

Owner's Customer No.: CN

Facility's Regulated Entity No.: RN

TCEQ - UNDERGROUND STORAGE TANK REGISTRATION & SELF-CERTIFICATION FORM
(Use this form for filing registration and self-certification information) Page 1 of 5

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

1. TANK OWNER INFORMATION

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

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

2. FACILITY INFORMATION

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

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

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

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

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

TANK OPERATOR NAME: <u>(DO NOT LIST EMPLOYEES OF OPERATOR)</u>		TYPE OF TANK OPERATOR: <input type="checkbox"/> Individual <input type="checkbox"/> Corporation	
MAILING ADDRESS:		<input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Federal Gov't	
CITY: STATE: ZIP CODE:		<input type="checkbox"/> State Gov't <input type="checkbox"/> County Gov't <input type="checkbox"/> City Gov't	
OPERATOR'S AUTHORIZED REPRESENTATIVE: TITLE: TELEPHONE NO.:		<input type="checkbox"/> Local Gov't	
Date listed person became operator: _____			

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*****MAKE A COPY OF FORM FOR YOUR RECORDS*****

For Self-Certification Annual Renewal, **Sections 1, 2, 3, 4, 5, 6, 7, 8, & 9** must be completed. If there is a change of ownership along with the renewal of the delivery certificate, **Sections 1, 2, 3, 4, 5, 6, 7, 8, 9, 10, & 12** must be completed.

For Registration Purposes, **Sections 1, 2, 3, 4, 5, 10** must be completed and **Sections 6, 11, 12, 13** should be completed only if applicable.

For data verification purposes, please check our web page **PST Registration Database** (www.tceq.texas.gov/permitting/registration/pst/pst_query.html).

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

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

4. REASON FOR THIS FILING

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

- 1 Initial Registration 2 UST Ownership Change (**New Owner** indicate effective date :) _____
- 3 Amendment of: A Owner Information B Operator Information C Facility Information
- D UST System Information E Financial Assurance Information
- 4 Operator Training
- 5 Other (specify): _____

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

- 1 Initial Certification at Facility (Including Tank Ownership Change) 2 Annual Renewal
- 3 New Tank at Facility 4 Other (specify): _____

5. TCEQ PROGRAMS IN WHICH THIS REGULATED ENTITY PARTICIPATES

NOT ALL PROGRAMS HAVE BEEN LISTED. PLEASE ADD TO THIS LIST AS NEEDED. IF YOU DON'T KNOW OR ARE UNSURE, PLEASE MARK "UNKNOWN".

<input type="checkbox"/> Animal Feeding Operation	<input type="checkbox"/> Petroleum Storage Tank	<input type="checkbox"/> Water Rights
<input type="checkbox"/> Title V – Air	<input type="checkbox"/> Wastewater Permit	<input type="checkbox"/>
<input type="checkbox"/> Industrial & Hazardous Waste	<input type="checkbox"/> Water Districts	<input type="checkbox"/>
<input type="checkbox"/> Municipal Solid Waste	<input type="checkbox"/> Water Utilities	<input type="checkbox"/> Unknown
<input type="checkbox"/> New Source Review - Air	<input type="checkbox"/> Licensing - Type (S)	

6. OPERATOR TRAINING

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

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

Class A Operator (Exactly as it appears on certificate)

First Name	Last Name
Training Provider	Date of Training

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

First Name	Last Name
Training Provider	Date of Training

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7. SELF-CERTIFICATION OF COMPLIANCE WITH UST REQUIREMENTS

Important: Completion of this section is required before TCEQ issues a UST Delivery Certificate. Delivery of regulated substances into regulated USTs is prohibited by state law unless a valid, current Delivery Certificate is available and/or displayed at the UST facility. **Any responses marked "NO", or any incomplete submittal, will result in non-issuance of a Delivery Certificate for this facility.**

● INDICATE RESPONSES TO EACH QUESTION BY MARKING X IN THE APPROPRIATE SPACE AT THE RIGHT.		YES	NO
REGISTRATION	● For regulated UST systems at the facility indicated below, is the registration information filed with the TCEQ pursuant to §334.7 of TCEQ rules (including information in this filing) complete, accurate, & up-to-date?	<input type="checkbox"/>	<input type="checkbox"/>
FACILITY FEES	● For regulated UST systems at the facility indicated below, have all facility fees billed to date to the current owner been paid in full (i.e., annual fees plus all late fees, penalties, & interest)? (Does not apply to common carrier railroads)	<input type="checkbox"/>	<input type="checkbox"/>
FINANCIAL ASSURANCE	● For regulated UST systems at the facility indicated below, does financial assurance coverage meet TCEQ requirements, as described in Chapter 37 Subchapter 1 of TCEQ rules, for first-party corrective action, third-party bodily-injury, and third-party property damage in the event of a petroleum release from these UST systems?	<input type="checkbox"/>	<input type="checkbox"/>
TECHNICAL STANDARDS	● For regulated UST systems at the facility indicated below, are all in compliance with technical standards, as described in TCEQ rules in §334.49 (relating to Corrosion Protection), §334.50 (relating to Release Detection), §334.51 (relating to Spill and Overfill Prevention and Control) and §334.43 (relating to Variances and Alternative Procedures) if a written variance to all or part of the requirements of the previous three sections has been granted by the TCEQ? (A "yes" response indicates that recordkeeping requirements and reporting duties have been met for 60 days prior to and including the date of certification.)	<input type="checkbox"/>	<input type="checkbox"/>

I am certifying that the following UST systems at this facility are in compliance:
Tank ID #(s) _____, _____, _____ **as numbered on Pages 4 and 5 of this form.**
If certifying more UST systems, please list additional ID #s on another form.

This Self-Certification will not be processed or Delivery Certificate created unless Proof of Financial Assurance has been provided with this form. (State & Federal Entities Exempt)

8. FINANCIAL ASSURANCE INFORMATION

Financial Assurance (Petroleum USTs only)
Does this facility meet Financial Assurance (FA) requirements for both 1st party corrective action and 3rd party bodily injury/property damage liability? Yes No Exempt (state and federal entities only)

If YES, identify FA mechanism(s): Insurance (or risk retention group) Financial test Guarantee* Letter of credit*
 Surety bond* Local Gov. financial test ** Local Gov. guarantee** Trust fund
* Also requires stand-by trust fund. ** Only available to local governments (counties, municipalities, and special districts).

Information pertaining to the financial assurance mechanism(s) used to demonstrate financial assurance under Chapter 37, Subchapter 1 of Title 30, Texas Administrative Code is as follows:

Name of Issuer:	Phone # of Issuer:	Policy or mechanism #:
Coverage period Beginning: _____ Ending: _____	Coverage Amount s: Occurrence \$ _____ Annual Aggregate \$ _____	Insurance Premium pre-paid for entire year?*** <input type="checkbox"/> Yes <input type="checkbox"/> No***For information purposes only

****For questions regarding Financial Assurance, call the Financial Assurance Section at (512) 239-0300****

9. TANK OWNER/OPERATOR SELF-CERTIFICATION (for Delivery Certificate)

I hereby certify under penalty of law to the following:

● I am the (mark one): owner . . . legally-authorized representative of the owner . . .
 operator . . . legally-authorized representative of the operator . . .
. . . of the regulated underground storage tank (UST) systems at this facility; AND

● I have personally examined and am familiar with the information included in Sections 1 through 4 AND 7; AND 8
● Based on my current knowledge and understanding, the submitted information is true, accurate, and complete; AND
● I understand that any person who intentionally or knowingly submits false information on this form is subject to criminal prosecution.

PRINTED NAME OF OWNER/OPERATOR (OR AUTHORIZED REPRESENTATIVE)	TITLE
SIGNATURE OF OWNER/OPERATOR (OR AUTHORIZED REPRESENTATIVE)	DATE OF SIGNATURE (PLEASE PRINT)

10. TANK OWNER/OPERATOR REGISTRATION (for Initial Registration or Changes)

I hereby represent the following:

● I am the (mark one): owner . . . legally-authorized representative of the owner . . .
 operator . . . legally-authorized representative of the operator . . .
. . . of the regulated underground storage tank (UST) systems at this facility; AND

● I have personally examined and am familiar with the information included in Sections 1 through 4, and Sections 8, 11 - 12; AND
● Based on my current knowledge and understanding, the submitted information is true, accurate, and complete; AND
● I understand that any person who intentionally or knowingly submits false information on this form is subject to criminal prosecution.

PRINTED NAME OF OWNER/OPERATOR (OR AUTHORIZED REPRESENTATIVE)	TITLE
SIGNATURE OF OWNER/OPERATOR (OR AUTHORIZED REPRESENTATIVE)	DATE OF SIGNATURE (PLEASE PRINT)

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11. INSTALLER/ON-SITE SUPERVISOR CERTIFICATION

NOTE: This section must be completed and signed by the Installer or On-Site Supervisor.
 Leave blank if no tank or underground line installation activity is involved.

Was tank and/or line testing completed during and after installation? Yes No

DATE(S) INSTALLATION ACTIVITIES PERFORMED: CONTRACTOR (COMPANY OR FIRM): TCEQ CRP No.:
 CRP

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

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

• SIGNATURE OF INSTALLER/SUPERVISOR: DATE OF SIGNATURE

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

12. TANK IDENTIFICATION/DESCRIPTION

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

13. UST SYSTEM TECHNICAL INFORMATION

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

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13. UST SYSTEM TECHNICAL INFORMATION – CONTINUED FROM PAGE 4

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