

EQUIPMENT COMPATIBILITY CHECKLIST FOR PETROLEUM STORAGE TANK SYSTEMS

OKLAHOMA CORPORATION COMMISSION
 PETROLEUM STORAGE TANK DIVISION
 P.O. Box 171
 Oklahoma City, OK 73101

This form is to be completed and signed by the storage tank owner (or owner's representative) and Oklahoma Corporation Commission, Petroleum Storage Tank Division licensed tank installer when installing a new storage tank system, or when converting an existing storage tank system, for storage of regulated substances that contain greater than ten percent (10%) ethanol or regulated substances that contain greater than twenty percent (20%) biodiesel. In order to be in compliance with the UST/AST compatibility requirements for storing alternative fuel blends and biofuels, you must keep documentation of compatibility of the UST/AST system components listed on this page as long as you store the fuel.

I. OWNER INFORMATION

| | |
|------------------|---------------|
| Owner Name: | |
| Mailing Address: | |
| City & State: | County: |
| Zip: | Phone Number: |

II. FACILITY INFORMATION

| | |
|-------------------|-----------------|
| Facility Name: | Facility ID: |
| Physical Address: | |
| City & State: | County: |
| Zip: | Facility Phone: |

Sections III through V should be completed in full by the storage tank system owner and Oklahoma Corporation Commission, Petroleum Storage Tank Division licensed tank installer. Provide the equipment manufacturer and model numbers for each component listed. Write N/A and check the corresponding box if the tank/piping/dispenser does not have the component. Check the appropriate boxes to indicate whether the component has been confirmed by a Nationally Recognized Testing Laboratory (NRTL) and/or has been verified by the component manufacturer for use of the substance stored. Only check "No" if the component is neither NRTL listed nor manufacturer verified. If "No" is checked, provide an explanation found at the end of the form. Only one storage tank system per form may be listed.

Any incomplete form will be rejected.

III. TANK INFORMATION

| | |
|---|--|
| Tank Type: <input type="checkbox"/> Underground <input type="checkbox"/> Aboveground Tank ID: _____ Tank Capacity: _____ | <p>Alternative Fuel Blend (>10%) Stored</p> <input type="checkbox"/> E15 <input type="checkbox"/> E85 <input type="checkbox"/> Other: _____ |
| | <p>Biodiesel Blend (>20% biodiesel) Stored</p> <input type="checkbox"/> B20 <input type="checkbox"/> B99 <input type="checkbox"/> Other: _____ |

| Component | Equipment Manufacturer | Model Number | 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"/> N/A |
| ATG Probe, Float/Sensor | | | <input type="checkbox"/> Listed <input type="checkbox"/> Verified <input type="checkbox"/> No <input type="checkbox"/> N/A |
| Tank Interstitial Sensor | | | <input type="checkbox"/> Listed <input type="checkbox"/> Verified <input type="checkbox"/> No <input type="checkbox"/> N/A |
| Spill Bucket | | | <input type="checkbox"/> Listed <input type="checkbox"/> Verified <input type="checkbox"/> No <input type="checkbox"/> N/A |
| Drop Tube | | | <input type="checkbox"/> Listed <input type="checkbox"/> Verified <input type="checkbox"/> No <input type="checkbox"/> N/A |
| Overfill Auto Shut-off Valve | | | <input type="checkbox"/> Listed <input type="checkbox"/> Verified <input type="checkbox"/> No <input type="checkbox"/> N/A |
| Ball Float Valve | | | <input type="checkbox"/> Listed <input type="checkbox"/> Verified <input type="checkbox"/> No <input type="checkbox"/> N/A |

IV. PIPING INFORMATION

| Component | Equipment Manufacturer | Model Number | NRTL Listed or Manufacturer Verified for the Stored Fuel |
|-------------------------------|------------------------|--------------|--|
| Product Pipe | | | <input type="checkbox"/> Listed <input type="checkbox"/> Verified <input type="checkbox"/> No <input type="checkbox"/> N/A |
| Valve Material | | | <input type="checkbox"/> Listed <input type="checkbox"/> Verified <input type="checkbox"/> No <input type="checkbox"/> N/A |
| Pipe Sealant/Adhesive | | | <input type="checkbox"/> Listed <input type="checkbox"/> Verified <input type="checkbox"/> No <input type="checkbox"/> N/A |
| Gaskets/ Seals | | | <input type="checkbox"/> Listed <input type="checkbox"/> Verified <input type="checkbox"/> No <input type="checkbox"/> N/A |
| Flex Connector/ Swing Joint | | | <input type="checkbox"/> Listed <input type="checkbox"/> Verified <input type="checkbox"/> No <input type="checkbox"/> N/A |
| Submersible Turbine Pump | | | <input type="checkbox"/> Listed <input type="checkbox"/> Verified <input type="checkbox"/> No <input type="checkbox"/> N/A |
| Mechanic Line Leak Detector | | | <input type="checkbox"/> Listed <input type="checkbox"/> Verified <input type="checkbox"/> No <input type="checkbox"/> N/A |
| Electronic Line Leak Detector | | | <input type="checkbox"/> Listed <input type="checkbox"/> Verified <input type="checkbox"/> No <input type="checkbox"/> N/A |
| STP Sump | | | <input type="checkbox"/> Listed <input type="checkbox"/> Verified <input type="checkbox"/> No <input type="checkbox"/> N/A |
| STP Sump Sensor | | | <input type="checkbox"/> Listed <input type="checkbox"/> Verified <input type="checkbox"/> No <input type="checkbox"/> N/A |
| Sump Penetration Fittings | | | <input type="checkbox"/> Listed <input type="checkbox"/> Verified <input type="checkbox"/> No <input type="checkbox"/> N/A |
| Transition Sump | | | <input type="checkbox"/> Listed <input type="checkbox"/> Verified <input type="checkbox"/> No <input type="checkbox"/> N/A |
| Transitions Sump Sensor | | | <input type="checkbox"/> Listed <input type="checkbox"/> Verified <input type="checkbox"/> No <input type="checkbox"/> N/A |

V. DISPENSER INFORMATION – If needed, attach an additional copy of this page for each additional dispenser unit installed.

Dispenser Number: _____ Dedicated Dispenser Hose: Yes No Blending Dispenser: Yes No

| Component | Equipment Manufacturer | Model Number | 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"/> N/A |
| Suction Pump | | | <input type="checkbox"/> Listed <input type="checkbox"/> Verified <input type="checkbox"/> No <input type="checkbox"/> N/A |
| Dispenser Sump | | | <input type="checkbox"/> Listed <input type="checkbox"/> Verified <input type="checkbox"/> No <input type="checkbox"/> N/A |
| Dispenser Sump Sensor | | | <input type="checkbox"/> Listed <input type="checkbox"/> Verified <input type="checkbox"/> No <input type="checkbox"/> N/A |
| Sump Penetration Fittings | | | <input type="checkbox"/> Listed <input type="checkbox"/> Verified <input type="checkbox"/> No <input type="checkbox"/> N/A |
| Flex Connector | | | <input type="checkbox"/> Listed <input type="checkbox"/> Verified <input type="checkbox"/> No <input type="checkbox"/> N/A |
| Emergency (Shear) Valve | | | <input type="checkbox"/> Listed <input type="checkbox"/> Verified <input type="checkbox"/> No <input type="checkbox"/> N/A |
| Gaskets/Seals | | | <input type="checkbox"/> Listed <input type="checkbox"/> Verified <input type="checkbox"/> No <input type="checkbox"/> N/A |
| Blending Valve | | | <input type="checkbox"/> Listed <input type="checkbox"/> Verified <input type="checkbox"/> No <input type="checkbox"/> N/A |
| Check Valve | | | <input type="checkbox"/> Listed <input type="checkbox"/> Verified <input type="checkbox"/> No <input type="checkbox"/> N/A |
| Meter | | | <input type="checkbox"/> Listed <input type="checkbox"/> Verified <input type="checkbox"/> No <input type="checkbox"/> N/A |
| Fuel Filters | | | <input type="checkbox"/> Listed <input type="checkbox"/> Verified <input type="checkbox"/> No <input type="checkbox"/> N/A |
| Break Away Device | | | <input type="checkbox"/> Listed <input type="checkbox"/> Verified <input type="checkbox"/> No <input type="checkbox"/> N/A |
| Nozzle(s) | | | <input type="checkbox"/> Listed <input type="checkbox"/> Verified <input type="checkbox"/> No <input type="checkbox"/> N/A |
| Swivel(s) | | | <input type="checkbox"/> Listed <input type="checkbox"/> Verified <input type="checkbox"/> No <input type="checkbox"/> N/A |
| Hose(s) | | | <input type="checkbox"/> Listed <input type="checkbox"/> Verified <input type="checkbox"/> No <input type="checkbox"/> N/A |

If any box is checked "No", provide an explanation. PSTD will determine if this option is no less protective of human health and the environment.

VI. CERTIFICATION (Read and sign after completing all sections)

I certify under penalty of law that I have personally examined and am familiar with the information submitted on this form and all attached documents, and that I believe that the submitted information is true, accurate and complete.

| | |
|--|-----------------------|
| | |
| (Print) Name of Licensed Tank Installer | License Number |
| X | |
| Signature | Date |

| | |
|--|--------------|
| | |
| (Print) Owner/Representative Name | Title |
| X | |
| Signature | Date |



Oklahoma Corporation Commission
Petroleum Storage Tank Division
P.O. Box 171
Oklahoma City, OK 73101

STATEMENT OF COMPATIBILITY

Oklahoma Corporation Commission, Petroleum Storage Tank Division regulations require that all regulated underground and aboveground storage tank systems be compatible with the product stored in them. Anyone storing regulated substances that contain greater than ten percent (10%) ethanol or regulated substances that contain greater than twenty percent (20%) biodiesel must certify that all components of their tank system are compatible with the product stored.

Complete the information below and the attached checklist along with supporting documentation and submit along with any tank registration where the tank(s) contain fuel types that require system compatibility.

Facility Number:

Facility Name:

Facility Address:

City & State:

Zip:

Number of tanks storing alternative fuel blends or biodiesel blends:

I, _____, do hereby attest that I have researched all the various components of the storage tank system(s) at the above noted facility which are currently, or will be storing alternative fuel blends and/or biodiesel blends and certify that all components are compatible with the stored fuel type. I certify under penalty of law that this document and all attachments were prepared by me, or under my direction or supervision. The submitted information is to the best of my knowledge and I believe that all submitted information is true, accurate and complete.

(Print) Owner/Representative Name

Title

X

Signature

Date