

CERTIFICATION OF COMPLIANCE

INSTRUCTIONS: Complete this form after all work and testing is finished at this facility under this permit.

Tank Identification Number	Tank#		Tank#		Tank#		Tank#		Tank#	
1. Installation										
A. Installer licensed by DEQ. License # _____	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
B. Installation inspected and approved by a licensed inspector. License# _____	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
2. Corrosion Protection (if applicable)	Tank	Piping	Tank	Piping	Tank	Piping	Tank	Piping	Tank	Piping
A. Sacrificial anode and coated	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
B. Impressed Current	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
3. Release Detection (mark all that apply)	Tank	Piping	Tank	Piping	Tank	Piping	Tank	Piping	Tank	Piping
A. Weekly or annual tank gauging (tanks up to 2,000 gal., over 1,000 gal. also require tank tightness testing)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
B. Automatic Tank Gauging	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
C. Vapor Monitoring	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
D. Ground Water Monitoring	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
E. Interstitial monitoring double-walled tank/piping	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
F. Interstitial monitoring/secondary containment (excavation liner)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
G. Automatic line leak detectors										
1. Mechanical		<input type="text"/>		<input type="text"/>		<input type="text"/>		<input type="text"/>		<input type="text"/>
2. Electronic		<input type="text"/>		<input type="text"/>		<input type="text"/>		<input type="text"/>		<input type="text"/>
H. Line tightness testing		<input type="text"/>		<input type="text"/>		<input type="text"/>		<input type="text"/>		<input type="text"/>
I. European suction (no valve at tank)		<input type="text"/>		<input type="text"/>		<input type="text"/>		<input type="text"/>		<input type="text"/>
J. Other method allowed by DEQ <i>(Please specify)</i> _____	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
4. Spill and Overfill Protection										
A. Overfill device installed (list type) _____	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
B. Spill device installed	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Other work completed not listed above: _____

OATH: I certify that all work authorized by this permit was completed in accordance with manufacturer instructions/specifications, the Administrative rules of Montana (including standards adopted therein), and all permit conditions. I further certify that all information provided in this document (and attached documents, if any) is true to the best of my belief and knowledge.

Installer: _____
 Name (please print) Signature Date