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PST - 39670
For internal use only

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2018 10 01

-UST

Owner's Customer No.: CN

Facility's Regulated Entity No.: RN

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

For Use in TEXAS		Texas Commission On Environmental Quality	• Please mail completed form to: Petroleum Storage Tank Registration Team (MC-138) Texas Commission on Environmental Quality P. O. Box 13087 Austin, Texas 78711-3087 (512) 239-2160 Fax (512) 239-3398 *MAKE A COPY OF FORM FOR YOUR RECORDS*	TCEQ Facility ID No.: 39670
				TCEQ Owner ID No.: 74619
				Federal Tax ID No.: 742106588

1. TANK OWNER INFORMATION

TANK OWNER BUSINESS OR LAST NAME: Skipper Beverage Company, I		TANK OWNER FIRST NAME		TYPE OF TANK OWNER:	
OWNER MAILING ADDRESS P.O. BOX 52085				<input type="checkbox"/> Individual <input checked="" 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:	
				<input type="checkbox"/> At facility <input checked="" type="checkbox"/> Offsite at: CIRCLE K STORES INC	
CITY: PHOENIX	STATE: AZ	ZIP CODE: 85072	OFFSITE RECORDS LOCATION ADDRESS City STATE 1120 W. Warner Rd Tempe AZ		
COUNTRY (OUTSIDE USA)	E-MAIL ADDRESS ess-westcoast@circlek.com		RECORDS CUSTODIAN/CONTACT PERSON: Veronica Rivera		TELEPHONE NO. 602-728-8000 EXT4263
OWNER'S AUTHORIZED REPRESENTATIVE TITLE: Veronica Rivera Enviro Specialist			TELEPHONE NO. 602-728-8000	FAX NO: 602-307-7437	
			INDEPENDENTLY OWNED & OPERATED <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		
STATE FRANCHISE TAX ID 17425053794		DUNS NO 195894719	NUMBER OF EMPLOYEES <input type="checkbox"/> 0-20 <input type="checkbox"/> 21-100 <input type="checkbox"/> 101-250 <input type="checkbox"/> 251-500 <input checked="" 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: Corner Store #2742140			TYPE OF FACILITY: <input type="checkbox"/> Emergency Generator <input type="checkbox"/> Wholesale		
PHYSICAL LOCATION: 2001 Broadway St			<input checked="" type="checkbox"/> Retail <input type="checkbox"/> Farm or Residential <input type="checkbox"/> Fleet Refueling		
			<input type="checkbox"/> Aircraft Refueling <input type="checkbox"/> Indian Land <input type="checkbox"/> Watercraft Fueling		
CITY: San Antonio TX ZIP CODE 78215 COUNTY: Bexar			<input type="checkbox"/> Industrial/Manufacturing/Chemical Plant		
			Number of regulated *USTs at this facility: 3		
			*Underground Storage Tanks (USTs)		
			Number of regulated *ASTs at this facility:		
			*Aboveground Storage Tanks (ASTs)		
ON-SITE CONTACT PERSON Store Manager		TITLE: 2102299811	TELEPHONE NO.: 5541		SECONDARY SIC CODE
E-MAIL ADDRESS: ess-westcoast@circlek.co		FAX NUMBER 602-307-7437	PRIMARY NAICS CODE 447110		SECONDARY NAICS CODE
LATITUDE Degrees	Minutes	Seconds	LONGITUDE Degrees	Minutes	Seconds

***** 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: (DO NOT LIST EMPLOYEES OF OPERATOR)			TYPE OF TANK OPERATOR:		
MAILING ADDRESS: RECEIVED JAN 03 2019 TCEQ CENTRAL FILE ROOM			<input type="checkbox"/> Individual <input checked="" type="checkbox"/> Corporation		
			<input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Federal Gov't		
			<input type="checkbox"/> State Gov't <input type="checkbox"/> County Gov't		
CITY: STATE: ZIP CODE:			<input type="checkbox"/> Local Gov't		
OPERATOR'S AUTHORIZED REPRESENTATIVE:			Date listed person became operator: NOV 15 2018		

TCEQ- UST REGISTRATION & SELF-CERTIFICATION FORM

TCEQ Facility ID No 39670

MAKE A COPY OF FORM FOR YOUR RECORDS

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

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

For data verification purposes, please check our IWR (Integrated web reporting) web page
www15.tceq.texas.gov/crpub/index.cfm?fuseaction=regent.RNSearch

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

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

4. REASON FOR THIS FILING

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

- ☐ Initial Registration ☐ UST Ownership Change (*New Owner indicate effective date :*)
☒ Amendment of: A ☒ Owner Information B ☒ Operator Information C ☐ Facility Information
 D ☐ UST System Information E ☐ Financial Assurance Information
☐ Operator Training
☐ Other (specify):

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

- ☐ Initial Certification at Facility (Including Tank Ownership Change) ☒ Annual Renewal
☐ New Tank at Facility ☐ Other (specify):

5. TCEQ PROGRAMS IN WHICH THIS REGULATED ENTITY PARTICIPATES

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

<input type="checkbox"/> Animal Feeding Operation	<input type="checkbox"/> Dam Safety	<input type="checkbox"/> Districts
<input type="checkbox"/> Industrial & Hazardous Waste	<input type="checkbox"/> Municipal Solid Waste	<input type="checkbox"/> New Source Review - Air
<input type="checkbox"/> OSSF	<input checked="" type="checkbox"/> Petroleum Storage Tank	<input type="checkbox"/> Sludge
<input type="checkbox"/> Stormwater	<input type="checkbox"/> Tires	<input type="checkbox"/> Title V - Air
<input type="checkbox"/> Utilities	<input type="checkbox"/> Voluntary Cleanup Program	<input type="checkbox"/> Wastewater Agriculture
<input type="checkbox"/> Wastewater Permit	<input type="checkbox"/> Water Districts	<input type="checkbox"/> Water Rights
<input type="checkbox"/> Water Utilities	<input type="checkbox"/> Other	<input type="checkbox"/> Other
<input type="checkbox"/> Unknown	<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 Veronica

Last Name Rivera

Training Provider API

Date of Training 02/07/2018

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

First Name MARK

Last Name PRIDDY

Training Provider 360 Training.com

Date of Training

TCEQ Facility ID No **45925**

TCEQ- UST REGISTRATION & SELF-CERTIFICATION FORM

7. SELF-CERTIFICATION OF COMPLIANCE WITH UST REQUIREMENTS

Important: Completion of this section is required before TCEQ issues a UST Delivery Certificate. Delivery of regulated substances into regulated USTs is prohibited by state law unless a valid, current Delivery Certificate is available and/or displayed at the UST facility. Any responses marked **ANO**, 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 checked="" 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 checked="" type="checkbox"/>	<input type="checkbox"/>
FINANCIAL ASSURANCE	● For regulated UST systems at the facility indicated below, does financial assurance coverage meet TCEQ requirements, as described in Chapter 37 Subchapter I of TCEQ rules, for first-party corrective action, third-party bodily-injury, and third-party property damage in the event of a petroleum release from these UST systems?	<input checked="" 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 checked="" type="checkbox"/>	<input type="checkbox"/>

I am certifying that the following UST systems at this facility are in compliance:

Tank ID #(s) 1, 2, 3 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 I of Title 30, Texas Administrative Code is as follows:

Name of Issuer: Navigators Specialty Ins	Phone # of Issuer: N/A	Policy or XXXXXXXXXX
Coverage period Beginning: <u>5/1/18</u> Ending: <u>5/1/19</u>	Coverage Amount s: Occurrence \$ <u>1M</u> Annual Aggregate \$ <u>2M</u>	Insurance Premium pre-paid for entire year?*** <input checked="" 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) Veronica Rivera	TITLE Environmental Specialist
SIGNATURE OF OWNER/OPERATOR (OR AUTHORIZED REPRESENTATIVE) 	DATE OF SIGNATURE (PLEASE PRINT) 9 30 2018

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) Veronica Rivera	TITLE Environmental Specialist
SIGNATURE OF OWNER/OPERATOR (OR AUTHORIZED REPRESENTATIVE) 	DATE OF SIGNATURE (PLEASE PRINT) 9 30 2018

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

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

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

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

DATE(S) INSTALLATION ACTIVITIES PERFORMED: CONTRACTOR (COMPANY OR FIRM):

TCEQ CRP No.:
CRP

INDIVIDUAL INSTALLER/ ON-SITE SUPERVISOR:

TCEQ ILP No.:
ILP

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

• SIGNATURE OF INSTALLER/SUPERVISOR:

DATE OF SIGNATURE

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

12. TANK IDENTIFICATION/DESCRIPTION

Tank Identification <i>Number each tank compartment at your site consistent with Rule 334.8(c)(5)(C).</i>	1	2	3	
Tank Installation Date (Month/day/year)	2/1/1986	2/1/1986	2/1/1986	
Tank Capacity (in U.S. gallons)	10000	10000	10000	
Tank Status (Mark One Status & Indicate Date, if Applicable)	1- <input checked="" type="checkbox"/> 2- <input type="checkbox"/> 3- <input type="checkbox"/> 4- <input type="checkbox"/>	1- <input checked="" type="checkbox"/> 2- <input type="checkbox"/> 3- <input type="checkbox"/> 4- <input type="checkbox"/>	1- <input checked="" type="checkbox"/> 2- <input type="checkbox"/> 3- <input type="checkbox"/> 4- <input type="checkbox"/>	1- <input type="checkbox"/> 2- <input type="checkbox"/> 3- <input type="checkbox"/> 4- <input type="checkbox"/>
1-Currently in Use				
2-Temporarily out of service (date)				
- 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)				
4-Permanently removed from the ground (date)				
Current/Last Substance Stored (Mark All that Apply)	1- <input checked="" type="checkbox"/> 2- <input type="checkbox"/> 3- <input type="checkbox"/> 4- <input type="checkbox"/> 5- <input type="checkbox"/> 6- <input type="checkbox"/> 7a- <input type="checkbox"/> 7b- <input type="checkbox"/> 7c- <input type="checkbox"/> 8- <input type="checkbox"/>	1- <input type="checkbox"/> 2- <input checked="" type="checkbox"/> 3- <input type="checkbox"/> 4- <input type="checkbox"/> 5- <input type="checkbox"/> 6- <input type="checkbox"/> 7a- <input type="checkbox"/> 7b- <input type="checkbox"/> 7c- <input type="checkbox"/> 8- <input type="checkbox"/>	1- <input checked="" type="checkbox"/> 2- <input type="checkbox"/> 3- <input type="checkbox"/> 4- <input type="checkbox"/> 5- <input type="checkbox"/> 6- <input type="checkbox"/> 7a- <input type="checkbox"/> 7b- <input type="checkbox"/> 7c- <input type="checkbox"/> 8- <input type="checkbox"/>	1- <input type="checkbox"/> 2- <input type="checkbox"/> 3- <input type="checkbox"/> 4- <input type="checkbox"/> 5- <input type="checkbox"/> 6- <input type="checkbox"/> 7a- <input type="checkbox"/> 7b- <input type="checkbox"/> 7c- <input type="checkbox"/> 8- <input type="checkbox"/>
1-Gasoline				
2-Diesel				
3-Kerosene				
4-Used Oil				
5-New Oil				
6-Other Petroleum Substance (specify)				
7a-CERCLA Hazardous Substance (specify)				
7b-Chemical Abstract Service (CAS) No.				
7c-Hazardous Substances Mixture (specify)				
8-Petroleum/Hazardous Substances Mixture (specify)				

13. UST SYSTEM TECHNICAL INFORMATION

Tank & Piping Design (Mark One for Tank & Piping)	Tank	Piping	Tank	Piping	Tank	Piping	Tank	Piping
1-Single-Wall	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	1- <input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	1- <input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	1- <input type="checkbox"/>	<input type="checkbox"/>
2-Double-Wall	<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	<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	<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	<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		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input type="checkbox"/>
5b-Suction		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>
5c-Gravity		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>
Tank Internal Protection								
6-Internal Tank Lining (Indicate date)			6- <input type="checkbox"/>		6- <input type="checkbox"/>		6- <input type="checkbox"/>	

TCEQ- UST REGISTRATION & SELF-CERTIFICATION FORM**13. UST SYSTEM TECHNICAL INFORMATION – CONTINUED FROM PAGE 4**

Tank Identification (e.g. 1, 2, 3, 4, etc.)		Tank		Piping		Tank		Piping		Tank		Piping		Tank		Piping	
Tank & Piping Materials (Mark all that apply)		Tank		Piping		Tank		Piping		Tank		Piping		Tank		Piping	
1-Steel		1 -	<input type="checkbox"/>	1 -	<input type="checkbox"/>	1 -	<input type="checkbox"/>	1 -	<input type="checkbox"/>	1 -	<input type="checkbox"/>	1 -	<input type="checkbox"/>	1 -	<input type="checkbox"/>	1 -	<input type="checkbox"/>
2-FRP (fiberglass-reinforced plastic)		2 -	<input checked="" type="checkbox"/>	2 -	<input checked="" type="checkbox"/>	2 -	<input checked="" type="checkbox"/>	2 -	<input checked="" type="checkbox"/>	2 -	<input checked="" type="checkbox"/>	2 -	<input checked="" type="checkbox"/>	2 -	<input type="checkbox"/>	2 -	<input type="checkbox"/>
3-Composite tank (steel w/external FRP cladding)		3 -	<input type="checkbox"/>	3 -	N/A	3 -	<input type="checkbox"/>	3 -	N/A	3 -	<input type="checkbox"/>	3 -	N/A	3 -	<input type="checkbox"/>	3 -	N/A
4-Concrete		4 -	<input type="checkbox"/>	4 -	<input type="checkbox"/>	4 -	<input type="checkbox"/>	4 -	<input type="checkbox"/>	4 -	<input type="checkbox"/>	4 -	<input type="checkbox"/>	4 -	<input type="checkbox"/>	4 -	<input type="checkbox"/>
5a-Jacketed (steel w/external nonmetallic jacket)		5a	<input type="checkbox"/>	5a	<input type="checkbox"/>	5a	<input type="checkbox"/>	5a	<input type="checkbox"/>	5a	<input type="checkbox"/>	5a	<input type="checkbox"/>	5a	<input type="checkbox"/>	5a	<input type="checkbox"/>
5b-Coated (steel w/external polyurethane cladding)		5b	<input type="checkbox"/>	5b	N/A	5b	<input type="checkbox"/>	5b	N/A	5b	<input type="checkbox"/>	5b	N/A	5b	<input type="checkbox"/>	5b	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"/>	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)		Tank		Piping		Tank		Piping		Tank		Piping		Tank		Piping	
6-Shear/Impact Valves (under dispenser)		6-N/A	<input checked="" type="checkbox"/>	6-N/A	<input checked="" type="checkbox"/>	6-N/A	<input checked="" type="checkbox"/>	6-N/A	<input checked="" type="checkbox"/>	6-N/A	<input checked="" type="checkbox"/>	6-N/A	<input checked="" 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"/>	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"/>	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)		Tank		Piping		Tank		Piping		Tank		Piping		Tank		Piping	
1-External dielectric coating/laminate/tape/wrap		1-	<input type="checkbox"/>	1-	<input type="checkbox"/>	1-	<input type="checkbox"/>	1-	<input type="checkbox"/>	1-	<input type="checkbox"/>	1-	<input type="checkbox"/>	1-	<input type="checkbox"/>	1-	<input type="checkbox"/>
2a-Listed/certified factory-installed cathodic protection		2a	<input type="checkbox"/>	2a	<input type="checkbox"/>	2a	<input type="checkbox"/>	2a	<input type="checkbox"/>	2a	<input type="checkbox"/>	2a	<input type="checkbox"/>	2a	<input type="checkbox"/>	2a	<input type="checkbox"/>
2b-Certified field-installed cathodic protection		2b	<input type="checkbox"/>	2b	<input type="checkbox"/>	2b	<input type="checkbox"/>	2b	<input type="checkbox"/>	2b	<input type="checkbox"/>	2b	<input type="checkbox"/>	2b	<input type="checkbox"/>	2b	<input type="checkbox"/>
3a-Listed composite tank (steel w/FRP external laminate)		3a	<input type="checkbox"/>	3a	N/A	3a	<input type="checkbox"/>	3a	N/A	3a	<input type="checkbox"/>	3a	N/A	3a	<input type="checkbox"/>	3a	N/A
3b-Listed coated tank (steel w/external polyurethane laminate)		3b	<input type="checkbox"/>	3b	N/A	3b	<input type="checkbox"/>	3b	N/A	3b	<input type="checkbox"/>	3b	N/A	3b	<input type="checkbox"/>	3b	N/A
4a-Listed FRP tank or piping (non-corrodible)		4a	<input checked="" type="checkbox"/>	4a	<input checked="" type="checkbox"/>	4a	<input checked="" type="checkbox"/>	4a	<input checked="" type="checkbox"/>	4a	<input checked="" type="checkbox"/>	4a	<input checked="" type="checkbox"/>	4a	<input type="checkbox"/>	4a	<input type="checkbox"/>
4b-Listed nonmetallic flexible piping (non-corrodible)		4b-N/A	<input type="checkbox"/>	4b-N/A	<input type="checkbox"/>	4b-N/A	<input type="checkbox"/>	4b-N/A	<input type="checkbox"/>	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"/>	5a	N/A	5a	<input type="checkbox"/>	5a	N/A	5a	<input type="checkbox"/>	5a	N/A	5a	<input type="checkbox"/>	5a	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"/>	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-	<input type="checkbox"/>	6-	N/A	6-	<input type="checkbox"/>	6-	N/A	6-	<input type="checkbox"/>	6-	N/A	6-	<input type="checkbox"/>	6-	N/A
7-Unnecessary per corrosion protection specialist		7-	<input type="checkbox"/>	7-	<input type="checkbox"/>	7-	<input type="checkbox"/>	7-	<input type="checkbox"/>	7-	<input type="checkbox"/>	7-	<input type="checkbox"/>	7-	<input type="checkbox"/>	7-	<input type="checkbox"/>
Tank & Piping Release Detection (Mark all that apply)		Tank		Piping		Tank		Piping		Tank		Piping		Tank		Piping	
1-External vapor/tracer monitoring		1-	<input type="checkbox"/>	1-	<input type="checkbox"/>	1-	<input type="checkbox"/>	1-	<input type="checkbox"/>	1-	<input type="checkbox"/>	1-	<input type="checkbox"/>	1-	<input type="checkbox"/>	1-	<input type="checkbox"/>
2-External groundwater monitoring		2-	<input type="checkbox"/>	2-	<input type="checkbox"/>	2-	<input type="checkbox"/>	2-	<input type="checkbox"/>	2-	<input type="checkbox"/>	2-	<input type="checkbox"/>	2-	<input type="checkbox"/>	2-	<input type="checkbox"/>
3-Monitoring of secondary containment barrier		3-	<input type="checkbox"/>	3-	<input type="checkbox"/>	3-	<input type="checkbox"/>	3-	<input type="checkbox"/>	3-	<input type="checkbox"/>	3-	<input type="checkbox"/>	3-	<input type="checkbox"/>	3-	<input type="checkbox"/>
4-Automatic tank gauge test & inventory control		4-	<input type="checkbox"/>	4-	N/A	4-	<input type="checkbox"/>	4-	N/A	4-	<input type="checkbox"/>	4-	N/A	4-	<input type="checkbox"/>	4-	N/A
5-Interstitial monitoring within secondary wall/jacket		5-	<input type="checkbox"/>	5-	<input type="checkbox"/>	5-	<input type="checkbox"/>	5-	<input type="checkbox"/>	5-	<input type="checkbox"/>	5-	<input type="checkbox"/>	5-	<input type="checkbox"/>	5-	<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"/>	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"/>	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"/>	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"/>	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"/>	7a	N/A	7a	<input type="checkbox"/>	7a	N/A	7a	<input type="checkbox"/>	7a	N/A	7a	<input type="checkbox"/>	7a	N/A
7b-Monthly tank gauging (for emer. generator tanks)		7b	<input type="checkbox"/>	7b	N/A	7b	<input type="checkbox"/>	7b	N/A	7b	<input type="checkbox"/>	7b	N/A	7b	<input type="checkbox"/>	7b	N/A
8-SIR-Statistical Inventory Reconciliation & inv. Control		8-	<input checked="" type="checkbox"/>	8-	<input checked="" type="checkbox"/>	8-	<input checked="" type="checkbox"/>	8-	<input checked="" type="checkbox"/>	8-	<input checked="" type="checkbox"/>	8-	<input checked="" type="checkbox"/>	8-	<input type="checkbox"/>	8-	<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"/>	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		Tank		Piping		Tank		Piping		Tank		Piping		Tank		Piping	
1- Tight-fill fitting		1 -	<input type="checkbox"/>	1 -	<input type="checkbox"/>	1 -	<input type="checkbox"/>	1 -	<input type="checkbox"/>	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 checked="" type="checkbox"/>	2 -	<input checked="" type="checkbox"/>	2 -	<input checked="" type="checkbox"/>	2 -	<input checked="" type="checkbox"/>	2 -	<input checked="" type="checkbox"/>	2 -	<input checked="" type="checkbox"/>	2 -	<input checked="" type="checkbox"/>	2 -	<input checked="" 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"/>	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"/>	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"/>	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"/>	4 -	<input type="checkbox"/>	4 -	<input type="checkbox"/>	4 -	<input type="checkbox"/>	4 -	<input type="checkbox"/>
Stage I Vapor Recovery		Tank		Piping		Tank		Piping		Tank		Piping		Tank		Piping	
* See 30 TAC 115 for rule & location exemption information.		1		1		1		1		1		1		1		1	
1-Stage I (UST to tanker truck): Installation date:		1a		1a		1a		1a		1a		1a		1a		1a	
• Type: 1a-Stage I two-point system		1b		1b		1b		1b		1b		1b		1b		1b	
1b-Stage I coaxial system		1c		1c		1c		1c		1c		1c		1c		1c	
• Exempt by: 1c-TCEQ Rule*		1c		1c		1c		1c		1c		1c		1c		1c	