



COMMONWEALTH OF PENNSYLVANIA  
DEPARTMENT OF ENVIRONMENTAL PROTECTION  
BUREAU OF ENVIRONMENTAL CLEANUP AND BROWNFIELDS

## ABOVEGROUND STORAGE TANK MODIFICATION REPORT

I. FACILITY INFORMATION	OFFICIAL USE ONLY			
Facility I.D. Number _____ Facility Name _____ Facility Address _____ _____ _____ Municipality _____ County _____	<div style="display: flex; justify-content: space-between; border-bottom: 1px solid black; margin-bottom: 5px;"> <span></span> <span>INITIAL</span> <span>DATE</span> </div> <div> <div>CO Review</div> <div>Data Entry</div> <div>RO Review</div> </div>	<div style="display: flex; justify-content: space-between; border-bottom: 1px solid black; margin-bottom: 5px;"> <span></span> <span>_____</span> <span>_____</span> </div> <div> <div>_____</div> <div>_____</div> <div>_____</div> </div>		
<b>II. TANK INFORMATION – Information Obtained from Registration Certificate?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No				
Tank ID Number _____A      Owner Tank Number _____      Tank Capacity (gallons) _____ Substance Stored _____ Where was the tank assembled? <input type="checkbox"/> Field Constructed <input type="checkbox"/> Manufactured (Shop Built) Tank configuration <input type="checkbox"/> Horizontal <input type="checkbox"/> Vertical <input type="checkbox"/> Elevated Vertical      Tank Construction Code _____				
<b>III. TANK MODIFICATION INFORMATION</b>				
Was this modification work performed to correct deficiencies discovered during an inspection? <input type="checkbox"/> Yes <input type="checkbox"/> No  Tank modification is in accordance with manufacturer's specifications, engineer's design criteria, current industry standards and complies with the Fire Safety Requirements for flammable and combustible liquids (if applicable). If no, explain all irregularities in the comment section. <input type="checkbox"/> Yes <input type="checkbox"/> No      Modification standard _____				
<b>IV. INSTALLER INFORMATION (Please Type or Print Clearly)</b>				
<b>Installer Name</b>	<b>Certification Number</b>	<b>Certification Category Used</b>	<b>Company Name</b>	<b>Company Certification</b>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
<b>V. INSTALLER CERTIFICATION</b>				
This Section must be completed by the certified installer(s) for tank handling activities performed on aboveground storage tank systems. By signing below, the certified installer verifies that the tank handling activity was conducted in compliance with the design, installation, modification and operation standards of Act 32 and applicable regulations. The signature also certifies, under penalty of law as provided in 18 PA C.S.A. Section 4904 (relating to unsworn falsification to authorities), that the information provided is true, accurate, and complete to the best of his/her knowledge and belief.				
_____ _____ _____				
<div style="display: flex; justify-content: space-between;"> <span>Date(s) Work Completed</span> <span>Installer's Signature(s)</span> <span>Date(s) of Signature</span> </div>				
<b>Modification Reports must be submitted to PA DEP within 30 days of the completion of the Activity(s)</b>				

FACILITY I.D. # \_\_\_\_ - \_\_\_\_\_

DEP TANK # \_\_\_\_\_A

**VI. TANK SYSTEM COMPONENTS – (Only check the blocks for modified or newly installed component(s))****(1) Tank**

- ☐ I Liner Modification/Installation  
☐ K Modification of tank bottom  
☐ L Modification of tank shell  
☐ M Modification of tank roof  
☐ Q Double bottom (explain)  
☐ 99 Other (explain) \_\_\_\_\_

**(3) Aboveground Piping**

- ☐ New Piping Run - Piping Material: \_\_\_\_\_  
 (A, B, D, E, I, J, K)  
☐ H Modification of existing piping  
☐ 99 Other (explain) \_\_\_\_\_

**(5) Pipe Release Detection (AST's in Vaults)**

- ☐ Y Installed/modified

**(6) Spill Prevention (Spill Bucket/Containment Box)**

- ☐ Y Installed/modified

**(7) Overfill Prevention**

- ☐ Y Installed/modified

**(10) Tank Cathodic Protection**

- ☐ B Galvanic  
☐ C Impressed current

**(12) Tank Release Detection**

- ☐ E Automatic tank gauge  
☐ H Interstitial monitor  
☐ L Grooves made in the impermeable pad  
☐ M Slotted pipe above the impermeable pad  
☐ 99 Other (explain) \_\_\_\_\_

**(16) Emergency Containment**

- ☐ Y Installed/modified

**(17) Secondary Containment**

- ☐ Y Installed/modified

**(24) Normal Vent / Emergency Vent**

- ☐ Y Installed/modified

**VII. DETAILED SCOPE OF WORK AND ANY ADDITIONAL COMMENTS:****VIII. INSPECTOR INFORMATION**

A modification inspection is required when a major modification is performed on an aboveground tank greater than 21,000 gallons in capacity. A modification inspection is also required on small aboveground field constructed tanks when a major modification is performed to the tank shell or tank bottom. Is an inspection required for this activity? ☐ Yes ☐ No

If yes, was the inspector involved prior to the initiation of the project and present at critical times? ☐ Yes ☐ No

\_\_\_\_\_  
Inspector  
Name

\_\_\_\_\_  
Certification  
Number

\_\_\_\_\_  
Inspection  
Category

\_\_\_\_\_  
Company  
Name

\_\_\_\_\_  
Company  
Certification No.