

TANK TRUST FUND ELIGIBILITY / INELIGIBILITY DETERMINATION FORM

Questions on how to complete this form should be directed to the Groundwater Branch, UST Compliance Unit at (334) 270-5655

Facility Name: _____ Facility I.D. Number: _____ - _____ - _____
Facility Address: _____
City: _____ County: _____ Zip Code: _____
Number of Tanks: _____ Tank Sizes (gallons): _____ Installation dates: _____

Leak Detection (check all that apply)

- Tank: Tank Tightness Testing with inventory control, *submit last tightness test and last 3 months of inventory reconciliation*
 Manual Tank Gauging (only for tanks 550 gallons or less), *submit last 6 months of test results*
 Tank Tightness Testing with manual tank gauging (only for tanks 2000 gallons or less), *submit last tightness test and last 3 months of manual tank gauging records*
 Automatic Tank Gauge with inventory control, *submit last 6 months of test results*
 Continuous Automatic Tank Gauge, *submit last 6 months of test results*
 Monthly or Continuous Vapor Monitoring, *submit last 6 months of test results*
 Monthly or Continuous Groundwater Monitoring, *submit last 6 months of test results*
 Interstitial Monitoring with Secondary Containment, *submit last 6 months of test results*
 Interstitial Monitoring with Secondary Barrier, *submit last 6 months of test results*
 Statistical Inventory Reconciliation, *submit last 6 months of test results*
 None

Piping: Pressurized

Suction

Group 1

Submit most recent annual equipment test results and/or the past 6 months of test records

- Automatic Flow Restrictor
 Automatic Shutoff Device
 Continuous Alarm
 None

- Safe suction (single check valve located directly under the dispenser with piping sloped toward tanks)
 Line tightness testing every 3 years, *submit last test*
Monthly or Continuous Monitoring, *submit last 6 months of test results*

- Monthly or Continuous Vapor Monitoring
 Monthly or Continuous Groundwater Monitoring
 Statistical Inventory Reconciliation
 Monthly Manual or Continuous Interstitial Monitoring
 None

Group 2

Annual line tightness testing, *submit last annual test*
Monthly or Continuous Monitoring, *submit last 6 months of test results*

- Electronic line leak detector monthly 0.2 gph test
 Monthly or Continuous Vapor Monitoring
 Monthly or Continuous Groundwater Monitoring
 Statistical Inventory Reconciliation
 Continuous Interstitial Monitoring (ex: sump sensors)
 Monthly Manual Interstitial Monitoring
 None

This form should be completed and returned to the Department with the appropriate records attached within fifteen (15) days of receipt to:
Alabama Department of Environmental Management
Groundwater Branch
P.O. Box 301463
Montgomery, Alabama 36130-1463

Corrosion Protection (check all that apply) *Submit supporting documentation such as last corrosion protection monitoring test or last interior lining inspection results*

Tanks:

- Coated and Factory Cathodically Protected Steel
 Fiberglass
 Fiberglass Coated Steel
 Polyurethane Coated Steel
 Interior Lined Steel
 Steel with Field Installed Cathodic Protection
 Galvanized or Painted Steel

Piping:

- Steel with Field Installed Cathodic Protection
 Fiberglass
 Flexible
 Galvanized Steel
 Other (specify) _____
 Single wall
 Double wall

Spill and Overfill Prevention (check all that apply)

- 90% Flow Restrictor (ball-float vent valve)
 90% High Level Alarm
 95% Automatic Shutoff Device

- Catchment Basins
 None
 Exempt from spill and overfill prevention requirement

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

Owner
Signature: _____

Print
Name: _____

Date: _____