



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

**FOR DEP USE ONLY**

Reviewer \_\_\_\_\_ Date \_\_\_\_\_

Entered by \_\_\_\_\_ Date \_\_\_\_\_

## UNDERGROUND STORAGE TANK MODIFICATION REPORT

<b>I. FACILITY INFORMATION</b>  Facility I.D. Number _____ Facility Name _____ Facility Address _____ _____ Municipality _____ GPS Location      Lat: _____ Long: _____	<b>II. ACTIVITY INFORMATION</b>  This modification activity is? <input type="checkbox"/> Minor modification <input type="checkbox"/> Major modification  Is this modification in response to an inspection? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes: Inspector: _____ Inspection Date: _____																									
<b>III. TANK INFORMATION</b>  Tank modification is in accordance with manufacturer's specifications and current industry standards. If no, explain all irregularities in the comment section. <input type="checkbox"/> Yes <input type="checkbox"/> No  Tank modification complies with Fire Safety Requirements (for flammable & combustible liquids). If no, explain all irregularities in the comment section. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Applicable  Fire/Safety Permit Number _____ Issued By _____ Date _____																										
<b>IV. INSTALLER INFORMATION</b> (If additional installers were involved, include their information in VII. Comments)																										
<table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 20%;">Installer Name</th> <th style="width: 15%;">Installer Cert. No.</th> <th style="width: 20%;">Certification Category(ies)</th> <th style="width: 20%;">Company Name</th> <th style="width: 25%;">Company Cert. No.</th> </tr> </thead> <tbody> <tr> <td>_____</td> <td>_____</td> <td>_____</td> <td>_____</td> <td>_____</td> </tr> <tr> <td>_____</td> <td>_____</td> <td>_____</td> <td>_____</td> <td>_____</td> </tr> <tr> <td colspan="2">_____</td> <td>_____</td> <td colspan="2">_____</td> </tr> <tr> <td colspan="2" style="text-align: center;">Installer Contact Name</td> <td style="text-align: center;">Contact Email</td> <td colspan="2" style="text-align: center;">Contact Phone</td> </tr> </tbody> </table>		Installer Name	Installer Cert. No.	Certification Category(ies)	Company Name	Company Cert. No.	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____		_____	_____		Installer Contact Name		Contact Email	Contact Phone	
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_____	_____	_____	_____	_____																						
_____		_____	_____																							
Installer Contact Name		Contact Email	Contact Phone																							
<b>V. INSTALLER CERTIFICATION</b>  This Section must be completed by the certified installer(s) for modifications performed on underground storage tank systems. By signing below, the certified installer verifies that the tank handling activity was conducted in compliance with the 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.  <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 33%; text-align: center;">_____</td> <td style="width: 33%; text-align: center;">_____</td> <td style="width: 33%; text-align: center;">_____</td> </tr> <tr> <td style="text-align: center;">Signature(s)</td> <td style="text-align: center;">Date(s) of Signature</td> <td style="text-align: center;">Date(s) Work Completed</td> </tr> </table>		_____	_____	_____	Signature(s)	Date(s) of Signature	Date(s) Work Completed																			
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FACILITY I.D. # \_\_\_\_\_ - \_\_\_\_\_

**VI. TANK SYSTEM COMPONENTS.** (Describe only components that have been installed or modified.)

Tank #    Tank #    Tank #	Tank #    Tank #    Tank #
_____	_____
<p>(1) Tank Modification (describe in VII. Comments)</p> <div style="display: flex; align-items: flex-start;"> <div style="margin-right: 10px;"> <input type="checkbox"/> <input type="checkbox"/> </div> <div> <input type="checkbox"/> C Cathodic protection (modified)  <input type="checkbox"/> 99 Other </div> </div> <p>(2) Underground Piping Installation or Modification (describe in VII. Comments)</p> <div style="display: flex; align-items: flex-start;"> <div style="margin-right: 10px;"> <input type="checkbox"/> <input type="checkbox"/>  <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> </div> <div> <input type="checkbox"/> B Cathodic protection added  <input type="checkbox"/> Field design by a "corrosion expert"  <div style="margin-left: 20px;">Industry Standard used for CP</div> <input type="checkbox"/> H Modification of existing piping  <input type="checkbox"/> I Double walled steel piping  <input type="checkbox"/> J Double walled fiberglass  <input type="checkbox"/> K Double walled plastic  <input type="checkbox"/> M Jacketed piping  <input type="checkbox"/> 99 Other </div> </div> <p>(PFLEX) Piping Flexible Connection Installation or Modification (describe in VII. Comments)</p> <div style="display: flex; align-items: flex-start;"> <div style="margin-right: 10px;"> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> </div> <div> <input type="checkbox"/> B Metallic w/cathodic protection added  <input type="checkbox"/> I Placed inside containment  <input type="checkbox"/> M Jacket added  <input type="checkbox"/> 99 Other </div> </div> <p>(4) Product Delivery (Pump) System Modification (describe in VII. Comments)</p> <div style="display: flex; align-items: flex-start;"> <div style="margin-right: 10px;"> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> </div> <div> <input type="checkbox"/> A Suction: Check valve at pump  <input type="checkbox"/> B Suction: Check valve at tank  <input type="checkbox"/> C Pressure: Submersible pump (STP)  <input type="checkbox"/> D Gravity Fed  <input type="checkbox"/> 88 Installed/removed siphon bar </div> </div> <p>(5) Pipe Release Detection Modification (describe in VII. Comments)</p> <div style="display: flex; align-items: flex-start;"> <div style="margin-right: 10px;"> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> </div> <div> <input type="checkbox"/> A Automatic line leak detector added  <input type="checkbox"/> D Interstitial monitoring added  <input type="checkbox"/> K Electronic line leak detector added  <input type="checkbox"/> L Continuous Interstitial monitor added  <input type="checkbox"/> 88 STP shut off added  <input type="checkbox"/> 99 Other </div> </div>	<p>(6) Spill Prevention Repair (describe repair, test and type in VII. Comments) ‡</p> <div style="display: flex; align-items: flex-start;"> <div style="margin-right: 10px;"> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> </div> <div> <input type="checkbox"/> Spill Bucket Insert/Repair  <input type="checkbox"/> New Single-Wall  <input type="checkbox"/> New Double-Wall </div> </div> <p>(7) Overfill Prevention Installation or Modification (describe status of previous overfill prevention i.e. removed, remains as backup in VII. Comments)</p> <div style="display: flex; align-items: flex-start;"> <div style="margin-right: 10px;"> <input type="checkbox"/> <input type="checkbox"/> </div> <div> <input type="checkbox"/> S Drop tube shut-off device added  <input type="checkbox"/> A Overfill alarm added </div> </div> <p>(12) Tank Release Detection Modification (include manufacturer and model number in VII. Comments)</p> <div style="display: flex; align-items: flex-start;"> <div style="margin-right: 10px;"> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>  <input type="checkbox"/> </div> <div> <input type="checkbox"/> E Automatic tank gauge added/replaced  <input type="checkbox"/> H Interstitial monitor (2 walls) added  <input type="checkbox"/> J Groundwater monitoring added (attach site evaluation)  <input type="checkbox"/> K Vapor monitoring added (attach site evaluation) </div> </div> <p>(19) Stage I Vapor Recovery Modification</p> <div style="display: flex; align-items: flex-start;"> <div style="margin-right: 10px;"> <input type="checkbox"/> <input type="checkbox"/> </div> <div> <input type="checkbox"/> A Coaxial added/replaced  <input type="checkbox"/> B 2 Port added/replaced </div> </div> <p>(20) Stage II Vapor Recovery Modification</p> <div style="display: flex; align-items: flex-start;"> <div style="margin-right: 10px;"> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> </div> <div> <input type="checkbox"/> A Complete balance system added  <input type="checkbox"/> B Complete assist system added  <input type="checkbox"/> C Underground piping only added  <input type="checkbox"/> D Stage II decommissioned </div> </div> <p>(21) Tank top Sump Installation or Repair (describe installation and test in VII. Comments) ‡</p> <div style="display: flex; align-items: flex-start;"> <div style="margin-right: 10px;"> <input type="checkbox"/> <input type="checkbox"/> </div> <div> <input type="checkbox"/> Y Yes </div> </div> <p>(22) Dispenser Pan Installation or Repair (describe installation and test in VII. Comments) ‡</p> <div style="display: flex; align-items: flex-start;"> <div style="margin-right: 10px;"> <input type="checkbox"/> <input type="checkbox"/> </div> <div> <input type="checkbox"/> 88 New dispenser installed  <input type="checkbox"/> Y Under existing dispenser </div> </div>

‡ New, replaced, and repaired spill buckets, containment sumps, and dispenser pans must be tested for tightness in accordance with the manufacturer's recommendations and/or applicable industry standards.

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

**VII. COMMENTS** (Describe activity completed in detail. Explain "other" modifications.)

*The modification report is not complete until all modified or installed components noted in Section VI. have been accurately and completely described in the comments section, below.*

**VIII. SITE DRAWING** (Include layout, activity locations, and other drawings necessary to illustrate modifications)