



# ALTERNATIVE FUEL STORAGE TANK INSTALLATION/CONVERSION FORM

FOR DEP USE ONLY	
Reviewer _____	
Date _____	

This form is to be completed and signed by the storage tank owner (or owner's representative) and DEP certified tank installer when installing a new storage tank system, or when converting an existing storage tank system, for storage of alternative fuel blends, such as gasoline-ethanol blends containing greater than 10% alternative fuel, or biodiesel or biodiesel blended fuel containing greater than 5% biodiesel. For aboveground storage tank systems, this form only applies to tank systems used for motor vehicle fueling. See the bottom of page 2 for the form submittal and recordkeeping requirements.

DEP recommends that UST owners and operators follow the procedural checklist provided in the Storage Tank Program Fact Sheet 2630-FS-DEP4447 *Underground Storage Tank (UST) Equipment Compatibility & Storage of Biofuels and Biofuel Blends*.

## I. FACILITY INFORMATION – Type or print (in ink) all items. When completing this form for a new facility, omit the Facility ID.

Facility ID#:	Facility Name:	
Facility Street Address:		
Facility Telephone:	County:	Municipality:

**II (a). STORAGE TANK & PIPING INFORMATION** – Sections II(a) and II(b) should be completed in full by the storage tank system owner and DEP certified tank installer. Type or print (in ink) all items. Provide the model/brand and equipment manufacturer for each storage tank system component. Write "NA" and check the corresponding box if the tank/piping/dispenser system does not have the component. Write "UNK" if the model/brand or equipment manufacturer cannot be determined. Check the appropriate box(es) to indicate whether or not the component has been confirmed by a Nationally Recognized Testing Laboratory (NRTL), such as Underwriters Laboratories (UL), and/or has been verified by the component manufacturer for use with the substance stored. Only check "No" if the component is neither NRTL listed nor manufacturer verified. Only one storage tank system per form may be listed.

DEP will not approve an operating permit for an alternative fuel storage tank system with "unknown" components, or components that are neither NRTL listed nor manufacturer verified for use with the substance stored, unless a PA licensed professional engineer (P.E.) who has knowledge, experience, and training in materials science determines in his/her professional judgment that those components satisfy the compatibility requirements listed in the Storage Tank Regulations in 25 Pa Code, Chapter 245. The P.E. must sign the certifying statement in Section IV. DEP may request documentation supporting the P.E. determination.

<b>Tank Orientation:</b> <input type="checkbox"/> Underground <input type="checkbox"/> Aboveground	<b>Alternative Fuel Blend (&gt;10%) Stored</b>
<b>Capacity (gallons):</b> _____ <b>Date Installed:</b> _____	<input type="checkbox"/> E15 <input type="checkbox"/> E85 <input type="checkbox"/> Other _____
<input type="checkbox"/> New Tank <input type="checkbox"/> Existing Tank → <b>DEP Tank #:</b> _____	<b>Biodiesel Blend (&gt;5% biodiesel) Stored</b>
→ <b>Date of Substance Change:</b> _____	<input type="checkbox"/> B10 <input type="checkbox"/> B20 <input type="checkbox"/> Other _____

Component	Model / Brand	Equipment Manufacturer	NRTL Listed or Manufacturer Verified for the Stored Fuel			
Storage Tank			<input type="checkbox"/> Listed	<input type="checkbox"/> Verified	<input type="checkbox"/> No	<input type="checkbox"/> NA
Internal Tank Lining			<input type="checkbox"/> Listed	<input type="checkbox"/> Verified	<input type="checkbox"/> No	<input type="checkbox"/> NA
ATG Probe, Float / Sensor			<input type="checkbox"/> Listed	<input type="checkbox"/> Verified	<input type="checkbox"/> No	<input type="checkbox"/> NA
Tank Interstitial Sensor			<input type="checkbox"/> Listed	<input type="checkbox"/> Verified	<input type="checkbox"/> No	<input type="checkbox"/> NA
Spill Bucket			<input type="checkbox"/> Listed	<input type="checkbox"/> Verified	<input type="checkbox"/> No	<input type="checkbox"/> NA
Drop Tube			<input type="checkbox"/> Listed	<input type="checkbox"/> Verified	<input type="checkbox"/> No	<input type="checkbox"/> NA
Overfill Auto Shut-off Valve			<input type="checkbox"/> Listed	<input type="checkbox"/> Verified	<input type="checkbox"/> No	<input type="checkbox"/> NA
Ball Float Valve			<input type="checkbox"/> Listed	<input type="checkbox"/> Verified	<input type="checkbox"/> No	<input type="checkbox"/> NA

**Product Pipe Information:** ☐ New ☐ Existing ☐ Mixed (New & Existing)

**Product Pipe Configuration:** ☐ Single wall ☐ Double wall

Product Pipe			<input type="checkbox"/> Listed	<input type="checkbox"/> Verified	<input type="checkbox"/> No	<input type="checkbox"/> NA
Pipe Fitting / Valve Material			<input type="checkbox"/> Listed	<input type="checkbox"/> Verified	<input type="checkbox"/> No	<input type="checkbox"/> NA
Pipe Sealant / Adhesive			<input type="checkbox"/> Listed	<input type="checkbox"/> Verified	<input type="checkbox"/> No	<input type="checkbox"/> NA
Gaskets / Seals			<input type="checkbox"/> Listed	<input type="checkbox"/> Verified	<input type="checkbox"/> No	<input type="checkbox"/> NA
Flex Connector / Swing Joint			<input type="checkbox"/> Listed	<input type="checkbox"/> Verified	<input type="checkbox"/> No	<input type="checkbox"/> NA
Submersible Turbine Pump			<input type="checkbox"/> Listed	<input type="checkbox"/> Verified	<input type="checkbox"/> No	<input type="checkbox"/> NA
Mechanical Line Leak Detector			<input type="checkbox"/> Listed	<input type="checkbox"/> Verified	<input type="checkbox"/> No	<input type="checkbox"/> NA
Electronic Line Leak Detector			<input type="checkbox"/> Listed	<input type="checkbox"/> Verified	<input type="checkbox"/> No	<input type="checkbox"/> NA
Tank Sump			<input type="checkbox"/> Listed	<input type="checkbox"/> Verified	<input type="checkbox"/> No	<input type="checkbox"/> NA
Tank Sump Sensor			<input type="checkbox"/> Listed	<input type="checkbox"/> Verified	<input type="checkbox"/> No	<input type="checkbox"/> NA
Sump Penetration Fittings			<input type="checkbox"/> Listed	<input type="checkbox"/> Verified	<input type="checkbox"/> No	<input type="checkbox"/> NA
Transition Sump			<input type="checkbox"/> Listed	<input type="checkbox"/> Verified	<input type="checkbox"/> No	<input type="checkbox"/> NA
Transition Sump Sensor			<input type="checkbox"/> Listed	<input type="checkbox"/> Verified	<input type="checkbox"/> No	<input type="checkbox"/> NA

Facility ID#: \_\_\_\_\_ Facility Name: \_\_\_\_\_

**II (b). DISPENSER INFORMATION** – Follow the instructions provided for Section II(a) of this form. If needed, attach an additional copy of this page with Section II(b) completed for each additional dispenser unit installed to the storage tank system.

<b>Dispenser Number:</b> _____		<b>Dedicated Dispenser Hose:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Blending Dispenser:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No
Component	Model / Brand	Equipment Manufacturer	NRTL Listed or Manufacturer Verified for the Stored Fuel
Dispenser			<input type="checkbox"/> Listed <input type="checkbox"/> Verified <input type="checkbox"/> No <input type="checkbox"/> NA
Suction Pump			<input type="checkbox"/> Listed <input type="checkbox"/> Verified <input type="checkbox"/> No <input type="checkbox"/> NA
Dispenser Sump			<input type="checkbox"/> Listed <input type="checkbox"/> Verified <input type="checkbox"/> No <input type="checkbox"/> NA
Dispenser Sump Sensor			<input type="checkbox"/> Listed <input type="checkbox"/> Verified <input type="checkbox"/> No <input type="checkbox"/> NA
Sump Penetration Fittings			<input type="checkbox"/> Listed <input type="checkbox"/> Verified <input type="checkbox"/> No <input type="checkbox"/> NA
Flex Connector			<input type="checkbox"/> Listed <input type="checkbox"/> Verified <input type="checkbox"/> No <input type="checkbox"/> NA
Emergency (Shear) Valve			<input type="checkbox"/> Listed <input type="checkbox"/> Verified <input type="checkbox"/> No <input type="checkbox"/> NA
Gaskets / Seals			<input type="checkbox"/> Listed <input type="checkbox"/> Verified <input type="checkbox"/> No <input type="checkbox"/> NA
Blending Valve			<input type="checkbox"/> Listed <input type="checkbox"/> Verified <input type="checkbox"/> No <input type="checkbox"/> NA
Check Valve			<input type="checkbox"/> Listed <input type="checkbox"/> Verified <input type="checkbox"/> No <input type="checkbox"/> NA
Meter			<input type="checkbox"/> Listed <input type="checkbox"/> Verified <input type="checkbox"/> No <input type="checkbox"/> NA
Fuel Filters			<input type="checkbox"/> Listed <input type="checkbox"/> Verified <input type="checkbox"/> No <input type="checkbox"/> NA
Break-Away Device			<input type="checkbox"/> Listed <input type="checkbox"/> Verified <input type="checkbox"/> No <input type="checkbox"/> NA
Nozzle(s)			<input type="checkbox"/> Listed <input type="checkbox"/> Verified <input type="checkbox"/> No <input type="checkbox"/> NA
Swivel(s)			<input type="checkbox"/> Listed <input type="checkbox"/> Verified <input type="checkbox"/> No <input type="checkbox"/> NA
Hose(s)			<input type="checkbox"/> Listed <input type="checkbox"/> Verified <input type="checkbox"/> No <input type="checkbox"/> NA

**III. INSTALLER CERTIFICATION – (Required)**

Based on my personal observation of the storage tank system and review of the substance compatibility documentation for the storage tank system components, I certify that the storage tank system satisfies the compatibility requirements of Act 32 and Chapter 245. I also certify under penalty of law, as provided in 18 PA C.S.A. Section 4904 (relating to unsworn falsification to authorities), that the information provided on this form is true, accurate and complete to the best of my knowledge and belief.

_____ Installer Name	_____ Installer Cert. No.	_____ Company Name	_____ Company Cert. No.
_____ Installer Signature		_____ Date	

**IV. PROFESSIONAL ENGINEER CERTIFICATION – (Only if needed. See the instructions for Sections II(a) and II(b))**

Based on my personal observation of the storage tank system and review of the substance compatibility documentation for the storage tank system components, I certify that the storage tank system satisfies the compatibility requirements of Act 32 and Chapter 245. I also certify under penalty of law, as provided in 18 PA C.S.A. Section 4904 (relating to unsworn falsification to authorities), that the information provided on this form is true, accurate and complete to the best of my knowledge and belief.

_____ P.E. Name	_____ PA License No.	_____ Phone No.	_____ P.E. Signature	_____ Date
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**V. OWNER CERTIFICATION – (Required)**

My signature represents to the Department that I own or represent the owner of the storage tank. I have reviewed the completed form, and I certify under penalty of law as provided in 18 PA C.S.A. Section 4904 (relating to unsworn falsification to authorities) that the information provided on this form is accurate and complete to the best of my knowledge and belief.

_____ Owner/Representative Name	_____ Owner/Representative Signature	_____ Phone No.	_____ Date
<input type="checkbox"/> Facility Owner	<input type="checkbox"/> Owner's Representative	<input type="checkbox"/> Facility Operator	<input type="checkbox"/> Property Owner

**Submittal:** Within 30 days of the installation of a new storage tank or the conversion of an existing storage tank, mail the completed form to PA DEP at the address listed to the right. →

**Recordkeeping:** Keep a copy of the completed form as a permanent installation/construction record for the operational life of the storage tank system, and have it available for review upon request by DEP or a certified storage tank inspector.

PA DEP  
Division of Storage Tanks  
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Harrisburg, PA 17105-8762