="checkbox"/> #2 or #4 fuel <input type="checkbox"/> #5 or #6 fuel <input type="checkbox"/> Diesel (DZ) <input type="checkbox"/> Gasoline (GS) <input type="checkbox"/> Kerosene (KR) <input type="checkbox"/> Used Oil (UO) <input type="checkbox"/> Other (O)	<input type="checkbox"/> #2 or #4 fuel <input type="checkbox"/> #5 or #6 fuel <input type="checkbox"/> Diesel (DZ) <input type="checkbox"/> Gasoline (GS) <input type="checkbox"/> Kerosene (KR) <input type="checkbox"/> Used Oil (UO) <input type="checkbox"/> Other (O)	<input type="checkbox"/> #2 or #4 fuel <input type="checkbox"/> #5 or #6 fuel <input type="checkbox"/> Diesel (DZ) <input type="checkbox"/> Gasoline (GS) <input type="checkbox"/> Kerosene (KR) <input type="checkbox"/> Used Oil (UO) <input type="checkbox"/> Other (O)	<input type="checkbox"/> #2 or #4 fuel <input type="checkbox"/> #5 or #6 fuel <input type="checkbox"/> Diesel (DZ) <input type="checkbox"/> Gasoline (GS) <input type="checkbox"/> Kerosene (KR) <input type="checkbox"/> Used Oil (UO) <input type="checkbox"/> Other (O)	Ch. 4.0.2
6	If other, please specify:					Ch. 1.0, 4.0
7	What year was the tank installed?					N/A
7	Is the tank manifolded?	<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	Ch. 4.0.2
8	If yes, what number tank is it manifolded to?					Ch. 4.0.2
9	Is this tank a compartment within a larger tank? (See note in A1.)	<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	Ch. 4.0.2
10	What is the tank or compartment capacity (in gallons)?					Ch. 4.0.2
<b>B Tank Type</b>						
1	Is the tank single or double walled?	<input type="checkbox"/> Single-walled <input type="checkbox"/> Double-walled	<input type="checkbox"/> Single-walled <input type="checkbox"/> Double-walled	<input type="checkbox"/> Single-walled <input type="checkbox"/> Double-walled	<input type="checkbox"/> Single-walled <input type="checkbox"/> Double-walled	Ch. 4.4
2	Please describe the construction type for each tank. <i>For each tank, check all that apply.</i> PFRP = <i>Fiberglass Reinforced Plastic</i> PECS = <i>Polyethylene Jacketed Steel</i> PFCS = <i>Fiberglass Jacketed Steel Tank</i> PIC = <i>Steel with Impressed Current</i> PL = <i>Protected Steel Fiberglass Lined</i> PLIC = <i>Lined Steel Tank with Impressed Current</i> U = <i>Unprotected Steel</i>	<input type="checkbox"/> Protected steel <input type="checkbox"/> PFRP <input type="checkbox"/> PECS <input type="checkbox"/> PFCS <input type="checkbox"/> PIC <input type="checkbox"/> PL <input type="checkbox"/> PLIC <input type="checkbox"/> U <input type="checkbox"/> Other	<input type="checkbox"/> Protected steel <input type="checkbox"/> PFRP <input type="checkbox"/> PECS <input type="checkbox"/> PFCS <input type="checkbox"/> PIC <input type="checkbox"/> PL <input type="checkbox"/> PLIC <input type="checkbox"/> U <input type="checkbox"/> Other	<input type="checkbox"/> Protected steel <input type="checkbox"/> PFRP <input type="checkbox"/> PECS <input type="checkbox"/> PFCS <input type="checkbox"/> PIC <input type="checkbox"/> PL <input type="checkbox"/> PLIC <input type="checkbox"/> U <input type="checkbox"/> Other	<input type="checkbox"/> Protected steel <input type="checkbox"/> PFRP <input type="checkbox"/> PECS <input type="checkbox"/> PFCS <input type="checkbox"/> PIC <input type="checkbox"/> PL <input type="checkbox"/> PLIC <input type="checkbox"/> U <input type="checkbox"/> Other	Ch. 4.4
3	If other, please specify:					N/A
4	Is there a remote fill for this tank?	<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	

II. Underground Storage Tank System Profile						
#	Question	Tank 1	Tank 2	Tank 3	Tank 4	Workbook Reference
<b>C Piping Construction Type</b>						
1	Is the piping underground or above-ground?	<input type="checkbox"/> Underground <input type="checkbox"/> Aboveground	<input type="checkbox"/> Underground <input type="checkbox"/> Aboveground	<input type="checkbox"/> Underground <input type="checkbox"/> Aboveground	<input type="checkbox"/> Underground <input type="checkbox"/> Aboveground	N/A N/A
2	Is the piping single-wall or double-wall?	<input type="checkbox"/> Single-walled <input type="checkbox"/> Double-walled	<input type="checkbox"/> Single-walled <input type="checkbox"/> Double-walled	<input type="checkbox"/> Single-walled <input type="checkbox"/> Double-walled	<input type="checkbox"/> Single-walled <input type="checkbox"/> Double-walled	Ch.4.8.1,4.8.2
3	<i>Please specify the construction type for each tank's piping run.</i>  <i>For each tank system, check all that apply. For example, if a piping run has underground and aboveground components, check both for that run, along with whether the run is single-walled or double-walled and the type of construction.</i>	<input type="checkbox"/> Protected steel <input type="checkbox"/> PFLX <input type="checkbox"/> PFRP <input type="checkbox"/> PFTC <input type="checkbox"/> PIC <input type="checkbox"/> PCC <input type="checkbox"/> Other	<input type="checkbox"/> Protected steel <input type="checkbox"/> PFLX <input type="checkbox"/> PFRP <input type="checkbox"/> PFTC <input type="checkbox"/> PIC <input type="checkbox"/> PCC <input type="checkbox"/> Other	<input type="checkbox"/> Protected steel <input type="checkbox"/> PFLX <input type="checkbox"/> PFRP <input type="checkbox"/> PFTC <input type="checkbox"/> PIC <input type="checkbox"/> PCC <input type="checkbox"/> Other	<input type="checkbox"/> Protected steel <input type="checkbox"/> PFLX <input type="checkbox"/> PFRP <input type="checkbox"/> PFTC <input type="checkbox"/> PIC <input type="checkbox"/> PCC <input type="checkbox"/> Other	Ch. 4.5.2 Ch. 4.5.1 Ch. 4.5.1 Ch. 4.5.1 Ch. 4.5.1,4.5.3 Ch. 4.5.1 Ch. 4.6
		<i>PFLX = Secondarily contained flexible piping</i>		<i>PIC = Steel with impressed current</i>		
		<i>PFRP = Fiberglass reinforced plastic</i>		<i>PCC = Plastic coated copper</i>		
		<i>PFTC = Fiberglass primary flexible secondary</i>				
4	If other, please specify:					N/A
5	What year was the piping installed?					N/A
6	How is product moved through the piping?	<input type="checkbox"/> Pressure pump <input type="checkbox"/> Suction pump <input type="checkbox"/> Gravity <input type="checkbox"/> Other	<input type="checkbox"/> Pressure pump <input type="checkbox"/> Suction pump <input type="checkbox"/> Gravity <input type="checkbox"/> Other	<input type="checkbox"/> Pressure pump <input type="checkbox"/> Suction pump <input type="checkbox"/> Gravity <input type="checkbox"/> Other	<input type="checkbox"/> Pressure pump <input type="checkbox"/> Suction pump <input type="checkbox"/> Gravity <input type="checkbox"/> Other	Ch. 4.8.1 Ch. 4.8.2 Ch. 4.8.3
7	If other, please specify:					N/A
8	Is there a remote fill for this tank?					
<b>D Tank Repair History</b>						
1	Has the tank ever been repaired (i.e. inner wall lined due to interstitial leak)?	<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	N/A
2	If yes, enter the date the tank was last repaired (MM/YYYY)					N/A
3	Specify what type of repair was performed					N/A
<b>E Piping Repair History</b>						
1	Has any portion of the piping ever been repaired or replaced?	<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	N/A
2	If yes, please describe the repair and/or replacement (include the date MM/YYYY).					
<b>F Return to Compliance</b>						
1	Are you submitting a return to Compliance Plan for any of the items in this section?	<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	
2	If yes, indicate the question(s) for which you are submitting a Plan.					

III. Out of Service Tanks						
#	Question	Tank 1	Tank 2	Tank 3	Tank 4	Workbook Reference
<b>A Answer question #1 if your tank(s) are in service; answer all questions if any tank(s) are out of service.</b>						
1	What is the current status of the tank?	<input type="checkbox"/> In-Service <input type="checkbox"/> Out-of-Service	<input type="checkbox"/> In-Service <input type="checkbox"/> Out-of-Service	<input type="checkbox"/> In-Service <input type="checkbox"/> Out-of-Service	<input type="checkbox"/> In-Service <input type="checkbox"/> Out-of-Service	Ch. 4.10
2	If the tank is out of service, when was it taken out of service? (mm/yyyy)					
3	Does the tank contain less than 1" of product? <i>If the tank contains more than one inch of product, you must comply with the leak detection requirements for this tank. Be sure to complete the leak detection section of the certification form.</i>	<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 (!)	Ch. 4.10
4	Are the vent lines open?	<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 (!)	Ch. 4.10
5	Are the fill pipe and all other lines pumps, manways, and ancillary equipment secured?	<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 (!)	Ch. 4.10
6	Has the UST Program ((802) 241-3888) been notified of the out of service status?	<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 (!)	Ch. 4.10
<b>B Return to Compliance</b>						
1	Are you submitting a Return to Compliance Plan for any of the items in this section?	<input type="checkbox"/> Yes <input type="checkbox"/> No				N/A
2	If yes, indicate the question(s) for which you are submitting a Plan.					N/A

IV. Tank Corrosion Protection						
#	Question	Tank 1	Tank 2	Tank 3	Tank 4	Workbook Reference
<b>A Status of Corrosion Protection</b>						
1	What method of corrosion protection do you use for your tanks?  <i>Check all that apply. In addition, if sacrificial anodes, answer questions in section B. If ICCP, answer questions in section C. If interior liner, answer questions in section D.</i> <b>** Non-corrodible construction means the tank is made of fiberglass, or has a plastic outer wall so that no metal portion of the tank is in contact with soil.</b>	<input type="checkbox"/> Sacrificial (galvanic) anodes  <input type="checkbox"/> Impressed current cathodic protection system (ICCP)  <input type="checkbox"/> Non-corrodible construction**	<input type="checkbox"/> Sacrificial (galvanic) anodes  <input type="checkbox"/> Impressed current cathodic protection system (ICCP)  <input type="checkbox"/> Non-corrodible construction**	<input type="checkbox"/> Sacrificial (galvanic) anodes  <input type="checkbox"/> Impressed current cathodic protection system (ICCP)  <input type="checkbox"/> Non-corrodible construction**	<input type="checkbox"/> Sacrificial (galvanic) anodes  <input type="checkbox"/> Impressed current cathodic protection system (ICCP)  <input type="checkbox"/> Non-corrodible construction**	Ch. 4.4, 4.6
<b>B Sacrificial Anodes [for tanks with sacrificial anodes]</b>						
1	Were sacrificial anodes factory-installed with the UST?	<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	Ch. 4.4, 4.4.2, 4.4.3, 4.4.5, 4.6
2	Were supplemental anodes field-installed?	<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	Ch. 4.6
3	What was the date of the field installation? (MM/YYYY)					N/A
4	Has the system been tested as required by the Vermont UST Rules? <i>[Systems using factory-installed galvanic anodes must be tested every 3 years; systems that had anodes added must be tested every year].</i>	<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 (!)	Ch. 4.6
5	Did the system pass its most recent test?	<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 (!)	Ch. 4.6
6	Has the cathodic protection system been repaired?	<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	Ch. 4.6
7	If yes, was the system tested within 6 months of the last repair?	<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 (!)	Ch. 4.6

<b>IV. Tank Corrosion Protection</b>						
#	Question	Tank 1	Tank 2	Tank 3	Tank 4	Workbook Reference
<b>C Impressed Current Cathodic Protection System [for tanks with ICCP]</b>						
1	On what date was the ICCP system installed? (MM/YYYY)					Ch. 4.4, 4.6
2	Does the ICCP system operate continuously?	<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 (!)	Ch. 4.6
3	Are rectifier readings recorded every 60 days?	<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 (!)	Ch. 4.6
4	When taking readings, what is the acceptable range of the voltage and current outputs for your ICCP system? (mV, mA)					N/A
5	Is the system operating within acceptable range?	<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 (!)	Ch. 4.6
6	What was the date of the most recent system inspection? (MM/DD/YYYY)					N/A
7	Has the ICCP system been tested within the last year?	<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 (!)	Ch. 4.6
8	Did the protection system pass its most recent test?	<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 (!)	N/A
9	Has the system been repaired?	<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	Ch. 4.6
10	If yes, was the system tested within 6 months of the last repair?	<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 (!)	Ch. 4.6
<b>D Interior Liner [for single wall tanks with liners]</b>						
1	If the tank is lined, when was the tank lined? (MM/YYYY)					Ch. 4.4.3
2	Has the tank had a liner inspection in the last 10 years?	<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 (!)	Ch. 4.4.3
3	If yes, enter the date of the most recent liner inspection (MM/YYYY)					N/A
4	Did the tank pass its most recent liner inspection?	<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 (!)	Ch. 4.4.3
<b>E Return to Compliance</b>						
1	Are you submitting a Return to Compliance Plan for any of the items in	<input type="checkbox"/> Yes <input type="checkbox"/> No				N/A
2	If yes, indicate the question(s) for which you are submitting a Plan.					N/A

V. Piping Corrosion Protection						
#	Question	Tank 1	Tank 2	Tank 3	Tank 4	Workbook Reference
<b>A Status of Piping Corrosion Protection</b>						
1	<p>What method of corrosion protection do you use for your piping runs?</p> <p>Please check only one type of corrosion protection system for each piping run. If sacrificial anodes, answer questions in sections B and (if applicable) D. If ICCP, answer questions in sections C and (if applicable) D. If other, answer questions in section D (if applicable).</p> <p><b>* Non-corrodible construction means the piping is made of fiberglass, flexible plastic, or another material that will not corrode when in contact with soil.</b></p>	<input type="checkbox"/> Sacrificial (galvanic) anodes <input type="checkbox"/> Impressed Current Cathodic Protection (ICCP) <input type="checkbox"/> Non-corrodible construction* <input type="checkbox"/> Other	<input type="checkbox"/> Sacrificial (galvanic) anodes <input type="checkbox"/> Impressed Current Cathodic Protection (ICCP) <input type="checkbox"/> Non-corrodible construction* <input type="checkbox"/> Other	<input type="checkbox"/> Sacrificial (galvanic) anodes <input type="checkbox"/> Impressed Current Cathodic Protection (ICCP) <input type="checkbox"/> Non-corrodible construction* <input type="checkbox"/> Other	<input type="checkbox"/> Sacrificial (galvanic) anodes <input type="checkbox"/> Impressed Current Cathodic Protection (ICCP) <input type="checkbox"/> Non-corrodible construction* <input type="checkbox"/> Other	Ch. 4.5, 4.6  Ch. 4.5, 4.6  Ch. 4.5.1  Ch. 4.5
2	If other, please specify:					N/A
<b>B Sacrificial Anodes [for systems with sacrificial anodes]</b>						
1	When were the sacrificial anodes installed on the piping? (MM/YYYY)					N/A
2	Has the system been tested within the last year?	<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 (!)	Ch. 4.6
3	What was the date of the most recent test? (MM/YYYY)					N/A
4	Did the piping pass its most recent test?	<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 (!)	Ch. 4.6
5	Has the system been repaired?	<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	Ch. 4.6
6	If yes, was the system tested within 6 months of the last tank system repair?	<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 (!)	N/A
<b>C Impressed Current Cathodic Protection [for piping systems with ICCP]</b>						
1	What was the date of the ICCP system installation? (MM/YYYY)					Ch. 4.5, 4.5.2, 4.5.3, 4.6
2	Does the ICCP system operate continuously?	<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 (!)	Ch. 4.6
3	Are rectifier readings recorded every 60 days?	<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 (!)	Ch. 4.6
4	Is the impressed current system operating within the acceptable range of voltage and current outputs?	<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 (!)	Ch. 4.6
5	What was the date of the most recent system inspection? (MM/DD/YYYY)					N/A
6	Has the ICCP system been tested within the last year?	<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 (!)	Ch. 4.6
7	If yes, what was the date of the most recent test of the cathodic protection system? (MM/YYYY)					N/A
8	Did the protection system pass its most recent test?	<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 (!)	N/A
9	Has the ICCP system been repaired?	<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	Ch. 4.6
10	If yes, was the ICCP system inspected within 6 months of the last repair?	<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 (!)	Ch. 4.6

V. Piping Corrosion Protection						
#	Question	Tank 1	Tank 2	Tank 3	Tank 4	Workbook Reference
<b>D Ancillary Equipment Corrosion Practices [for systems with ancillary equipment]</b>						
1	What other metallic equipment is in contact with soil?  <i>Check all that apply. If no other metallic equipment is in contact with soil, check "none."</i>	<input type="checkbox"/> Flexible connectors <input type="checkbox"/> Swing joints <input type="checkbox"/> Pump heads  <input type="checkbox"/> Vertical Risers <input type="checkbox"/> NONE <input type="checkbox"/> Other	<input type="checkbox"/> Flexible connectors <input type="checkbox"/> Swing joints <input type="checkbox"/> Pump heads  <input type="checkbox"/> Vertical Risers <input type="checkbox"/> NONE <input type="checkbox"/> Other	<input type="checkbox"/> Flexible connectors <input type="checkbox"/> Swing joints <input type="checkbox"/> Pump heads  <input type="checkbox"/> Vertical Risers <input type="checkbox"/> NONE <input type="checkbox"/> Other	<input type="checkbox"/> Flexible connectors <input type="checkbox"/> Swing joints <input type="checkbox"/> Pump heads  <input type="checkbox"/> Vertical Risers <input type="checkbox"/> NONE <input type="checkbox"/> Other	Ch. 4.5, 4.6
2	Is this metal equipment protected from corrosion ?	<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 (!)	Ch. 4.6
3	Please note method of complying with corrosion protection standards for ancillary equipment in contact with soil.  <i>Check all that apply.</i>	<input type="checkbox"/> Isolated from contacting soil  <input type="checkbox"/> Impressed Current <input type="checkbox"/> Sacrificial Anode <input type="checkbox"/> NONE (!) <input type="checkbox"/> Other	<input type="checkbox"/> Isolated from contacting soil  <input type="checkbox"/> Impressed Current <input type="checkbox"/> Sacrificial Anode <input type="checkbox"/> NONE (!) <input type="checkbox"/> Other	<input type="checkbox"/> Isolated from contacting soil  <input type="checkbox"/> Impressed Current <input type="checkbox"/> Sacrificial Anode <input type="checkbox"/> NONE (!) <input type="checkbox"/> Other	<input type="checkbox"/> Isolated from contacting soil <input type="checkbox"/> Impressed Current <input type="checkbox"/> Sacrificial Anode <input type="checkbox"/> NONE (!) <input type="checkbox"/> Other	Ch. 4.5, 4.6  Ch. 4.5, 4.6  Ch. 4.5, 4.6
4	If other, please specify:					N/A
<b>E Return to Compliance</b>						
5	Are you submitting a Return to Compliance Plan for any of the items in this section?	<input type="checkbox"/> Yes <input type="checkbox"/> No				N/A
6	If yes, indicate the question(s) for which you are submitting a Plan.					N/A

VI. Tank Leak Detection							
#	Question	Tank 1	Tank 2	Tank 3	Tank 4	Workbook Reference	
<b>A Leak Detection System Status</b>							
1	What kind of leak detection is the primary method for monitoring this tank?  <b>Check only one.</b> <i>* Manual tank gauging is only allowable for tanks with a capacity of 550 gallons or less; it is typically used for tanks that hold used oil.</i>	<input type="checkbox"/> <b>Interstitial electronic (Ie)</b> answer the questions in section B  <input type="checkbox"/> <b>Interstitial manual (Im)</b> answer the questions in section C  <input type="checkbox"/> <b>In-tank monitor ITM aka ATG</b> answer the questions in section D  <input type="checkbox"/> <b>Manual tank gauging (MTG)*</b> answer the questions in sections E  <input type="checkbox"/> <b>Other (O)</b> answer the questions in section F	<input type="checkbox"/> <b>Interstitial electronic (Ie)</b> answer the questions in section B  <input type="checkbox"/> <b>Interstitial manual (Im)</b> answer the questions in section C  <input type="checkbox"/> <b>In-tank monitor ITM aka ATG</b> answer the questions in section D  <input type="checkbox"/> <b>Manual tank gauging (MTG)*</b> answer the questions in sections E  <input type="checkbox"/> <b>Other (O)</b> answer the questions in section F	<input type="checkbox"/> <b>Interstitial electronic (Ie)</b> answer the questions in section B  <input type="checkbox"/> <b>Interstitial manual (Im)</b> answer the questions in section C  <input type="checkbox"/> <b>In-tank monitor ITM aka ATG</b> answer the questions in section D  <input type="checkbox"/> <b>Manual tank gauging (MTG)*</b> answer the questions in sections E  <input type="checkbox"/> <b>Other (O)</b> answer the questions in section F	<input type="checkbox"/> <b>Interstitial electronic (Ie)</b> answer the questions in section B  <input type="checkbox"/> <b>Interstitial manual (Im)</b> answer the questions in section C  <input type="checkbox"/> <b>In-tank monitor ITM aka ATG</b> answer the questions in section D  <input type="checkbox"/> <b>Manual tank gauging (MTG)*</b> answer the questions in sections E  <input type="checkbox"/> <b>Other (O)</b> answer the questions in section F	<input type="checkbox"/> <b>Interstitial electronic (Ie)</b> answer the questions in section B  <input type="checkbox"/> <b>Interstitial manual (Im)</b> answer the questions in section C  <input type="checkbox"/> <b>In-tank monitor ITM aka ATG</b> answer the questions in section D  <input type="checkbox"/> <b>Manual tank gauging (MTG)*</b> answer the questions in sections E  <input type="checkbox"/> <b>Other (O)</b> answer the questions in section F	Ch. 4.7, 4.7.2, 4.7.2.2  Ch. 4.7, 4.7.2, 4.7.2.1  Ch. 4.7, 4.7.1  Ch. 4.7, 4.7.4  Ch. 4.7, 4.7.5
2	If other, please specify:					N/A	
<b>B Electronic Interstitial Monitoring [for tanks with electronic interstitial monitoring]</b>							
1	Provide make and model of system					N/A	
2	When was the system installed? (MM/YYYY)					N/A	
3	Has the system been monitored weekly for tank leak detection?	<input type="checkbox"/> Yes <input type="checkbox"/> No <b>(!)</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No <b>(!)</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No <b>(!)</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No <b>(!)</b>	Ch. 4.7.2.2	
4	Do you have weekly documentation of the electronic interstitial monitoring for the last 3 years? <i>If not, please maintain weekly monitoring records for at least three years, as required by the Vermont UST Rules.</i>	<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	Ch. 4.7.2.2	

VI. Tank Leak Detection						
#	Question	Tank 1	Tank 2	Tank 3	Tank 4	Workbook Reference
5	Does the self-test button (if present) currently indicate that the monitor is working correctly?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	Ch. 4.7.2.2
6	Does the system status report (if applicable) currently indicate any problems with your electronic interstitial monitors?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	Ch. 4.7.2.2
7	If yes, what is the problem?					N/A
8	Describe how the problem is being addressed					N/A
9	Has the system been repaired within the past 12 months?	<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	Ch. 4.7.2.2
10	If yes, what was the repair?					
11	If yes, what was the date of the most recent repair? (MM/YYYY)					N/A
<b>C Manual Interstitial Monitoring [for tanks with manual interstitial monitoring]</b>						
1	Has the system been monitored weekly?	<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 (!)	Ch. 4.7.2.1
2	Do you have 3 years worth of written documentaion of weekly monitoring? <i>If not, please maintain weekly monitoring records for at least three years as required by the Vermont UST Rules.</i>	<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	Ch. 4.7.2.1
3	Is the interstice monitoring port readily accessible?	<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 (!)	Ch. 4.7.2.1
4	What is the condition of the interstice?	<input type="checkbox"/> Dry <input type="checkbox"/> Wet	<input type="checkbox"/> Dry <input type="checkbox"/> Wet	<input type="checkbox"/> Dry <input type="checkbox"/> Wet	<input type="checkbox"/> Dry <input type="checkbox"/> Wet	Ch. 4.7.2.1
5	If wet, describe (how much, is it water or fuel?) <i>Any liquid in the interstice must be reported to the UST Program (802-241-3888).</i>					Ch. 4.7.2.1
<b>D In-Tank Monitor (ITM) a.k.a. Automatic Tank Gauges (ATG)</b>						
1	Provide make and model of system					
2	When was the ITM installed? (MM/YYYY)					Ch. 4.7.1
3	Is the ITM capable of at least 0.2 GPH accuracy?					N/A
4	Has the ITM been used to conduct at least one 0.2 gallon/hour leak rate test each week over the last 12 months?	<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 (!)	Ch. 4.7.1
5	Do you have 3 years worth of the above documentation?	<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	Ch. 4.7.1
6	On what date was the most recent leak rate test?					Ch. 4.7.1

<b>VI. Tank Leak Detection</b>						
<b>#</b>	<b>Question</b>	<b>Tank 1</b>	<b>Tank 2</b>	<b>Tank 3</b>	<b>Tank 4</b>	<b>Workbook Reference</b>
7	Did the tank pass the most recent 0.2 gallon/hour leak rate test?					Ch. 4.7.1

<b>VI. Tank Leak Detection</b>						
#	Question	Tank 1	Tank 2	Tank 3	Tank 4	Workbook Reference
<b>E</b>	<b>Manual Tank Gauging</b> [allowed as the sole method of leak detection only for tanks that hold 550 or fewer gallons] <b>Tank Gauging is NOT daily inventory control!</b>					<b>Manual</b>
1	Is the gauge stick accurate to 1/8"?	<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 (!)	Ch. 4.7.4
2	Have you taken inventory to 1/8" accuracy for the last 12 months and kept records?	<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 (!)	Ch. 4.7.4
3	Have these measurements been taken weekly as required?	<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 (!)	Ch. 4.7.4
4	Have the measurements been taken at the beginning <b>and</b> end of a 36-hour quiet period, during which no fuel is added to, or withdrawn from the tank?	<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 (!)	Ch. 4.7.4
5	Is the average of 4 weekly changes in tank volume calculated once a month?	<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 (!)	Ch. 4.7.4
6	Have any weekly or average monthly exceedances (see workbook) during the past year been reported to UST Program (802) 241-3888?	<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 (!)	Ch. 4.7.4
<b>F</b>	<b>Alternate Methods [for tanks using alternate methods for leak detection]</b>					
1	Is the alternate method approved by UST Program (802) 241-3888?	<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 (!)	Ch. 4.7.5
2	Is the alternate method capable of detecting all leaks?	<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 (!)	Ch. 4.7.5
3	Do you have records that show that the alternate method consistently detects leaks?	<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 (!)	Ch. 4.7.5
<b>G</b>	<b>Return to Compliance</b>					
4	Are you submitting a Return to Compliance Plan for any of the items in this section?	<input type="checkbox"/> Yes <input type="checkbox"/> No				N/A
5	If yes, indicate the question(s) for which you are submitting a Plan.					N/A

VII. Piping Leak Detection						
#	Question	Tank 1	Tank 2	Tank 3	Tank 4	Workbook Reference
<b>A Leak Detection System Status</b>						
1	Identify the type of piping installed for each piping run.  <b>Exempt suction piping</b> <i>Secondary containment and leak detection monitoring are not required for product piping operating under suction provided the following conditions are met:</i> - piping is uniformly sloped a minimum of one eighth of an inch per foot so that the contents of the pipe will drain back into the tank if the suction is released; - there is only one check valve per suction line, installed directly below dispenser pump.	<input type="checkbox"/> <b>Pressurized piping (single-walled)</b> answer sections B, C, and I below <input type="checkbox"/> <b>Pressurized piping (double-walled)</b> answer sections B, D, and I below. <input type="checkbox"/> <b>Exempt suction piping</b> answer sections E and I below. <input type="checkbox"/> <b>Suction piping (single-walled)</b> answer sections F and I below <input type="checkbox"/> <b>Suction piping (double-walled)</b> answer sections G and I below <input type="checkbox"/> <b>Aboveground</b> (no leak detection requirements) <input type="checkbox"/> <b>Other</b> answer sections H and I below	<input type="checkbox"/> <b>Pressurized piping (single-walled)</b> answer sections B, C, and I below <input type="checkbox"/> <b>Pressurized piping (double-walled)</b> answer sections B, D, and I below. <input type="checkbox"/> <b>Exempt suction piping</b> answer sections E and I below. <input type="checkbox"/> <b>Suction piping (single-walled)</b> answer sections F and I below <input type="checkbox"/> <b>Suction piping (double-walled)</b> answer sections G and I below <input type="checkbox"/> <b>Aboveground</b> (no leak detection requirements) <input type="checkbox"/> <b>Other</b> answer sections H and I below	<input type="checkbox"/> <b>Pressurized piping (single-walled)</b> answer sections B, C, and I below <input type="checkbox"/> <b>Pressurized piping (double-walled)</b> answer sections B, D, and I below. <input type="checkbox"/> <b>Exempt suction piping</b> answer sections E and I below. <input type="checkbox"/> <b>Suction piping (single-walled)</b> answer sections F and I below <input type="checkbox"/> <b>Suction piping (double-walled)</b> answer sections G and I below <input type="checkbox"/> <b>Aboveground</b> (no leak detection requirements) <input type="checkbox"/> <b>Other</b> answer sections H and I below	<input type="checkbox"/> <b>Pressurized piping (single-walled)</b> answer sections B, C, and I below <input type="checkbox"/> <b>Pressurized piping (double-walled)</b> answer sections B, D, and I below. <input type="checkbox"/> <b>Exempt suction piping</b> answer sections E and I below. <input type="checkbox"/> <b>Suction piping (single-walled)</b> answer sections F and I below <input type="checkbox"/> <b>Suction piping (double-walled)</b> answer sections G and I below <input type="checkbox"/> <b>Aboveground</b> (no leak detection requirements) <input type="checkbox"/> <b>Other</b> answer sections H and I below	Ch. 4.8, 4.8.1.1, 4.8.1.2  Ch. 4.8, 4.8.1.1, 4.8.1.3  Ch. 4.8, 4.8.2, 4.8.2.2  Ch. 4.8, 4.8.2.3  Ch. 4.8, 4.8.2.1  Ch. 4.8
2	If other, please specify					N/A
<b>B Requirements for All Pressurized Piping</b>						
1	Are all submersible turbine pumps (STP) equipped with an automatic line leak detector (LLD)?	<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 (!)	Ch. 4.8, 4.8.1.1
2	If yes, is the LLD mechanical or electronic?	<input type="checkbox"/> Mechanical <input type="checkbox"/> Electronic	<input type="checkbox"/> Mechanical <input type="checkbox"/> Electronic	<input type="checkbox"/> Mechanical <input type="checkbox"/> Electronic	<input type="checkbox"/> Mechanical <input type="checkbox"/> Electronic	Ch. 4.8.1.1
3	Has an LLD test been conducted within the last year?	<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 (!)	Ch. 4.8.1.1
4	If yes, what was the date of the most recent test? (MM/YYYY) <i>LLD tests are required annually, and after any LLD replacement or repair.</i>					Ch. 4.8.1.1
5	Did the system pass the test?	<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 (!)	N/A
6	Do you have records of all annual testing, maintenance, and repair of LLDs?	<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	Ch. 4.8.1.1
7	Is each of your pressurized piping systems equipped with an emergency shut-off valve (a.k.a. shear valve or crash valve)?	<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 (!)	Ch. 4.8.1.1
8	If yes, are the shut-off valves properly braced within the concrete island?	<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 (!)	Ch. 4.8.1.1

VII. Piping Leak Detection						
#	Question	Tank 1	Tank 2	Tank 3	Tank 4	Workbook Reference
<b>C Single-Walled Pressurized Piping</b>						
1	Have you conducted tightness testing for this piping run within the last year?	<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 (!)	Ch. 4.8.1.2
2	If yes, what was the date of the most recent tightness test? (MM/YYYY)					Ch. 4.8.1.2
3	Did the system pass the most recent tightness test?	<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 (!)	N/A
<b>D Double-Walled Pressurized Piping</b>						
1	Is interstitial monitoring used to check for leaks?	<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 (!)	Ch. 4.8.1.3
2	Is monitoring electronic or manual?	<input type="checkbox"/> Electronic <input type="checkbox"/> Manual (visual)	<input type="checkbox"/> Electronic <input type="checkbox"/> Manual (visual)	<input type="checkbox"/> Electronic <input type="checkbox"/> Manual (visual)	<input type="checkbox"/> Electronic <input type="checkbox"/> Manual (visual)	Ch. 4.7.2, 4.8.1.3
3	Is the piping system monitored weekly for leak detection ?	<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 (!)	Ch. 4.7.2.2
4	Do you have documentation of weekly monitoring for piping leak detection for the last 3 years? <i>If not, please maintain weekly monitoring records for at least three years as required by the Vermont UST Rules .</i>	<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	Ch. 4.7.2.1
5	Are the piping sumps free of liquid and debris?	<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 (!)	Ch. 4.8.5.1
6	Are all sump entries (boots) sealed to prevent infiltration of water and release of product?	<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 (!)	Ch. 4.8.5.1, 4.8.1.3
7	Is the secondary piping test boot disconnected?	<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 (!)	Ch. 4.8.1.3, 4.8.5.1
<b>Questions 8-16 only apply to electronic interstitial monitoring. If you use visual (manual) monitoring skip these questions.</b>						
8	Provide make and model of electronic monitoring system					N/A
9	When was the system installed? (YYYY)					N/A
10	Are liquid sensors set at the bottom of the lowest portion of the sump?	<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 (!)	Ch. 4.8.1.3
11	Are the sensors functioning properly?	<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 (!)	Ch. 4.8.1.3
12	Does the self-test button (if present) currently indicate that the monitor is working correctly?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	Ch. 4.7.2.2
13	Does the system status report (if applicable) currently indicate any problems with your interstitial monitors for your piping leak detection system?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	Ch. 4.7.2.2
14	If yes, what is the problem?					N/A
15	Have you made any system repairs within the past 12 months?	<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	N/A
16	If yes, what was the date of the most recent repair?					N/A
<b>E Exempt Suction Piping</b>						
1	Are vertical check valves installed at the dispenser end of each piping run?	<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 (!)	Ch. 4.8.2.1
<b>F Suction Piping, Single-Walled (Non-exempt )</b>						

VII. Piping Leak Detection						
#	Question	Tank 1	Tank 2	Tank 3	Tank 4	Workbook Reference
1	Have you conducted a piping tightness test within the last 3 years? If yes, answer the following questions:	<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 (!)	Ch. 4.8.2.2
2	When was the most recent piping tightness test? (MM/YYYY)					Ch. 4.8.2.2
3	Did the piping pass the test?	<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 (!)	Ch. 4.8.2.2
<b>G Suction Piping, Double-Walled (Non-exempt)</b>						
1	Is interstitial monitoring used to check for leaks?	<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 (!)	Ch. 4.8.2.3
2	Is monitoring electronic or manual? If monitoring is electronic, skip question 3 and answer questions 4-15 below.	<input type="checkbox"/> Electronic <input type="checkbox"/> Manual (visual)	<input type="checkbox"/> Electronic <input type="checkbox"/> Manual (visual)	<input type="checkbox"/> Electronic <input type="checkbox"/> Manual (visual)	<input type="checkbox"/> Electronic <input type="checkbox"/> Manual (visual)	Ch. 4.7.2.1, 4.7.2.2, 4.8.2.3
3	Do you have documentation of weekly monitoring for piping leak detection for the last three years? <b><i>If not, please maintain weekly monitoring records for at least three year, as required by the Vermont UST Rules.</i></b>	<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	Ch. 4.7.2.1
4	Are the piping sumps free of liquid and debris?	<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 (!)	Ch. 4.8.2.3, 4.8.5.1
5	Are all sump entries (boots) sealed to prevent infiltration of water and release of product?	<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	Ch. 4.8.2.3, 4.8.5.1
6	Is the secondary piping test boot disconnected?	<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 (!)	Ch. 4.8.2.3, 4.8.5.1
<b>Questions 7-15 only apply to electronic interstitial monitoring. If you use visual (manual) monitoring skip these questions</b>						
7	Provide make and model of monitoring system					N/A
8	When was the system installed? (YYYY)					N/A
9	Are liquid sensors set at the bottom of the lowest portion of the sump?	<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 (!)	Ch. 4.7.2.2, 4.8.2.3
10	Are the sensors functioning properly?	<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 (!)	Ch. 4.8.2.3
11	Does the self-test button (if present) currently indicate that the monitor is working correctly?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	Ch. 4.7.2.2
12	Does the system status report (if applicable) currently indicate any problems with your interstitial monitors for your piping leak detection system?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	Ch. 4.7.2.2
13	If yes, what is the problem?					N/A
14	Have you made any system repairs within the past 12 months?	<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	N/A

<b>VII. Piping Leak Detection</b>						
#	Question	Tank 1	Tank 2	Tank 3	Tank 4	Workbook Reference
15	If yes, what was the date of the most recent repair?					N/A
<b>H Alternate Methods [for systems using alternate methods]</b>						
1	Is the alternate method approved by UST Program?	<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 (!)	Ch. 4.8.4
2	Please describe alternate method					
<b>I Transition, Intermediate, and Dispenser Sumps</b>						
1	Does your facility have any transition, intermediate and/or dispenser sumps?	<input type="checkbox"/> Yes <input type="checkbox"/> No				Ch. 4.8.5
2	If yes, what kind? <i>Check all that apply.</i>	<input type="checkbox"/> Dispenser <input type="checkbox"/> Intermediate or transition	<input type="checkbox"/> Dispenser <input type="checkbox"/> Intermediate or transition	<input type="checkbox"/> Dispenser <input type="checkbox"/> Intermediate or transition	<input type="checkbox"/> Dispenser <input type="checkbox"/> Intermediate or transition	Ch. 4.8.5
3	If you checked "dispenser" in question 2, does the dispenser sump require monitoring? If so, answer questions 4-12. <b>Any dispenser sump installed after August 1, 2007 must be monitored. All intermediate and transition sumps must be monitored. A suction system where piping pitches towards the dispenser, rather than back towards the tank, requires dispenser sump monitoring.</b>	<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	Ch. 4.8.1.3, 4.8.2.3, 4.8.5.1 if monitoring is required see also 4.7.2.2 and 4.7.2.1 for info as requirements are the same for these sections
4	Are the secondary containment sumps free of water, debris, and product?	<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	Ch. 4.8.1.3, 4.8.2.3, 4.8.5.1
5	Are all sump entries (boots) sealed to prevent infiltration of water and release of product?	<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	Ch. 4.8.5.1
6	Is the secondary piping test boot disconnected?	<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	Ch. 4.8.1.3, 4.8.2.3, 4.8.5.1
7	What type of monitoring is performed?	<input type="checkbox"/> Manual <input type="checkbox"/> Electronic	<input type="checkbox"/> Manual <input type="checkbox"/> Electronic	<input type="checkbox"/> Manual <input type="checkbox"/> Electronic	<input type="checkbox"/> Manual <input type="checkbox"/> Electronic	Ch. 4.7.2, 4.8.1.3, 4.8.2.3
8	Do you have documentation of weekly monitoring of this sump for the last three years? <b>If not, please maintain weekly monitoring records for three years as required by the Vermont UST Rules.</b>	<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	Ch. 4.8.1.3, 4.8.2.3, 4.7.2.1
<b>Questions 9-11 only apply to electronic interstitial monitoring. If you use visual (manual) monitoring skip these questions.</b>						
9	Provide make and model of electronic monitoring system					N/A
10	Are the sensors functioning properly?	<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 (!)	Ch. 4.8.1.3, 4.8.2.3
11	Are sensors set at the bottom of the sump, at the lowest point of the secondary containment sump?	<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 (!)	Ch. 4.8.1.3, 4.8.2.3
<b>J Return to Compliance</b>						
14	Are you submitting a Return to Compliance Plan for any of the items in this section?	<input type="checkbox"/> Yes <input type="checkbox"/> No				N/A
15	If yes, indicate the question(s) for which you are submitting a Plan.					N/A

<b>VIII. Spill Prevention</b>						
#	Question	Tank 1	Tank 2	Tank 3	Tank 4	Workbook Reference
<b>A Status of Spill Prevention</b>						
1	Is the fill pipe equipped with a spill containment manhole (i.e., a spill bucket), or another device that will contain a spill caused by decoupling the delivery hose? <b>A spill bucket (or equivalent) is required at all UST facilities.</b>	<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 (!)	Ch. 4.1, 4.1.1
2	Is the spill bucket (or equivalent device) in good condition (i.e. no holes, cracks or other leaks, no debris or liquid, and lid fits snugly)?	<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 (!)	Ch. 4.1.1
3	Is waste from spill buckets handled and disposed of in accordance to the VTDEC hazardous waste management regulations and guidelines?	<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 (!)	Ch. 4.1.1, 7.3
4	Are all fill pipes permanently labeled to identify the substance stored (i.e., painted fill cover and/or label around fill pipe)?	<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 (!)	Ch. 4.1.1
5	Is the tank equipped with a submerged fill drop tube?	<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 (!)	Ch. 4.1.1
<b>B Return to Compliance</b>						
1	Are you submitting a Return to Compliance Plan for any of the items in this section?	<input type="checkbox"/> Yes <input type="checkbox"/> No				N/A
2	If yes, indicate the question(s) for which you are submitting a Plan.					N/A

<b>IX. Overfill Protection</b>						
#	Question	Tank 1	Tank 2	Tank 3	Tank 4	Workbook Reference
<b>A Status of Overfill Protection</b>						
1	What type of delivery does the tank receive?	<input type="checkbox"/> Gravity Drop <input type="checkbox"/> Peddle Truck (pressurized)	<input type="checkbox"/> Gravity Drop <input type="checkbox"/> Peddle Truck (pressurized)	<input type="checkbox"/> Gravity Drop <input type="checkbox"/> Peddle Truck (pressurized)	<input type="checkbox"/> Gravity Drop <input type="checkbox"/> Peddle Truck (pressurized)	N/A
2	Does the tank have one method of overfill protection?	<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 (!)	Ch. 4.3
3	What type of overfill device does each tank use? <i>Note: Ball float valves are incompatible with suction systems, and must be replaced with a compatible device.</i>	<input type="checkbox"/> Overfill alarm <input type="checkbox"/> Automatic shutoff device <input type="checkbox"/> Ball float valve <input type="checkbox"/> Vent whistle <input type="checkbox"/> Manual measurement	<input type="checkbox"/> Overfill alarm <input type="checkbox"/> Automatic shutoff device <input type="checkbox"/> Ball float valve <input type="checkbox"/> Vent whistle <input type="checkbox"/> Manual measurement	<input type="checkbox"/> Overfill alarm <input type="checkbox"/> Automatic shutoff device <input type="checkbox"/> Ball float valve <input type="checkbox"/> Vent whistle <input type="checkbox"/> Manual measurement	<input type="checkbox"/> Overfill alarm <input type="checkbox"/> Automatic shutoff device <input type="checkbox"/> Ball float valve <input type="checkbox"/> Vent whistle <input type="checkbox"/> Manual measurement	Ch. 4.3
4	If other, please specify:					N/A
<b>B Overfill Alarm - alarm indicates tank is at 90% capacity</b>						
1	Is the alarm mounted to the outside of the building so that it is audible and visible to the delivery person?	<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 (!)	Ch. 4.3.1
2	Is the tank monitor that triggers the alarm operational and set to go off when tank is 90% full?	<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 (!)	
<b>C Automatic Shutoff Device - shuts off when tank is at 95% capacity</b>						
1	If your most recent installation checklist states that the overfill protection method for this tank is an automatic shut off device, can its presence be verified?	<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 (!)	Ch. 4.3.2
2	Is the device set to automatically shut off the delivery when the tank is 95% full?	<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 (!)	Ch. 4.3.2

<b>IX. Overfill Protection</b>						
#	Question	Tank 1	Tank 2	Tank 3	Tank 4	Workbook Reference
<b>D Ball Float Valve - restricts flow when tank is at 90% capacity (incompatible with suction systems)</b>						
1	If your most recent installation checklist states that the overfill protection method for this tank is a ball float vent valve, can its presence be verified? <b>Note -- this may require the services of a UST contractor.</b>	<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	Ch. 4.3.3
2	Is the ball float valve set to restrict product flow when the tank is 90% full?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	Ch. 4.3.3
<b>E Vent Whistle (if applicable) - audible whistle when tank is at 90% capacity</b>						
1	If your most recent installation checklist states that the overfill protection method for this tank is a vent whistle, can its presence be verified (either by visual inspection or by hearing the whistle operate)?	<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	Ch. 4.3.4
2	Is the vent whistle set to activate at 90% tank capacity?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	Ch. 4.3.4
<b>F Manual Measurement - for tanks receiving less than 25 gallons at a time. This is not inventory monitoring!</b>						
1	Do you keep records of measurements made to prevent overfill?	<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 (!)	Ch. 4.3.5
2	Is the tank ever filled to more than 90 percent of its capacity?	<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	Ch. 4.3.5
3	You must conduct REGULAR and SUFFICIENT measurements WEEKly to prevent overfill. List the dates of your last three recordings (MM/DD/YYYY).					Ch. 4.3.5
<b>G Return to Compliance</b>						
1	Are you submitting a Return to Compliance Plan for any of the items in this section?	<input type="checkbox"/> Yes <input type="checkbox"/> No				N/A
2	If yes, indicate the question(s) for which you are submitting a Plan.					N/A

<b>X. Stage I Vapor Recovery</b>			
<b>#</b>	<b>Question</b>	<b>Answer</b>	<b>Workbook Reference</b>
<b>A Stage I Vapor Recovery Status</b>			
1	<p>Is Stage I vapor recovery required at this facility?</p> <p><i>Required at all gasoline facilities except those that receive all deliveries from an account truck (also called "peddle truck"; capacity of less than 4000 gallons), and those that operate only tanks with a capacity of less than 550 gallons and use them specifically for fueling farming equipment.</i></p>	<input type="checkbox"/> Yes <input type="checkbox"/> No (If no, proceed to Section XII.)	Ch. 5.1.3
2	Is Stage I vapor recovery installed at this facility?	<input type="checkbox"/> Yes <input type="checkbox"/> No (!)	Ch. 5.1.1, 5.1.4
3	If yes, what type of Stage I vapor recovery system is installed?	<input type="checkbox"/> Coaxial <input type="checkbox"/> Dual point	Ch. 5.1.1
4	Is the vapor lid color-coded orange?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Ch. 5.1.1
5	Are pressure/vacuum (P/V) vent valves installed on all gasoline tank vents at the facility?	<input type="checkbox"/> Yes <input type="checkbox"/> No (!)	Ch. 5.1.3.1, 5.1.4
6	If no, identify the number of gasoline tank vents without P/V valves.		N/A
7	If visible, provide the pressure and vacuum setting for each P/V vent valve.		N/A
8	Are you submitting a Return to Compliance Plan for any of the items in this section?	<input type="checkbox"/> Yes <input type="checkbox"/> No	N/A
9	If yes, indicate the question(s) for which you are submitting a Plan.		N/A

XI. Stage II Vapor Recovery -- Gasoline Dispenser Area			
#	Question	Answer	Workbook Reference
<b>A Stage II Vapor Recovery Status</b>			
1	Is Stage II vapor recovery required?	<input type="checkbox"/> Yes <input type="checkbox"/> No (If no, proceed to Section XII)	Ch. 5.2.4
2	Is Stage II vapor recovery installed?	<input type="checkbox"/> Yes <input type="checkbox"/> No (!)	Ch. 5.2.1, 5.2.4.3
3	Which type of Stage II system is installed? [check all that apply]	<input type="checkbox"/> Vapor Balance <input type="checkbox"/> Vacuum Assist	Ch. 5.2.4.3
4	If vacuum assist is installed, which manufacturer made the system?  <i>Check all that apply.</i>	<input type="checkbox"/> Gilbarco <input type="checkbox"/> Wayne Vac <input type="checkbox"/> Healy <input type="checkbox"/> Other	N/A
5	If other, please specify:		N/A
6	How many gasoline dispensers are at this facility?		Ch. 5.2.4.1, 5.2.4.3
7	How many gasoline nozzles are at this facility?		Ch. 5.2.4.3
8	List the manufacturer/model of gasoline dispensing nozzles.		N/A
<b>B Stage II Vapor Recovery Equipment</b>			
1	Are instructions for the proper dispensing of gasoline with the Stage II system, including a warning not to top off, displayed in a conspicuous location at each dispenser?	<input type="checkbox"/> Yes <input type="checkbox"/> No (!)	Ch. 5.2.4.1
2	Are swivel/rotatable fill adapters installed?  <i>N/A is the appropriate response if the type of Stage II system is a balance system, - if locking clamps are installed or if the type of Stage I is coaxial.</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No (!) <input type="checkbox"/> N/A	Ch. 5.2.4.3
3	Are fill adaptors installed tightly on the fillpipe?	<input type="checkbox"/> Yes <input type="checkbox"/> No (!)	Ch. 5.2.4.2.3
4	Are locking clamps installed?  <i>N/A is the appropriate response if the type of Stage II system is a balance system, if swivel fill adaptors are installed or if the type of Stage I is coaxial.</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No (!) <input type="checkbox"/> N/A	Ch. 5.2.4.3
5	If you answered "Yes" to question #4, are the locking clamps tight?	<input type="checkbox"/> Yes <input type="checkbox"/> No (!)	Ch. 5.2.4.2.3
6	Do the fill caps on the gasoline storage tanks seal tightly on the riser pipe?  <i>If a cap can be readily rotated by hand it must be repaired or replaced with a new cap.</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No (!)	Ch. 5.2.4.2.3
7	Do the caps for in-tank monitors seal tightly on the riser pipe?  <i>If a cap can be readily rotated by hand it must be repaired or replaced.</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No (!) <input type="checkbox"/> N/A	Ch. 5.2.4.2.3
8	Does the nut on the cap for the in-tank monitor seal tightly around the wiring where it passes through the cap?	<input type="checkbox"/> Yes <input type="checkbox"/> No (!) <input type="checkbox"/> N/A	Ch. 5.2.4.2.3
9	Has the vapor adaptor ( also known as poppet valve or dry break) been replaced this calendar year?  <i>N/A is the appropriate response if the Stage I system is coaxial or if a</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No (!) <input type="checkbox"/> N/A	Ch. 5.2.4.2.3
10	Does the spill bucket drain valve make a tight seal when closed? Check for and clean out any debris that may be preventing a tight seal. <b>Note -- drain valves are not allowed in newly installed spill buckets.</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No (!) <input type="checkbox"/> N/A	Ch. 5.2.4.2.3
11	Are there any other defective or damaged components that are reducing vapor recovery effectiveness? If so, please list below any components repaired or replaced:	<input type="checkbox"/> Yes <input type="checkbox"/> No	Ch. 5.2.4.3

<b>XI. Stage II Vapor Recovery -- Gasoline Dispenser Area</b>			
<b>#</b>	<b>Question</b>	<b>Answer</b>	<b>Workbook Reference</b>
<b>C Stage II Vapor Recovery, Inspections and Recordkeeping</b>			
1	Have weekly visual inspections of the Stage II system been conducted for the last 12 months?	<input type="checkbox"/> Yes <input type="checkbox"/> No (!)	Ch. 5.2.4.1, 5.2.4.3
2	What is the date of the most recent visual system inspection? (MM/DD/YYYY)		N/A
3	Have you kept records of the last 3 years of weekly Stage II system inspections and repairs?	<input type="checkbox"/> Yes <input type="checkbox"/> No (!)	Ch. 5.2.4.2.3
4	Has a pressure decay test been performed this calendar year?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Ch. 5.2.4.2.2
5	If yes, have the test results been provided to the DEC?	<input type="checkbox"/> Yes <input type="checkbox"/> No	N/A
6	Have there been any modifications or incidents at the facility since the last test that might require re-testing of the Stage II system?  <i>Check all that apply.</i>	<input type="checkbox"/> Installation of additional dispenser <input type="checkbox"/> Dispenser replacement <input type="checkbox"/> Stage II system change <input type="checkbox"/> UST repair <input type="checkbox"/> UST replacement <input type="checkbox"/> Underground vapor piping repair <input type="checkbox"/> Underground vapor piping replacement <input type="checkbox"/> Other	Ch. 5.2.4.2.2
7	If other, please specify:		N/A
<b>D Return to Compliance</b>			
1	Are you submitting a Return to Compliance Plan for any of the items in this section?	<input type="checkbox"/> Yes <input type="checkbox"/> No	N/A
2	If yes, indicate the question(s) for which you are submitting a Plan.		N/A

<b>XII. Floor Drains</b>			
<b>#</b>	<b>Question</b>	<b>Answer</b>	<b>Workbook Reference</b>
<b>A Floor-Drain Discharges and Permitting</b>			
1	Does the facility have a floor drain that is in use? If no, skip to Section XIII.	<input type="checkbox"/> Yes <input type="checkbox"/> No	Ch. 6.1
2	Does the floor drain discharge on site (e.g., drywell, septic system)?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Ch. 6.3, 6.3.1
3	If yes, is the discharge from the floor drain registered with the UIC program? *Note: Floor drains only have to be registered if the floor drains discharges on site (eg. drywell, septic system.) It does not have to be registered if it is connected to a municipal sewer or a holding tank.	<input type="checkbox"/> Yes <input type="checkbox"/> No (!)	Ch. 6.3.1
4	Does the floor drain discharge to the environment (e.g., day-light, surface waters, swale, stormwater detention pond, or neighbor's property)?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Ch. 6.3, 6.3.2
5	Does the floor drain discharge to a holding tank?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Ch. 6.3, 6.3.3
6	Does the floor drain discharge to a municipal sewer?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Ch. 6.3 6.3.4
7	If yes, does the facility have a wastewater permit?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Ch. 6.3.4
8	What is the permit number?		N/A
9	Are you submitting a Return to Compliance Plan for any of the items in this section?	<input type="checkbox"/> Yes <input type="checkbox"/> No	N/A
10	If yes, indicate the question(s) for which you are submitting a Plan.		N/A
<b>B Floor-Drain Management</b>			
1	Is there an oil/water separator in the floor drain?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Ch. 6.2.1 Ch. 6.3.1, 6.3.4
2	Is vehicle or machine maintenance performed near the floor drain?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Ch. 6.2.1
3	Does vehicle or machine washing occur near the floor drain?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Ch. 6.2.1
4	Are chemicals stored near the floor drain?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Ch. 6.2.1
5	If yes, are chemicals surrounded by secondary containment?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Ch. 6.2.1
6	Do signs near the floor drain explain prohibition on discharges of chemicals and vehicle fluids into the floor drain?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Ch. 6.2.1
7	Is your facility equipped for dry cleanup of spills?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Ch. 6.2.2

<b>XIII. Hazardous Fuel-Contaminated Waste</b>			
#	Question	Answer	Workbook Reference
<b>A Hazardous Fuel-Contaminated Waste Generation Information</b>			
1	What types of hazardous waste does your facility generate?  <i>Check all that apply. All facilities need a generator ID number. Contact the hazardous waste program at (802) 241-3888 for assistance.</i>	<input type="checkbox"/> Spill Bucket Liquid <input type="checkbox"/> Tank-bottom water & debris <input type="checkbox"/> Spill -cleanup debris <input type="checkbox"/> Solvent (S) <input type="checkbox"/> Paint (P) <input type="checkbox"/> Janitorial (J) <input type="checkbox"/> (e.g., brake fluid, antifreeze) (A) <input type="checkbox"/> Hazardous substance <input type="checkbox"/> Used Oil <input type="checkbox"/> Other (O)	Ch. 7
2	If other, please specify:		N/A
<b>B Hazardous Fuel-Contaminated Waste Storage</b>			
1	Which hazardous fuel-contaminated wastes does your facility generate?  <i>Check all that apply.</i>	<input type="checkbox"/> Tank-bottom water <input type="checkbox"/> Spill Bucket Liquid <input type="checkbox"/> Spill Cleanup Debris	Ch. 7 Ch. 7 Ch. 7
2	Does your facility store all fuel-contaminated wastes under cover (i.e., protected from precipitation, under a structure that sheds rain and snow)?	<input type="checkbox"/> Yes <input type="checkbox"/> No (!)	Ch. 7.2
3	Does your facility store all fuel-contaminated waste on impervious surfaces?	<input type="checkbox"/> Yes <input type="checkbox"/> No (!)	Ch. 7.2
4	Does your facility close all fuel-contaminated waste containers when not in use?	<input type="checkbox"/> Yes <input type="checkbox"/> No (!)	Ch. 7.2
5	Does your facility protect all fuel-contaminated waste from freezing?	<input type="checkbox"/> Yes <input type="checkbox"/> No (!)	Ch. 7.2
6	Does your facility store all fuel-contaminated wastes in containers or tanks that are in good condition (i.e., no leaks or risk of leaks)?	<input type="checkbox"/> Yes <input type="checkbox"/> No (!)	Ch. 7.2
<b>C Hazardous Fuel-Contaminated Waste Disposal</b>			
1	Do you dispose of all fuel-contaminated waste to authorized facilities?	<input type="checkbox"/> Yes <input type="checkbox"/> No (!)	Ch. 7.3
2	Do you self-transport your fuel-contaminated waste to authorized facilities?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Ch. 7.3
<b>D Return to Compliance</b>			
1	Are you submitting a Return to Compliance Plan for any item in this section?	<input type="checkbox"/> Yes <input type="checkbox"/> No	N/A
2	If yes, indicate the question(s) for which you are submitting a Plan.		

<b>XIV. Spills and Releases</b>			
<b>#</b>	<b>Question</b>	<b>Answer</b>	<b>Workbook Reference</b>
<b>A</b>	<b>Spill Equipment and Training</b>		
1	Does the facility have spill equipment on hand?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Ch. 4.9.1, 6.2.2
2	Does the facility have stickers with DEC emergency spill number posted? <b>Note -- the emergency number is 1-800-641-5005.</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No	Ch. 4.9.1, 6.2.2
3	Have employees been trained on how to deal with spills?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Ch. 4.9.1, 6.2.2
4	Do you keep a list of emergency contacts and make sure everyone at your facility is familiar with the list of contacts?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Ch. 4.9.1, 6.2.2
5	Have you recently reviewed your emergency procedures and list of emergency contacts to be sure that the information is current?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Ch. 4.9.1

## Certification Statement

### Underground Storage Tank Environmental Results Program

**Name of Facility:** \_\_\_\_\_  
**UST Facility ID Number:** \_\_\_\_\_  
**Address of Facility:** \_\_\_\_\_

I, \_\_\_\_\_, as the UST permittee or authorized representative of the UST permittee, attest,

- 1) That I have personally examined and am familiar with the information contained in this submittal, including any and all documents accompanying this certification statement;
- 2) That, based on my inquiry of those individuals responsible for obtaining the information, the information contained in this submittal is, to the best of my knowledge, true, accurate, and complete;
- 3) That I am fully authorized to make this attestation on behalf of this facility;
- 4) That I am aware that there are significant penalties for knowingly submitting false information.

\_\_\_\_\_  
Signature Date

\_\_\_\_\_  
Printed Name Title

\_\_\_\_\_  
Name of Tank Owner Date  
(if different from permittee)

Source of Signatory Authority (check one):

- If a corporation:
- President
  - Treasurer
  - Secretary
  - Vice President (if authorized by corporate vote)
  - Representative of the above (if authorized by corporate vote and if responsible for overall operation of the facility)

If a partnership:  General Partner

If a Sole Proprietorship:  Proprietor

Number of return to compliance plans submitted: \_\_\_\_\_  
 Number of certification checklists submitted: \_\_\_\_\_

If the certification was completed by a third party, please provide contact information below.

**Name of Company:** \_\_\_\_\_  
**Address:** \_\_\_\_\_ **Contact Person** \_\_\_\_\_

\_\_\_\_\_  
Signature of Inspector/Technician Date

## Return to Compliance Plan

### Underground Storage Tank Compliance Certification Program

Only submit a Return to Compliance Plan for violations that you were unable to correct BEFORE certifying.

Completing this form does not relieve the facility of its affirmative responsibility to operate in compliance with applicable regulations. Failure to operate in full compliance with the applicable regulations may result in enforcement actions that include fines or penalties.

Facility Contact Information		
<div style="border-bottom: 1px solid black; margin-bottom: 5px;">Facility Name</div>	<div style="border-bottom: 1px solid black; margin-bottom: 5px; text-align: right;">UST Facility ID NUMBER</div>	
<div style="border-bottom: 1px solid black; margin-bottom: 5px;">Facility Street Address</div>	<div style="border-bottom: 1px solid black; margin-bottom: 5px;">City/Town</div>	<div style="border-bottom: 1px solid black; margin-bottom: 5px;">Zip Code</div>
<div style="border-bottom: 1px solid black; margin-bottom: 5px;">Contact Person</div>	<div style="border-bottom: 1px solid black; margin-bottom: 5px;">Phone Number</div>	

Return to Compliance Information			
Compliance Question #	Which Tank(s) were out of compliance?	Action(s) taken to return to compliance	Return to Compliance Date

*Continue on back of form if needed*

**Return to Compliance Information**

Compliance Question #	Which Tank(s) were out of compliance?	Action(s) taken to return to compliance	Return to Compliance Date