

Compliance Certification Documents: Updated August 2010

INTRODUCTION: The **Compliance Certification Checklist** provides the Agency of Natural Resources, Department of Environmental Conservation, with information about whether or not your facility is following the environmental protection standards and requirements that apply. The **Workbook** contains the information you will need to determine how to answer the questions. The checklist includes links to the section in the Workbook where you can find information about the environmental requirements referred to in each question.

A Compliance Certification Checklist must be completed and submitted for each facility you own by 12/31 each year. In order to complete the Checklist, you, your staff, or a contractor, must inspect the facility. Most of the questions in the checklist are "yes" or "no" questions about compliance with particular standards. Before answering, make sure that the question applies to your facility. Most of the "no" answers in the checklist are marked with an **(!)** that require you either fix the problem (or begin the activity), or complete a **Return to Compliance Plan (RTCP)** for that question if you cannot correct the issue before you submit your self-certification information (or 12/31, whichever is first). You must submit the **RTCP** and the **Compliance Certification Checklist**; the **RTCP** must address each non-compliant answer!

Response Color Codes: Each of the questions in the checklist has been assigned a color code. The color code tells you what you must do if, after conducting your facility inspection, you have to answer "NO" to the question. Please note that if you answered "NO" to a question with a red code, you must report immediately to the UST Program. A "NO" response to these questions means a vital component of the leak detection or monitoring systems at the facility is not working (meaning a leak or release could be undetected) or has identified a problem (eg liquid in the interstitial space). Failure to report these conditions is a violation of the UST Rules.

Items high-lighted in red - You MUST call the UST Program to report the issue at (820) 241-3888.

Items high-lighted in orange - You must do one of the following:
[a.] Correct or repair the situation, answer yes, then certify; OR
[b.] File a Return to Compliance Plan.

Items high-lighted in yellow - Begin this activity and continue going forward. You may submit your self certification.

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,
- lists the date the facility inspection was conducted, 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.

More about the Return To Compliance Plan:

If you are unable to comply with a certain requirement before submitting your self-certification (or 12/31), you must fill out the **RTCP** form. If you cannot comply with a certain requirement, it is important to understand that your facility is in violation of Vermont rules. You must correct all the problems within **60 days** from the date of submittal. 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 initiating an enforcement action.

A copy of a **Return to Compliance Plan** form can be found starting on page 7. 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/pubs/SelfCertChecklistFinal2010.pdf> or call us for additional copies at (802) 241-3888. Attach the **RTCP** to your completed **Compliance Certification Checklist** and **Certification Statement** and mail or hand-deliver to the Agency by December 31.

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.

Mail your completed Compliance Certification Checklist and Certification Statement to:

VT UST Program
103 South Main Street, West Office
Waterbury VT 05671-0404

UST Self-Certification Checklist

Facility ID # _____

Facility Name _____

Question Number		Response		Workbook Reference	Response Color Code
		YES	NO		
	OUT-OF-SERVICE TANKS				
III.A.3	Do all out-of-service tanks contain less than 1" of product?			4.10	
A.5	Are all the fill pipe and all other lines, pumps, man-ways, and ancillary equipment secured?			4.10	
	IMPRESSED CURRENT CORROSION PROTECTION				
IV.C.2	Does the ICCP system operate continuously?			4.6	
C.3	Rectifier readings recorded every 60 days?			4.6	
C.4	Acceptable range			4.6	
	TANK LEAK DETECTION – ELECTRONIC INTERSTITIAL MONITORING				
VI.B.3	Has the UST system been monitored for leaks weekly? Insert: date of last event?			4.7.2.2	
B.4	Do you have documentation of weekly leak detection monitoring for the last 3 years (all tanks)?			4.7.2.2	
B.6	Currently does the electronic monitoring system indicate any sensor alarms or problems?			4.7.2.2	
B.7	If yes, what is the problem?				
B.8	Describe how the alarm or problem is being addressed.				
	TANK LEAK DETECTION – MANUAL INTERSTITIAL MONITORING				

C.1	Is the UST system (all tanks) monitored weekly? Insert: date of last event?			4.7.2.1	
C.2	Do you have documentation of weekly leak detection monitoring for the last 3 years (all tanks)?			4.7.2.1	
C.3	Are UST interstitial monitoring port(s) readily accessible?			4.7.2.1	
C.4	What is the condition of the interstitial space?	DRY	WET		
C.5	If wet: amount of liquid? Is the liquid fuel or water?	AMOUNT:			
	IN-TANK MONITOR				
D.4	Has the monitor been used to conduct weekly leak tests? Insert: date of last event?			4.7.1	
D.5	Do you have 3 years worth of weekly valid, passing, in-tank leak tests? What about 0.2 accuracy?			4.7.1	
	MANUAL TANK GUAGING – USED OIL TANKS ONLY				
E.1	Is the gauge stick accurate to 1/8”?			4.7.4	
E.2	Has the system been monitored weekly? Insert: date of last event?			4.7.4	
E.3	Do you have documentation of weekly leak detection monitoring for the last 3 years?			4.7.4	
E.4	Have the measurements been taken 36 hours apart, during which no used oil is added or taken from the tank?			4.7.4	
	PIPING LEAK DETECTION				
VII.C.1	Date of most recent tightness test for the piping run?			4.8.1	
D.3	Is the piping system monitored weekly for leak detection?			4.8.1	

D.4	Do you have documentation of weekly leak-detection monitoring for the last 3 years?				
D.5	Are all the piping sumps free of liquid and debris?			4.8.1.3	
D.7	Are all the secondary-piping test- boots disconnected?			4.8.1.3	
D.10	Are all the liquid sensors set at the lowest point of the sump?			4.8.1.3	
D.11	Are all the sensors functioning properly?			4.8.1.3	
G.3	Do you have 3 years worth of piping leak detection monitoring? Insert: date of last event				
	SPILL PREVENTION				
VIII.A.2	Are the spill buckets free of holes and cracks?			4.1.1	
A.2.i	Do the spill bucket lids fit tightly?			4.1.1	
A.2.ii	Are the spill buckets empty of liquid and debris?			4.1.1	
A.3	Is waste from the spill buckets handled in accordance w/ the VT Haz. Waste rules?			7.1	
A.4	Are fill pipes permanently labeled to identify the product stored?			4.1.1	
	OVERFILL PROTECTION				
IX.B.1	Can the overfill alarm be heard and seen in the delivery area? Date the alarm was tested:			4.3	
C.1	Can you see the automatic shutoff device?			4.3	
E.1	Can the vent whistle be heard in the delivery area?			4.3	
	USED OIL TANKS				
F.1	Do you keep records of measurements to prevent overfill?			4.7.4	
F.3	Do you conduct weekly measurement?			4.7.4	

F.4	List the last three dates of weekly measurement:		4.7.4	
	STAGE II VAPOR RECOVERY – GASOLINE DISPENSER AREA			
XI.C.1	Have weekly inspections been conducted for the past year?		5.2.4.1	
C.2	What is the date of the last inspection?		5.2.4.1	
C.3	Do you have three years of inspection records?		5.2.4.1	
	HAZARDOUS FUEL CONTAMINATED WASTE			
XIII.B.1	What hazardous fuel-contaminated waste does your facility generate?		7.1	
B.2	Do you store all fuel-contaminated waste under cover?		7.1	
B.3	Do you store containers of fuel-contaminated waste on impervious surface?		7.1	
B.4	Do you keep all containers closed except to fill/remove waste?		7.1	
B.5	Are containers protected from freezing?		7.1	
B.6	Are containers in good condition?		7.1	
	SPILLS AND RELEASES			
XIV.A.1	Is your spill response kit fully stocked?		4.9.1	
A.2	Do you have up-to-date emergency numbers posted?		4.9.1	
A.3	Have all current employees been trained on how to deal with spills?		4.9.1	

Return to Compliance Plan

Facility Contact Information		

Name of Person Completing Form	Title	

Facility Name	UST Facility ID NUMBER	

Facility Street Address	City/Town	Zipcode
_____	_____	_____

Compliance Question #	Which Tank System is Out of Compliance?	What actions are being taken to return to Compliance	Return to Compliance Date

Certification Statement

UST Facility ID # _____ Facility Name: _____

Date Facility Inspection was Conducted: _____

I, as the UST permit holder, or authorized representative of the permit holder 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 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 full authorized to make this attestation on behalf of this facility;
4. That I am fully aware there are significant penalties for knowingly submitting false information.

Signature: _____ Date: _____

Printed Name: _____ Title: _____

Source of Signatory Authority (Check One):

If a corporation: President ___ Treasurer ___ Secretary ___

Vice President (if authorized by corporate vote) ___ Representative ___ (if authorized by corporate vote and if responsible for the overall operation of the facility)

If a Partnership: General Partner _____

If a sole Proprietorship: Proprietor _____

If the Certification was completed by a Third Party, please provide contact information:

Name of Company: _____ Address: _____

Contact Person: _____