



# Spill Containment Basin Replacement

## Information, Instructions, and Application Form

### When does a spill containment basin need to be replaced?

A spill containment basin (SCB), commonly referred to as a "spill bucket", must be replaced when it is physically damaged, no longer capable of holding liquid, or if it fails a tightness test. A SCB may also be required to be replaced as part of the DEM Office of Air Resources Stage I EVR deadline. This information and application applies to SCBs on both the fill and Stage I Vapor line, and the same requirements apply to all spill containment basins.

### Can I repair a spill containment basin?

No - spill containment basins cannot be repaired, they can only be replaced.

### What spill containment basins can be installed?

All new and replacement spill containment basins must be:

- Double Walled
- Capable of periodic interstitial monitoring
- Able to contain a minimum of 3 gallons of liquid
- Stage I EVR CARB-approved
- Threaded on; ("Slip On" or "Slip Over" spill buckets are no longer allowed)

### Do I need prior approval from DEM to replace a spill containment basin?

No. Prior approval is not required for the replacement of spill containment basins or modifications or replacement of the risers associated with SCB replacement. Call our office at (401) 222-2797 for more information. Please be aware that some cities or towns may require additional municipal permits and/or approval from the local fire department prior to installation or replacement.

### Who can replace a spill containment basin?

All modifications and repairs, including SCB replacement, must be performed by a qualified installer in good standing with DEM who has a valid Gas Station Ltd license issued by the RI Dept of Labor and Training.

### Does an Environmental Consultant need to be present during the installation?

Maybe. DEM strongly suggests all SCB replacements and associated risers have an environmental consultant present in order to identify and address releases and contamination early. Early intervention typically results in easier and less expensive remediation. However, an environmental consultant is only required to be present and screen soils anytime there is evidence of a release to the surrounding peastone or soil, if the SCB failed a tightness test, or damage to the SCB or riser is observed, including, but not limited to, cracks, holes, excessive corrosion, pitting, delamination, or damaged, missing, or heavily degraded gaskets/or seals.

### What do I do if contamination is discovered?

If evidence of contamination or a release of product is discovered during the replacement of the spill containment basin, you should immediately call the DEM UST Management Program at (401) 222-2797 to report your findings. Evidence of a release may include, but is not limited to, stained soil or peastone, strong petroleum odor, visible sheen, or visible product. **DO NOT CALL EMERGENCY RESPONSE FOR SOIL EXCEEDANCES!**

### What testing is required for a Spill Containment Basin replacement?

After installation, a full-level hydrostatic test must be performed on each SCB that was replaced, and a primary wall tightness on each UST must be performed. All tests must be performed by a DEM-licensed 3rd party tester.

### What paperwork is required?

The installer must submit the following documents to DEM within 14 days:

- Completed Spill Containment Basin Replacement Application Form
- Results of a completed spill containment basin hydrostatic tightness test showing a passing result
- UST primary wall tightness test results performed by a 3rd party DEM-licensed tester
- If applicable, a summary report written by the Environmental consultant summarizing their findings;

### Where do I submit the paperwork?

RI DEM - LRSMM: UST Program  
ATTN: Kevin Gillen  
235 Promenade Street  
Providence, RI 02908

# Spill Containment Basin (Spill Bucket) Replacement Form

This form must be submitted to DEM within 14 days of spill containment basin replacement

<b>Facility</b>	Facility Name: <input type="text"/>	DEM Facility ID# <input type="text"/>
	Physical Address: <input type="text"/>	City/Town: <input type="text"/>

<b>UST System Owner</b>	UST Owner Name: <input type="text"/>	
	Primary Contact Name: <input type="text"/>	
	Mailing Address: <input type="text"/>	City: <input type="text"/> State: <input type="text"/>
	Phone #: <input type="text"/>	E-mail: <input type="text"/>

<b>Installer</b>	Firm/Contractor Name: <input type="text"/>	
	Primary Contact Name: <input type="text"/>	
	Mailing Address: <input type="text"/>	City: <input type="text"/> State: <input type="text"/>
	Phone #: <input type="text"/>	E-mail: <input type="text"/>

<b>Environmental Consultant</b>	Firm/Contractor Name: <input type="text"/>	
	Primary Contact Name: <input type="text"/>	
	Mailing Address: <input type="text"/>	City: <input type="text"/> State: <input type="text"/>
	Phone #: <input type="text"/>	E-mail: <input type="text"/>



# of Spill Containment Basins Replaced:  Replacement Reason:  Replacement Date:

DEM UST #	UST Contents	Which SCBs were replaced?		Manufacturer	Model #
<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Fill Pipe	<input type="checkbox"/> Stage I Port	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Fill Pipe	<input type="checkbox"/> Stage I Port	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Fill Pipe	<input type="checkbox"/> Stage I Port	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Fill Pipe	<input type="checkbox"/> Stage I Port	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Fill Pipe	<input type="checkbox"/> Stage I Port	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Fill Pipe	<input type="checkbox"/> Stage I Port	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Fill Pipe	<input type="checkbox"/> Stage I Port	<input type="text"/>	<input type="text"/>

Check here if UST vapor lines are manifolded and share a common Stage I port

Was it necessary to saw-cut the surrounding concrete to install the new SCB?  Yes  No

If yes, give the approximate size of the excavation (feet): Width:  Length:  Depth:

 If you suspect a release of petroleum or other hazardous materials has occurred, call DEM at (401) 222-2797 immediately 

Were any UST risers removed in order to replace the SCB?  Yes  No

Were any UST risers modified, cut, re-threaded, or extended?  Yes  No

If yes, explain the modification and identify which risers were impacted:

Were new UST risers installed?  Yes  No

If yes, identify which risers were replaced:

If yes, what material are the new risers constructed of?  Stainless Steel  Galvanized Steel  Dielectric Wrapped Steel



**UST primary wall Tank Tightness and hydrostatic testing of the UDC must be performed within 24 hours of completion of the SCB replacement. Any failed result is required to be reported immediately by completing the notification form on our website or by calling (401) 222-2797. All test results, this form, and environmental consultant summary report must be submitted within 14 days**

Draw a rough sketch of the UST system and show which SCBs were replaced and, if applicable, which risers were modified or replaced:

I certify under penalty of law that I prepared this document and the information contained is accurate and truthful. I have contacted the local fire department, utilities and have obtained any necessary local permits or permissions, and fulfilled any necessary requirements related to the replacement of components. I have reported any evidence of contamination, including, but not limited to, soil staining, odor, sheen, or visible product to DEM. I have read and understand the testing requirements related to spill containment basins and underground storage tanks, and I am aware that there are significant penalties for submitting false information

Installer Name (Printed):

RI DLT License #:

Installer Signature:

Date: