Environmental Results Program

Compliance Certification Checklist and Forms Booklet

For

Underground Storage Tank Facilities

February 2025

State of Rhode Island
Department of Environmental Management
Office of Land Revitalization & Sustainable Materials
UST Program
235 Promenade Street
Providence, RI 02908
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Table of Contents

1.0 Compliance Certification Instructions

1.1 What is Compliance Certification?

In order to improve environmental protection at less cost to both government and business, underground storage tank (UST) facilities can now self-certify to the Department of Environmental Management (DEM) that they are complying with the environmental requirements that apply to their business. This commonsense approach to regulation holds great promise for making it easier for UST facilities to meet – and surpass – Rhode Island's environmental regulations. This package, developed in conjunction with a group of UST facility representatives, contains the materials needed to complete and submit the compliance certification checklist. The accompanying workbook provides the information needed to help you understand and comply with state and federal environmental regulations. The entire package has two parts:

1. **Environmental Compliance Certification Workbook for Underground Storage Tank Facilities:** The Workbook explains the UST Regulations that apply to your facility, and how to make sure you are complying with them. The Workbook is designed to be used in conjunction with the accompanying Compliance Certification Checklist and can also be used as a reference for your facility. The Workbook provides information regarding best management practices and pollution prevention techniques that can help your facility minimize human health risks and environmental impacts while saving money.

2. **Compliance Certification Checklist and Accompanying Forms Booklet:** The checklist requires facility information (facility name, address, owner, etc.) and contains a series of compliance questions, which generally require "yes" or "no" answers about whether or not your facility is following the applicable environmental requirements. The checklist ends with a certification statement which must be signed by the facility owner and UST operator. The checklist begins on Page 9 of this booklet. Also, three additional forms are provided as follows:

    - **Non-Applicability Statement:** This statement is to be submitted only if you are not required to self-certify. See Chapter 1 of the Workbook to determine if you are eligible to file a Non-Applicability Statement. (You may file this statement only if there are no regulated USTs at your facility.) If there are no regulated USTs at your facility, then complete this form and submit it to DEM. This form can be found on page 7 of this booklet.

    - **Return to Compliance Plan:** Complete the Return to Compliance Plan form if your facility is not in compliance with a particular checklist item at the time of certification. The facility must detail its plans to address the particular items to bring them back into conformance with environmental regulations within a specified period of time. This form can be found on page 21 of this booklet.

    - **Return to Compliance Final Report:** Complete the Return Final Report form for each item listed in the Return to Compliance form. The Return to Compliance Final Report must list the corrective action taken and the date that your facility returned to compliance. This form can be found on page 22 of this booklet.

1.2 Submission Timeline

Workbooks and checklists will be made available for download at the following page: https://dem.ri.gov/environmental-protection- bureau/customer-and-technical-assistance/environmental-results/ust

Please make sure you download the 2025 version which includes new regulatory requirements. **Certification Checklists** must be returned by June 30, 2025. **Return to Compliance Plan** forms must also be submitted with the checklists on or before June 30, 2025. Facilities that submit **Return to Compliance Plan** forms will receive an additional 60-day grace period in which to bring their operations into compliance and to submit the **Return to Compliance Final Report**. Certification will take place every three years.

Questions and/or Comments can be directed to:

dem.usterp@dem.ri.gov

1.3 Do I Have to Certify?

Participation in the program is **mandatory**. Every facility that has a regulated underground storage tank is required to complete this booklet. If you have any questions regarding the status of your facility, please call us at (401) 537-4326.

1.4 How Do I Fill Out the Compliance Certification Forms?

1. **Read the Workbook** to understand your environmental responsibilities.

2. Make a copy of the **Compliance Certification Checklist** and any other necessary forms to use as working drafts (or download from the Internet at https://dem.ri.gov/environmental-protection-bureau/customer-and-technical-assistance/environmental-results/ust).

3. Read the **Compliance Certification Checklist** and identify all the questions that apply to your facility. (You may not have to answer all of the questions on the checklist. If a certain question does not apply to your facility, you may skip that question and move to the next one.) Additional step-by-step instructions for the **Compliance Certification Checklist** are included in Section 1.8.

4. Walk through your facility with the checklist copy and identify all the questions where you are already in compliance and those where you will need to make changes to come into compliance. This step should be done **well** in advance of June 20, 2025

5. If your facility will be out of compliance after June 30, 2025 be sure to submit a **Return to Compliance Plan** for each checklist item that you are not in compliance with.

6. Review your **Compliance Certification Checklist** for completeness. Once complete, copy your answers from the draft, keep a copy of the completed certification checklist for your files, complete the **Certification Statement**, and submit the original signed copy of the **Compliance Certification Checklist** and **Certification Statement** to the DEM.

7. Submit the **Return to Compliance Final Report** listing the corrective action taken and the date that your facility returned to compliance for each non-compliance issue listed in the Return to Compliance form within 60 days of the submittal date of the **Compliance Certification Checklist.**

1.5 How Do I Submit a Compliance Certification?

You are **required** to complete all applicable forms in the Forms Booklet and submit to the DEM on or before June 30, 2025. You may e-mail the completed checklist to: dem.usterp@dem.ri.gov or mail the completed forms to:

RI DEM Office of Customer and Technical Assistance
UST Environmental Results Program
235 Promenade Street
Providence, RI 02908-5767

1.6 What Is Not Covered by the Compliance Certification?

The Compliance Certification is intended to review many environmental requirements. There may be other federal or local requirements or permits that apply to your facility such as building codes, fire codes, etc. that are not covered. You must still comply with these requirements.

1.7 What Does Participation in the Compliance Certification Program Entitle Your UST Facility To?

Compliance with environmental regulations is a requirement of all UST facilities. Participation in the Compliance Certification Program entitles your facility to the following incentives:

- The ability to correct environmental violations with fewer penalties,
- A comprehensive evaluation of your facility's compliance status, making you better prepared for a routine compliance inspection by the Underground Storage Tank

Program, and

- Free technical assistance from the DEM's Office of Customer & Technical Assistance.

Note: The Office of Compliance and Inspection and the Underground Storage Tank program perform routine compliance inspections at all properties containing regulated USTs on a regular basis, and participation in the Compliance Certification Program does not exclude your facility from these inspections. Additional inspections may be performed if leaks or irregularities are suspected, or as the result of complaints from the public. Both state and federal environmental agencies have the authority to perform such inspections. If serious violations are observed during an inspection, enforcement action, including financial penalties and delivery prohibitions may be instituted. Participation in this program will help to identify deficiencies before they become serious violations and help to prepare the operators and the facility for a compliance inspection. Keep copies of your checklists to assist you in demonstrating compliance with applicable state and federal regulations.

1.8 Step-by-Step Instructions for Filling out the Compliance Certification Checklist

Non-Applicability Statement

If your facility does not have a regulated UST System that falls under this program, or if this package has been sent to you in error, please complete, sign and return to the DEM the **Non-Applicability Statement** found on page 7 of this booklet. If you have any questions regarding the status of your facility, please call us at (401) 537-4326.

Compliance Certification Checklist

The **Compliance Certification Checklist** questions provide the DEM with some background information about your UST facility and information about whether or not your facility is following the environmental protection standards and requirements that apply to it. The **Workbook** contains the information you will need to determine how to answer the questions. The checklist tells you where in the Workbook you can find information about the environmental requirements referred to in each question. The DEM *strongly advises you to consult the Workbook before answering any questions.* Most of the questions are "yes" or "no" questions about compliance with particular standards. If you are not in compliance with the requirement on the date you certify, you must complete a **Return to Compliance Plan** (described below) and submit it with the **Compliance Certification Checklist**.

Note: It is your responsibility to keep your facility in compliance with environmental protection requirements at all times. You may be subject to enforcement action if you do not comply with the standards. There are some questions that ask whether you have been doing a routine activity for the past year, such as properly maintaining your equipment. Be sure to comply with the requirements throughout the year.

Certification Statement

The *Certification Statement* is a preprinted statement which says that the person signing the form:

- has reviewed it,
- believes the information being submitted is true, and
- understands that there may be serious consequences for submitting false information to DEM.

The statement must be signed by the UST owner and the UST operator, if they are separate individuals. The types of owners that are allowed to sign the statement are listed below the space for the signature. The person who signs the form must also print or type his/her name and title on the appropriate lines, date the form, and check the space next to the signatory authority, if applicable.

Return to Compliance Plan

- MAKE COPIES OF THIS FORM BEFORE YOU BEGIN -

If your facility is unable to comply with a standard at the time you certify, fill out this form. The form asks for the standard you are violating, what you plan on doing to comply, and when you will be in compliance with the requirement. Note that submittal of a **Return to Compliance Plan** form gives only an additional 60 days to come into compliance. If you need more forms, you can download copies from the Internet at https://dem.ri.gov/environmental-protection-bureau/customer-and-technical-assistance/environmental-results/ust or you can call us at 401-537-4016. Attach all **Return to Compliance Plan** forms to your completed **Compliance Certification Checklist** and e-mail to: dem.usterp@dem.ri.gov or mail to DEM by June 30, 2025.

A **Return to Compliance Final Report**, which contains documentation of all actions taken to return to compliance, must be submitted within 60 days of submittal of the **Return to Compliance Plan** form.

Submit

2025 Non-Applicability Statement
Underground Storage Tank Environmental Results Program

Instructions:
Review Chapter 1 of the UST ERP Workbook to determine if the UST ERP does not apply to your facility. Complete this form **only** if you are not eligible for the UST ERP, which means that **all** of your USTs are exempted. If any of your USTs are regulated, then you are included in the UST ERP and you must fill out a Compliance Certification. Please save a copy of this statement for your records. I f you have any questions, please contact the DEM.

Facility Information:

_____
Facility Name

_____ _____
Facility Street Address City/Town

_____ _____ _____
Zip Code Phone Number Fax Number

_____ _____
Contact Person Title

_____
Number of USTs at your facility

This facility is not eligible for the UST ERP Compliance Certification for the following reason(s) (check all that apply):

☐ **USTs at this facility are deferred from all requirements except for release response and corrective action requirements.** (Make sure to read Chapter 1 of the workbook because there are certain requirements you must meet if your tank was installed after 1988.)

- Indicate on the lines below the reason for deferral and number of USTs that are deferred for this reason (example: wastewater treatment tank system, 2 USTs):

☐ **USTs at this facility are not regulated.**

- Indicate on the lines below the reason why the USTs are not regulated and number of USTs that are not regulated (example: septic tank, 1 UST):

☐ **There are no USTs at this facility.**

- Indicate the type of facility on the lines below.

_____
_____
_____
_____

Note: Exclusion from the UST ERP does not relieve you of your responsibility to comply with environmental requirements.

_____ _____
Signature Date

2025 Compliance Certification Checklist

Facility Profile and Underground Storage Tank (UST) Inspection Report

Submit

Facility Information

Facility Name:	UST Facility ID:	
Facility Street Address:		
City/Town:	State:	Zip:
Contact Person:	Phone # & Email:	

Property Owner Information

Owner's Name:		
Owner's Street Address:		
City/Town:	State:	Zip:
Contact Person:	Phone # & Email:	

Facility Operator Information (□ Same As Property Owner)

Operator's Name:		
Operator's Street Address:		
City/Town:	State:	Zip:
Contact Person:	Phone # & Email:	

UST System Owner Information (□ Same as Property Owner) (□ Same as Facility Operator) (□ Neither)

UST System Owner's Name:		
UST System Owner's Street Address:		
City/Town:	State:	Zip:
Contact Person:	Phone # & Email:	

Inspector Information (person conducting facility compliance inspection)

Inspector's Company Name:		
Inspector's Company Street Address:		
City/Town:	State:	Zip:
Inspector's Name and Signature:		
Date of Inspection:	Phone # & Email:	

Facility Classification (Check One)

□ Gasoline Station	□ Education/Private	□ Federal Government	□ Farm
□ Commercial	□ Education/State	□ State Government	□ Non-profit Fire District
□ Industrial	□ Education/Town	□ City/Town Government	□ Other (please specify)

Financial Responsibility (See Section 4.10 of the Workbook)

Does this facility plan on using the UST Fund Board for Financial Responsibility?		YES ☐	NO ☐
Does this facility have another mechanism of Financial Responsibility?		YES ☐	NO ☐
Insurer:			
Policy Number:		Policy Expiration Date:	
FR.1	Are you in compliance with the requirements for Financial Responsibility? (See requirements described in Section 4.10 of the ERP Workbook.)	Y / N ☐ ☐	☐ If no, check here and submit a Return to Compliance Plan.

SECTION A: UNDERGROUND STORAGE TANK PROFILE

	Tank ID Number	Tank #	Tank #	Tank #	Tank #	Tank #
A.1	**Status of Tank** (check one only for each tank) Currently in Use / Temporarily Closed / Not in Use	☐ ☐ ☐	☐ ☐ ☐	☐ ☐ ☐	☐ ☐ ☐	☐ ☐ ☐
A.2	**Date of Installation** (month and year)					
A.3	**Capacity** (gallons)					
A.4	**Product Stored**					
A.5	**Tank Material of Construction** (complete all that apply) Steel (Workbook Section 4.4)	☐	☐	☐	☐	☐
A.6	Fiberglass reinforced plastic (FRP) (Section 4.4)	☐	☐	☐	☐	☐
A.7	Steel tank with fiberglass/plastic jacket (Section 4.4)	☐	☐	☐	☐	☐
A.8	Other, please specify	☐	☐	☐	☐	☐
A.9	**Has the tank ever been repaired?**	◯Y / N◯	◯Y / N◯	◯Y / N◯	◯Y / N◯	◯Y / N◯
A.10	Date tank was repaired					
A.11	Was the DEM notified of this repair?	◯Y / N◯	◯Y / N◯	◯Y / N◯	◯Y / N◯	◯Y / N◯
A.12	**Specify if tank is single-walled (SW) or double-walled (DW)**	-Select-	-Select-	-Select-	-Select-	-Select-
A.13	**Is the tank used to store fuel for an emergency generator?**	◯Y / N◯	◯Y / N◯	◯Y / N◯	◯Y / N◯	◯Y / N◯
A.14	**Is the tank manifolded (siphoned)?**	◯Y / N◯	◯Y / N◯	◯Y / N◯	◯Y / N◯	◯Y / N◯
A.15	**If the tank is manifolded, indicate which tank it is manifolded to.**					
A.16	**Is the tank a compartment tank**?	◯Y / N◯	◯Y / N◯	◯Y / N◯	◯Y / N◯	◯Y / N◯
A.17	**Piping Material of Construction** (complete all that apply) Fiberglass reinforced plastic (Section 4.5)	☐	☐	☐	☐	☐
A.18	Flexible plastic (Section 4.5)	☐	☐	☐	☐	☐
A.19	Coated and cathodically-protected steel (Section 4.5)	☐	☐	☐	☐	☐
A.20	Copper	☐	☐	☐	☐	☐
A.21	Other, please specify	☐	☐	☐	☐	☐
A.22	**Has the piping ever been repaired?**	◯Y / N◯	◯Y / N◯	◯Y / N◯	◯Y / N◯	◯Y / N◯
A.23	Date the piping was repaired					
A.24	Was the DEM notified of this repair?	◯Y / N◯	◯Y / N◯	◯Y / N◯	◯Y / N◯	◯Y / N◯
A.25	**Specify if the piping is single-walled (SW) or double-walled (DW)**	-Select-	-Select-	-Select-	-Select-	-Select-
A.26	**Piping Type** (complete all that apply) "Safe" suction (check valve at dispenser sump) (Section 4.8)	☐	☐	☐	☐	☐
A.27	"U.S." suction (check valve at tank) (Section 4.8)	☐	☐	☐	☐	☐
A.28	Pressurized (submersible pump system) (Section 4.8)	☐	☐	☐	☐	☐
A.29	Other, please specify	☐	☐	☐	☐	☐
A.30	**Have you paid last fall's tank registration invoice in full?**	◯ Y / N◯				
A.31	**Site Diagram***					

Draw a sketch of the facility (include roads, buildings, tanks and dispensers). Please number tanks and dispensers .

*Or Please Provide an Attachment of the Site Diagram

Instructions: Complete the following checklist to the best of your ability. Complete all questions that apply to your facility. Circle "Y" for yes; "N" for no. Refer to the specified sections of the Workbook for additional information on parts of the UST system. If a "N" response is indicated for any question that is written in *italics*, then be sure to check the "RTC Plan Needed?" box on the far right, and complete and submit a *Return to Compliance Plan* to the DEM for that specific item.

SECTION B: TANK CORROSION PROTECTION

	Tank ID Number	Tank #	Tank #	Tank #	Tank #	Tank #	RTC Plan Needed?
B.1	*Is the tank protected against corrosion? Fill out the section below to describe how compliance has been met.* (refer to Workbook Section 4.4)	Y / N	Y / N	Y / N	Y / N	Y / N	☐
B.2	**Constructed of Fiberglass Reinforced Plastic (FRP)**	☐	☐	☐	☐	☐	
B.3	**Constructed of steel with a fiberglass/ or plastic jacket**	☐	☐	☐	☐	☐	
B.4	**Interior liner**	☐	☐	☐	☐	☐	
B.5	Date the tank was lined						
B.6	*Did the tank pass its most recent liner inspection?*	Y/N	Y/N	Y/N	Y/N	Y/N	☐
B.7	Date of the most recent liner inspection						
B.8	**Impressed current cathodic protection** (Section 4.6)	☐	☐	☐	☐	☐	
B.9	Date of installation						
B.10	*Does the cathodic protection system operate continuously?*	Y/N	Y/N	Y/N	Y/N	Y/N	☐
B.11	*Do you record the rectifier readings every 60 days and keep a log of these inspections?*	Y/N	Y/N	Y/N	Y/N	Y/N	☐
B.12	Date of the most recent inspection						
B.13	*Is the system tested every 2 years since installation and within 6 months of a repair?*	Y/N	Y/N	Y/N	Y/N	Y/N	☐
B.14	Date of the most recent test						
B.15	Company that conducted the most recent test						
B.16	*Did the system pass its most recent test?*	Y/N	Y/N	Y/N	Y/N	Y/N	☐
B.17	*Do you have records of all repairs and test results?*	Y/N	Y/N	Y/N	Y/N	Y/N	☐
B.18	**Sacrificial Anodes** (Section 4.6)	☐	☐	☐	☐	☐	
B.19	Date of installation						
B.20	*Does the cathodic protection operate continuously?*	Y/N	Y/N	Y/N	Y/N	Y/N	☐
B.21	*Is the system tested every 3 years since installation and within 6 months of a repair?*	Y/N	Y/N	Y/N	Y/N	Y/N	☐
B.22	Date of the most recent test						
B.23	Company that conducted the most recent test						
B.24	*Did the system pass its most recent test?*	Y/N	Y/N	Y/N	Y/N	Y/N	☐
B.25	*Do you have records of all repairs and test results?*	Y/N	Y/N	Y/N	Y/N	Y/N	☐

SECTION C: TANK LEAK DETECTION

	Tank ID Number	Tank #	Tank #	Tank #	Tank #	Tank #	RTC Plan Needed?
C.1	*Do you have a leak detection method in place for each tank?* (complete all that apply below)	Y/N	Y/N	Y/N	Y/N	Y/N	☐
C.2	**Continuous Monitoring System**	☐	☐	☐	☐	☐	
C.3	Manufacturer						
C.4	Model #						
C.5	Installation Date						
C.6	*Are the employees who run, monitor, or maintain the release detection system, aware of correct operating procedures?*	Y/N					☐
C.7	*Is your leak detection system currently operating properly?*	Y/N					☐
C.8	*Do you have records of monthly system checks and repairs for the past 36 months?*	Y/N	Y/N	Y/N	Y/N	Y/N	☐

	TANK LEAK DETECTION - CONTINUED	Tank #	Tank #	Tank #	Tank #	Tank #	RTC Plan Needed?
C.9	*Has the continuous monitoring system been inspected, calibrated and tested within the last year?*	Y/N	Y/N	Y/N	Y/N	Y/N	☐
C.10	Date of the inspection						
C.11	Company that conducted the inspection						
C.12	**Automatic Tank Gauge (ATG)** (required for single-walled tanks only) (Section 4.7.1)	☐	☐	☐	☐	☐	
C.13	*Do you use the ATG to conduct monthly 0.2 gallon/hour leak rate tests?*	Y/N	Y/N	Y/N	Y/N	Y/N	☐
C.14	*Did all of your 0.2 gallon/hour leak rate tests pass the most recent test?*	Y/N	Y/N	Y/N	Y/N	Y/N	☐
C.15	*Do you have records of the last 36 months of leak detection tests?*	Y/N	Y/N	Y/N	Y/N	Y/N	☐
C.16	**Interstitial Monitoring** (required for double-walled tanks only) (Section 4.7.2)	☐	☐	☐	☐	☐	
C.17	*Is an interstitial space electronic monitoring system installed?*	Y/N	Y/N	Y/N	Y/N	Y/N	☐
C.18	*Is the interstitial space electronic monitoring system continuously operating to check for leaks?*	Y/N	Y/N	Y/N	Y/N	Y/N	☐
C.19	**Tank Interstitial Space Tightness Test** (required for double-walled tanks with a "dry" interstitial space) (Section 4.7.4)	☐	☐	☐	☐	☐	
C.20	*For DRY interstitial space tanks that have been installed > 20 years: Has the interstitial space of the tank been tested for tightness by a DEM-licensed tightness tester within the past 2 years?*	Y/N	Y/N	Y/N	Y/N	Y/N	☐
C.21	Date of the most recent tightness test						
C.22	Company that conducted the tightness test						
C.23	**Tank Tightness Testing** (required for single-walled tanks) (Section 4.7.3)	☐	☐	☐	☐	☐	
C.24	Single-walled tanks:	☐	☐	☐	☐	☐	
C.25	*Has the tank been tested for tightness by a DEM-licensed tightness tester within the last year ?*	Y/N	Y/N	Y/N	Y/N	Y/N	☐
C.26	Date of the most recent tightness test						
C.27	Company that conducted the tightness test						
C.28	**Inventory Control** (Section 4.7.4) Required for single-walled tanks.	☐	☐	☐	☐	☐	
C.29	*Do you perform inventory control properly?* This includes: 1. Taking inventory and dispenser readings and reconciling these readings at least once each day that fuel is added to or removed from the tank. 2. Reconciling fuel deliveries with delivery receipts by taking inventory readings before and after each delivery. 3. Reconciling all of your data at least once every 30 days. 4. Calculation of the 1% flow-through plus 130 gallons.	Y/N	Y/N	Y/N	Y/N	Y/N	☐
C.30	*Do you have records of the last 36 months of inventory control?*	Y/N	Y/N	Y/N	Y/N	Y/N	☐
C.31	*Is the measuring equipment used capable of measuring to the nearest one-eighth inch over the entire height of the tank?*	Y/N	Y/N	Y/N	Y/N	Y/N	☐
C.32	*Do you measure the water in the tank once every 30 days?*	Y/N	Y/N	Y/N	Y/N	Y/N	☐

SECTION D: PIPING CORROSION PROTECTION

	Tank ID Number	Tank #	Tank #	Tank #	Tank #	Tank #	RTC Plan Needed?
D.1	*Is the product pipeline protected against corrosion? Use the section below to describe how compliance has been met.*	Y / N	Y / N	Y / N	Y / N	Y / N	
D.2	Piping is fiberglass reinforced plastic or flexible non-metallic	Y/N	Y/N	Y/N	Y/N	Y/N	
D.3	**Impressed current cathodic protection** (Section 4.6)	Y/N	Y/N	Y/N	Y/N	Y/N	
D.4	Date of installation						
D.5	*Does the cathodic protection system operate continuously?*	Y/N	Y/N	Y/N	Y/N	Y/N	
D.6	*Do you inspect the rectifier every 60 days and keep a log of the amperage/voltage readings?*	Y / N	Y / N	Y / N	Y / N	Y / N	
D.7	Date of the most recent inspection						
D.8	*Is the cathodic protection system tested every 2 years since installation and within 6 months of a repair?*	Y / N	Y / N	Y / N	Y / N	Y / N	
D.9	Date of the most recent test						
D.10	Company that conducted the last test						
D.11	*Did the cathodic protection system pass its most recent test?*	Y/N	Y/N	Y/N	Y/N	Y/N	
D.12	*Do you have records of all repairs, and test results?*	Y/N	Y/N	Y/N	Y/N	Y/N	
D.13	**Sacrificial anodes** (Section 4.6)	Y / N	Y / N	Y / N	Y / N	Y / N	
D.14	Date of installation	Y/N	Y/N	Y/N	Y/N	Y/N	
D.15	*Is the system tested every 3 years since installation and within 6 months of a repair?*	Y / N	Y / N	Y / N	Y / N	Y / N	
D.16	Date of the most recent test						
D.17	Company that conducted the last test						
D.18	*Did the system pass its most recent test?*	Y/N	Y/N	Y/N	Y/N	Y/N	
D.19	*Do you have records of all repairs, and test results?*	Y/N	Y/N	Y/N	Y/N	Y/N	
	Ancillary Equipment Corrosion Protection (check all that apply)	☐	☐	☐	☐	☐	
D.20	**Flexible Connectors**	Y/N	Y/N	Y/N	Y/N	Y/N	
D.21	*Are metallic flexible connectors either cathodically-protected OR isolated from contacting the earth?*	Y/N	Y/N	Y/N	Y/N	Y/N	
D.22	Impressed current cathodic protection (Section 4.6)	Y/N	Y/N	Y/N	Y/N	Y/N	
D.23	Sacrificial anodes (Section 4.6)	Y/N	Y/N	Y/N	Y/N	Y/N	
D.24	Date of the most recent cathodic test						
D.25	Company that conducted the last test						

	PIPING CORROSION PROTECTION - CONTINUED	Tank #	Tank #	Tank #	Tank #	Tank #	RTC Plan Needed?
D.26	*Did the equipment pass its most recent test?*	Y / N	Y / N	Y / N	Y / N	Y / N	
D.27	*Do you have records of all repairs and test results?*	Y / N	Y / N	Y / N	Y / N	Y / N	
D.28	**Swing Joints**	Y / N	Y / N	Y / N	Y / N	Y / N	
D.29	*Are metallic swing joints either cathodically-protected OR isolated from contacting the earth?*	Y / N	Y / N	Y / N	Y / N	Y / N	
D.30	Impressed current cathodic protection (Section 4.6)	Y / N	Y / N	Y / N	Y / N	Y / N	
D.31	Sacrificial anodes (Section 4.6)	Y / N	Y / N	Y / N	Y / N	Y / N	
D.32	Date of the most recent cathodic test						
D.33	Company that conducted the last test						
D.34	*Did the equipment pass its most recent test?*	Y / N	Y / N	Y / N	Y / N	Y / N	
D.35	*Do you have records of all repairs and test results?*	Y / N	Y / N	Y / N	Y / N	Y / N	
D.36	**Other Equipment, please specify**						
D.37	*Is other metallic equipment either cathodically-protected OR isolated from the earth?*	Y / N	Y / N	Y / N	Y / N	Y / N	
D.38	Impressed current cathodic protection (Section 4.6)	Y / N	Y / N	Y / N	Y / N	Y / N	
D.39	Sacrificial anodes (Section 4.6)	Y / N	Y / N	Y / N	Y / N	Y / N	
D.40	Date of the most recent cathodic test						
D.41	Company that conducted the last test						
D.42	*Did the equipment pass its most recent test?*	Y / N	Y / N	Y / N	Y / N	Y / N	
D.43	*Do you have records of all repairs and test results?*	Y / N	Y / N	Y / N	Y / N	Y / N	

SECTION E: PIPING LEAK DETECTION

	Tank ID Number	Tank #	Tank #	Tank #	Tank #	Tank #	RTC Plan Needed?
E.1	*Do you have a release detection method in place for each piping run? (complete all that apply below)*	Y / N	Y / N	Y / N	Y / N	Y / N	
E.2	**Continuous Monitoring System**	Y / N	Y / N	Y / N	Y / N	Y / N	
E.3	Manufacturer						
E.4	Model #						
E.5	Installation Date						
E.6	*Are the employees who run, monitor, or maintain the release detection system aware of the correct operating procedures?*	Y / N	Y / N	Y / N	Y / N	Y / N	
E.7	*Is your leak detection system currently operating properly?*	Y / N	Y / N	Y / N	Y / N	Y / N	
E.8	*Do you have records of monthly system checks and repairs for the past 36 months?*	Y / N	Y / N	Y / N	Y / N	Y / N	
E.9	*Has the continuous monitoring system been inspected, calibrated, and tested within the last year?*	Y / N	Y / N	Y / N	Y / N	Y / N	
E.10	Date of the inspection						
E.11	Company that conducted the inspection						
E.12	**Pressurized Piping** (Section 4.8.1)	Y / N	Y / N	Y / N	Y / N	Y / N	
E.13	Specify type of line leak detector (LLD) (mechanical or electronic)	None	None	None	None	None	
E.14	**If your piping is single-walled pressurized with <u>mechanical</u> LLD** (see Section 4.13 for the permanent closure of single-wall piping systems)**:**	☐	☐	☐	☐	☐	
E.15	*Has the LLD been tested by a qualified person during each of the last 3 years and do you have records of those tests?*	Y / N	Y / N	Y / N	Y / N	Y / N	
E.16	Date of the last LLD test						
E.17	Company that conducted the LLD test						

	PIPING LEAK DETECTION - CONTINUED	Tank #	Tank #	Tank #	Tank #	Tank #	RTC Plan Needed?
E.18	*Has the pipeline been tested for tightness by a DEM-licensed tightness tester within the past year and do you have a record of the test?*	Y/N	Y/N	Y/N	Y/N	Y/N	
E.19	Date of the most recent tightness test						
E.20	Company that conducted the tightness test						
E.21	**If your piping is single-walled pressurized with <u>electronic</u> LLD** (see Section 4.13 for the permanent closure of single-wall piping systems)**:**	Y/N	Y/N	Y/N	Y/N	Y/N	
E.22	*Has the LLD been tested by a qualified person during each of the last 3 years and do you have records of those tests?*	Y/N	Y/N	Y/N	Y/N	Y/N	
E.23	Date of the last LLD test						
E.24	Company that conducted the LLD test						
E.25	*Has the LLD performed a 0.1 gallon per hour leak pressure test within the past year?*	Y/N	Y/N	Y/N	Y/N	Y/N	
E.26	*Is a printout available to verify the most recent LLD pressure test?*	Y/N	Y/N	Y/N	Y/N	Y/N	
E.27	**If your piping is double-walled pressurized:**	Y/N	Y/N	Y/N	Y/N	Y/N	
E.28	Is your LLD "electronic" or "mechanical"?	None	None	None	None	None	
E.29	*Has the LLD been tested by a qualified person during each of the last 3 years and do you have records of those tests?*	Y/N	Y/N	Y/N	Y/N	Y/N	
E.30	Date of the last LLD test						
E.31	Company that conducted the last LLD test						
E.32	*Is an interstitial space electronic monitoring system installed?*	Y/N	Y/N	Y/N	Y/N	Y/N	
E.33	*Is the interstitial monitoring system continuously operating to check for leaks?*	Y/N	Y/N	Y/N	Y/N	Y/N	
E.34	<u>If</u> Double-walled pressurized piping system was installed 20 years ago or more:	Y/N	Y/N	Y/N	Y/N	Y/N	
E.35	*Has the interstitial space of the pipeline been tested for tightness by a DEM-licensed tightness tester at 20 years of age and every 2 years thereafter? Do you have records of those tests?*	Y/N	Y/N	Y/N	Y/N	Y/N	
E.36	Date of the most recent tightness test						
E.37	Company that conducted the most recent tightness test						
E.38	**Suction Piping** (Section 4.8.2)	Y/N	Y/N	Y/N	Y/N	Y/N	
E.39	"U.S." suction (check valve at tank)	Y/N	Y/N	Y/N	Y/N	Y/N	
E.40	"Safe" suction (check valve at pump)	Y/N	Y/N	Y/N	Y/N	Y/N	
E.41	**If your piping is single-walled suction** (see Section 4.13 for the permanent closure of single-wall piping systems)**:**	Y/N	Y/N	Y/N	Y/N	Y/N	
E.42	*If piping is single-walled suction:* *Has the pipeline been tested for tightness by a DEM-licensed tightness tester within the past 12 months?*	Y/N	Y/N	Y/N	Y/N	Y/N	
E.43	*Do you have tightness test reports for each of the past 3 years?*	Y/N	Y/N	Y/N	Y/N	Y/N	
E.44	Date of the most recent tightness test						
E.45	Company that conducted the tightness test						
E.46	**If your piping is double-walled suction:**	Y/N	Y/N	Y/N	Y/N	Y/N	
E.47	*Is an interstitial space electronic monitoring system installed?*	Y/N	Y/N	Y/N	Y/N	Y/N	
E.48	*Is the interstitial space electronic monitoring system continuously operating to check for leaks?*	Y/N	Y/N	Y/N	Y/N	Y/N	

	PIPING LEAK DETECTION - CONTINUED	Tank #	Tank #	Tank #	Tank #	Tank #	RTC Plan Needed?
E.49	If Double-walled suction piping system was installed 20 years ago or more:	☐	☐	☐	☐	☐	
E.50	*Has the interstitial space of the pipeline been tested for tightness by a DEM-licensed tightness tester at 20 years of age and every 2 years thereafter? Do you have records of those tests?*	Y / N	Y / N	Y / N	Y / N	Y / N	
E.51	Date of the most recent tightness test						
E.52	Company that conducted the tightness test						

SECTION F: SPILL PREVENTION AND OVERFILL PREVENTION – TANK MAT AND VENT AREAS

	Tank ID Number	Tank #	Tank #	Tank #	Tank #	Tank #	RTC Plan Needed?
F.1	**Spill Containment Basins** (Section 4.1) *Is the tank fill equipped with spill containment?*	Y / N	Y / N	Y / N	Y / N	Y / N	☐
F.2	*Were the spill containment basins tested for tightness within the last three years?*	Y / N	Y / N	Y / N	Y / N	Y / N	☐
F.3	*Do you inspect spill containment basins weekly after deliveries for wear, cracks, holes, water, debris and product?*	Y / N	Y / N	Y / N	Y / N	Y / N	☐
F.4	*If you have an aboveground fill pipe, is it surrounded by impervious surface capable of containing spills of 3 gallons?*	Y / N	Y / N	Y / N	Y / N	Y / N	☐
F.5	*Are all fill pipes and/or fill box covers permanently labeled or marked to identify the substance stored?*	Y / N	Y / N	Y / N	Y / N	Y / N	☐
F.6	*Is the tank equipped with a submerged fill drop tube?*	Y / N	Y / N	Y / N	Y / N	Y / N	☐
F.7	**Sumps** (Section 4.8) *Does the tank have containment sump(s)?*	Y / N	Y / N	Y / N	Y / N	Y / N	☐
F.8	Check all that apply: Tank top / piping collection	☐ / ☐	☐ / ☐	☐ / ☐	☐ / ☐	☐ / ☐	
F.9	Piping transition	☐	☐	☐	☐	☐	
F.10	*Are the sumps free of water, debris and product?*	Y / N	Y / N	Y / N	Y / N	Y / N	☐
F.11	*Do the sumps have sensors for continuous monitoring?*	Y / N	Y / N	Y / N	Y / N	Y / N	☐
F.12	*Are the sensors mounted securely upright & 1" from the bottom?*	Y / N	Y / N	Y / N	Y / N	Y / N	☐
F.13	*Are the sensors functioning properly?*	Y / N	Y / N	Y / N	Y / N	Y / N	☐
F.14	*Were all piping sumps tested for tightness within the last three years?*	Y / N	Y / N	Y / N	Y / N	Y / N	☐
F.15	*Are all entries (boots) sealed and intact to prevent infiltration of water or release of product?*	Y / N	Y / N	Y / N	Y / N	Y / N	☐
F.16	*Is the secondary piping test boot disconnected?*	Y / N	Y / N	Y / N	Y / N	Y / N	☐
F.17	**Overfill Prevention** (Section 4.3) *Do all of your tanks that receive greater than 25 gallons of product at a time have overfill prevention that is operating properly?*			Y / N			☐
F.18	*Do you have a qualified UST contractor check your overfill prevention device annually (i.e., overfill alarm, automatic shutoff device, ball float vent valve) to make sure it functions correctly?*			Y / N			☐
F.19	**Overfill Alarm** (Section 4.3.1)	☐	☐	☐	☐	☐	
F.20	*Is the device set to go off when the tank is 90% full?*	Y / N	Y / N	Y / N	Y / N	Y / N	☐
F.21	*Is the alarm audible and visible to the delivery person?*	Y / N	Y / N	Y / N	Y / N	Y / N	☐
F.22	**Automatic Shutoff Device** (Section 4.3.2)	☐	☐	☐	☐	☐	
F.23	*Is the device set to automatically shut off the delivery when the tank is 95% full?*	Y / N	Y / N	Y / N	Y / N	Y / N	☐

	SPILL PREVENTION AND OVERFILL PREVENTION – CONTINUED	Tank #	Tank #	Tank #	Tank #	Tank	RTC Plan Needed?
F.24	**Ball Float Vent Valve** (Section 4.3.3)	☐	☐	☐	☐	☐	
F.25	*Is the ball float vent valve set to restrict product flow when the tank is 90% full?*	Y / N	Y / N	Y / N	Y / N	Y / N	☐
F.26	**Vent Alarm** (Section 4.3.4)	☐	☐	☐	☐	☐	
F.27	*Is the device set to alarm (stop whistling) when the tank is 90% full?*	Y / N	Y / N	Y / N	Y / N	Y / N	☐
F.28	**Stage I Vapor Recovery System** (Section 5.1) Is Stage I vapor recovery required at your facility (See Workbook Sections 5.1 and 5.1.3)? If it is NOT required you may skip to Section G of this checklist.	Y / N					
F.29	Check box if the Stage I system installed is CARB-Certified:	☐	☐	☐	☐	☐	☐
F.30	Specify type of Stage I vapor recovery (coaxial or two point)	-Select-	-Select-	-Select-	-Select-	-Select-	
F.31	*Is the Stage I vapor recovery system used during all gasoline refueling?*	Y / N	Y / N	Y / N	Y / N	Y / N	☐
F.32	*Is the Stage I system inspected on a weekly basis?*	Y / N					☐
F.33	*Are records of the Stage I system inspections maintained at the facility?*	Y / N					☐
F.34	*Are all fill caps and gaskets in good condition?*	Y/N	Y/N	Y/N	Y/N	Y/N	☐
F.35	*Are fills and adapters tight?*	Y/N	Y/N	Y/N	Y/N	Y/N	☐
F.36	*For two-point systems installed after 1997: Are Swivel/rotatable fill adapters installed?*	Y/N	Y/N	Y/N	Y/N	Y/N	☐
F.37	*Is fill pipe equipped with a drop tube?*	Y/N	Y/N	Y/N	Y/N	Y/N	☐
F.38	*Are drop tubes intact (not excessively dented and in position)?*	Y/N	Y/N	Y/N	Y/N	Y/N	☐
F.39	*Does drop tube end within 6" of tank bottom?*	Y/N	Y/N	Y/N	Y/N	Y/N	☐
F.40	*For two-point systems: Is the drop tube gasket in good condition?*	Y/N	Y/N	Y/N	Y/N	Y/N	☐
F.41	*For two-point systems: Are dry break caps and gaskets in good condition?*	Y/N	Y/N	Y/N	Y/N	Y/N	☐
F.42	*Are all dry breaks sealing properly? (no vapor emissions)*	Y/N	Y/N	Y/N	Y/N	Y/N	☐
F.43	*Proper vent valve?*	Y/N	Y/N	Y/N	Y/N	Y/N	☐
F.44	Enter the vent valve pressure setting.						
F.45	*Is vapor lid in good condition?*	Y/N	Y/N	Y/N	Y/N	Y/N	☐
F.46	*Is vapor lid color-coded orange?*	Y/N	Y/N	Y/N	Y/N	Y/N	☐

SECTION G: SPILL CONTAINMENT – DISPENSER AREA

	DISPENSER ID NUMBER	Disp. #	Disp. #	Disp. #	Disp. #	Disp. #	Disp. #	RTC Plan Needed?
G.1	Check box if the dispenser is equipped with an under dispenser containment (UDC).	☐	☐	☐	☐	☐	☐	
G.2	*Was the UDC tested for tightness within the last three years?*	Y / N	Y / N	Y / N	Y / N	Y / N	Y / N	☐
G.3	*Are all UDC entries sealed to prevent infiltration of water & release of product? Is the UDC free of product, water & debris?*	Y / N	Y / N	Y / N	Y / N	Y / N	Y / N	☐
G.4	*Is the dispenser equipped with a functioning impact/crash valve? (for pressurized piping)*	Y / N	Y / N	Y / N	Y / N	Y / N	Y / N	☐
G.5	*Has the impact/crash valve been tested within the last year and is the valve properly secured?*	Y / N	Y / N	Y / N	Y / N	Y / N	Y / N	☐
G.6	Date of the most recent impact crash valve test							
G.7	*Is the dispenser equipped with a functioning check valve? (for suction piping)*	Y / N	Y / N	Y / N	Y / N	Y / N	Y / N	☐
G.8	*Is the interstitial space on the piping run connected by Jumpers?*	Y / N	Y / N	Y / N	Y / N	Y / N	Y / N	☐

SECTION H: CORRECT FILLING PROCEDURES

			RTC Plan Needed?
H.1	Is there an established procedure to monitor the entire fuel delivery process and to stop the flow of fuel from the truck to the tank at any time and/or respond to any unusual condition, leak or spill that may occur during a delivery? (Section 4.2)	Y/N	☐

SECTION I: GROUNDWATER MONITORING WELLS AND TANK PAD OBSERVATION WELLS

			RTC Plan Needed?
I.1	Number of groundwater monitoring wells at the facility		
I.2	Number of tank field observation wells at the facility		
I.3	*Is each well labeled to identify it as a groundwater monitoring well or a tank field observation well?*	Y/N	☐
I.4	*Is each well equipped with a road box and an expandable watertight cap?*	Y/N	☐
I.5	*Is each well equipped with a casing that is NOT screened to the top?*	Y/N	☐
I.6	*Is each well cap closed tightly and locked?*	Y/N	☐
I.7	*Is the area surrounding the well cap dry and free of standing water?*	Y/N	☐

SECTION J: SUSPECTED OR CONFIRMED RELEASES (Section 4.9)

			RTC Plan Needed?
J.1	Do you keep a list of emergency contacts and make sure that everyone at your UST facility is familiar with the list of contacts?	Y/N	
J.2	Have you recently reviewed your emergency procedures and list of emergency contacts to be sure that the information is current?	Y/N	
J.3	Do you have response supplies readily available for use in the event that a spill or overfill occurs?	Y/N	
J.4	*Did you appropriately respond to and report all suspected or confirmed releases? (This includes responding to a suspected problem due to a failed release detection result.) If you did not have a release, answer YES to this question.*	Y/N	☐

SECTION K: TEMPORARILY CLOSED TANKS (Section 4.11)

	Tank ID Number	Tank #	Tank #	Tank #	Tank #	RTC Plan Needed?
K.1	Date taken out of service (Month/Day/Year)					
K.2	*Is there less than 1" of product in the tank?*	Y/N	Y/N	Y/N	Y/N	☐
K.3	*Are all fill ports capped and secured?*	Y/N	Y/N	Y/N	Y/N	☐
K.4	*Are all suction lines evacuated?*	Y/N	Y/N	Y/N	Y/N	☐
K.5	*Are all of the vent lines open?*	Y/N	Y/N	Y/N	Y/N	☐
K.6	*Are you complying with the corrosion protection requirements?*	Y/N	Y/N	Y/N	Y/N	☐
K.7	*Have you sought and obtained DEM's approval for the temporary closure?*	Y/N				

SECTION L: OPERATOR TRAINING (Section 4.15)

				RTC Plan Needed?
L.1	*Does the facility have a trained and certified Class A UST facility operator?*	Y/N ◯ ◯	Name:_____ Certification #: _____ Expiration Date: _____	☐
L.2	*Does the facility have a trained and certified Class B UST facility operator?*	Y/N ◯ ◯	Name:_____ Certification #: _____ Expiration Date: _____	☐
L3	*Does the facility have a list of trained Class C UST facility operators? (The list shall include the latest date of training, and the name of the Class A or Class B UST facility operator that trained each Class C UST facility operator.)*	◯ Y/N ◯		☐
L.4	*Does the Class A/B UST facility operator perform monthly inspections and complete the monthly inspection checklists?*	◯ Y/N ◯		☐
L.5	*For unmanned facilities, is there a sign posted that lists both the name and telephone number of the owner or operator and local emergency responders and advises persons to call these numbers in the event of a spill or other emergency?*	◯ Y/N ◯		☐
L.6	*Is the facility approved by the Department, in writing, to operate without having a Class C UST facility operator present during all opening hours?*	◯ Y/N ◯		☐

Submit

2025 Certification Statement
Underground Storage Tank Environmental Results Program

Note: Complete all required Return to Compliance Plan forms before signing this statement.

I_____, as the UST owner(s) attest,

1) That I/we have personally examined and am/are familiar with the information contained in this submittal, including any and all documents accompanying this certification statement;

2) That, based on my/our inquiry of those individuals responsible for obtaining the information, the information contained in this submittal is, to the best of my/our knowledge, true, accurate and complete;

3) That I/we am/are fully authorized to make this attestation on behalf of this facility;

4) That_____is/are the Operator(s) of this facility. I have discussed the division of duties with the operator(s). I understand that the Department of Environmental Management may pursue either the owner, operator or both for any violations of the *Rules and Regulations for Underground Storage Facilities Used for Petroleum Products and Hazardous Materials*, where owner/operator is mentioned.

5) I/we am/are aware that there are significant penalties for submitting false information.

Owner's Signature: _____ **Date:** _

Printed Name: _____ **Title:** _

Owner's Signature: _____ **Date:** _

Printed Name: _____ **Title:** _

Source of Signatory Authority (check one):

If a Corporation: President ☐ Secretary ☐ Treasurer ☐
Vice President (If authorized by corporate vote) ☐
Representative of the above (If authorized by corporate vote and if responsible for overall operation of the facility) ☐

If a Partnership: General Partner ☐ If a Sole Proprietorship: Proprietor ☐

If Owner and Operator are separate individuals, Operator must also sign:

I/we as the operator(s) of the Facility attest that I/we am/are fully authorized by the Facility owner(s) to sign this certification statement. I acknowledge that I am the operator of this facility. I have discussed the division of duties with the owner(s) and clearly understand my/our responsibilities. I/we understand that the Department of Environmental Management may pursue either the owner, operator or both for any violations of the *Rules and Regulations for Underground Storage Facilities Used for Petroleum Products and Hazardous Materials*, where owner/operator is mentioned. I/we am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

Operator's Signature: _____ **Date:** _

Printed Name: _____

Operator's Signature: _____ **Date:** _

Printed Name: _____

Submit

Rhode Island Department of Environmental Management
Underground Storage Tank (UST) Certification Program

2025 Return-to-Compliance Plan Form

- Please answer all questions in the table for each non-compliance issue.
- Only submit a Return-to-Compliance Plan for violations that you were unable to correct BEFORE certifying.
- Completing this form does not relieve the facility of its affirmative responsibility to operate in compliance with applicable regulations. Failure to operate in full compliance with the applicable regulations may result in enforcement actions, which may include fines or penalties.

Please note that submittal of this **RTC Form** gives your facility an additional 60 days to come into compliance.

Facility Name: _____
Facility UST#: ____

Checklist Compliance Question # for which you are reporting non-compliance?	Brief description of requirement and the workbook section #.	What corrective action will you take to return to compliance?	Date you expect (must be within 60 days) to be in compliance with issue?

Signature:_____ Date: _____

Printed Name:_____ Title: _____

Submit

Rhode Island Department of Environmental Management
Underground Storage Tank (UST) CertificationProgram

2025 Return-to-Compliance Final Report

Before you complete this form, make as many copies of this form as needed. Please list the date and what action was taken for EACH non-compliance issue listed in the RTC form that was originally submitted with the checklist. Return the completed form to dem.usterp@dem.ri.gov or mail to:

RI DEM/Office of Customer & Technical Assistance
Underground Storage Tank (UST) Certification Program
235 Promenade Street
Providence, RI 02908-5767

- Completing this form does not relieve the facility of its affirmative responsibility to operate in compliance with applicable regulations. Failure to operate in full compliance with the applicable regulations may result in enforcement actions, which may include fines or penalties. Please answer all questions in the table for each non-compliance issue.

Facility Name: _____ **Facility UST#:** _____

Checklist Compliance Question # for which you reported non-compliance?	Brief description of requirement and the workbook section #.	What corrective action did you take to return to compliance?	Date that facility returned to compliance with this issue?

Signature: _____ Date: _____

Printed Name: _____ Title: _____