

GA EPD USTMP
COMPATIBILITY DEMONSTRATION LOG FOR UST SYSTEMS STORING
A REGULATED SUBSTANCE (PRODUCT) WITH GREATER THAN
10% ETHANOL OR 20% BIODIESEL

Facility Name:	Owner:
Address:	Address:
City, County, Zip:	City, State, Zip:
Facility I.D. #:	Phone #:
Name of Person Completing Form:	
Phone # of Person Completing Form:	
Date form completed: / /	

Instructions

1. **Complete a separate form for each UST system storing greater than E10 or B20, or other regulated substance identified by the EPD.**
2. Compatibility log must be completed by Petroleum equipment contractor. Check "Underwriters laboratories/Listed" and/or "Manufacturer" column.
3. Attach a copy of the manufacturer's compatibility statement or warranty, if applicable.
4. Keep a record copy of each log sheet for as long as the UST system is used to store the regulated substance indicated.
5. **Tanks that have an internal lining are not approved for storage of ethanol or biodiesel blend fuels. The exception is FRP tanks that were lined under certification by the tank manufacturer to provide the compatibility.**
6. If any component is not Underwriters Laboratory listed or manufacturer approved for use the ethanol blend fuels greater than 10%, biodiesel greater than 20% or hazardous substances, then it cannot be stored and/or dispensed from the UST system.

Tank #:	UST Size:
UST Material of Construction: <input type="checkbox"/> fiberglass <input type="checkbox"/> steel <input type="checkbox"/> clad steel <input type="checkbox"/> fiberglass lined steel <input type="checkbox"/> SW <input type="checkbox"/> DW	
Underground Piping Material of Construction: <input type="checkbox"/> fiberglass <input type="checkbox"/> flexible <input type="checkbox"/> steel <input type="checkbox"/> SW <input type="checkbox"/> DW <input type="checkbox"/> other, specify	
Product Stored: <input type="checkbox"/> E____ (greater than 10) <input type="checkbox"/> B____ (greater than 20) <input type="checkbox"/> other, (please specify):	

Please indicate the method for demonstrating compatibility for each of the listed equipment or component.	A nationally recognized independent testing laboratory (such as Underwriters Laboratories) has certified or listed that equipment and components are compatible with the biofuel blend stored in this UST system.	The manufacturer of this equipment or component has a written affirmative statement stating that equipment and components are compatible for a range of biofuel blends that covers the biofuel blend stored in this UST system.
Underground storage Tank	<input type="checkbox"/> yes When applicable, please specify lab: <input type="checkbox"/> no <input type="checkbox"/> N/A	<input type="checkbox"/> yes When applicable, please attach statement <input type="checkbox"/> no <input type="checkbox"/> N/A
Spill prevention equipment	<input type="checkbox"/> yes When applicable, please specify lab: <input type="checkbox"/> no <input type="checkbox"/> N/A	<input type="checkbox"/> yes When applicable, please attach statement <input type="checkbox"/> no <input type="checkbox"/> N/A
Overfill prevention equipment	<input type="checkbox"/> yes When applicable, please specify lab: <input type="checkbox"/> no <input type="checkbox"/> N/A	<input type="checkbox"/> yes When applicable, please attach statement <input type="checkbox"/> no <input type="checkbox"/> N/A
Leak detection Probe/floats	<input type="checkbox"/> yes When applicable, please specify lab: <input type="checkbox"/> no <input type="checkbox"/> N/A	<input type="checkbox"/> yes When applicable, please attach statement <input type="checkbox"/> no <input type="checkbox"/> N/A
Submersible pump	<input type="checkbox"/> yes When applicable, please specify lab: <input type="checkbox"/> no <input type="checkbox"/> N/A	<input type="checkbox"/> yes When applicable, please attach statement <input type="checkbox"/> no <input type="checkbox"/> N/A
Interstitial and sump sensors	<input type="checkbox"/> yes When applicable, please specify lab: <input type="checkbox"/> no <input type="checkbox"/> N/A	<input type="checkbox"/> yes When applicable, please attach statement <input type="checkbox"/> no <input type="checkbox"/> N/A
containment sump	<input type="checkbox"/> yes When applicable, please specify lab: <input type="checkbox"/> no <input type="checkbox"/> N/A	<input type="checkbox"/> yes When applicable, please attach statement <input type="checkbox"/> no <input type="checkbox"/> N/A
Under dispenser containment sump	<input type="checkbox"/> yes When applicable, please specify lab: <input type="checkbox"/> no <input type="checkbox"/> N/A	<input type="checkbox"/> yes When applicable, please attach statement <input type="checkbox"/> no <input type="checkbox"/> N/A

Underground piping	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> N/A	When applicable, please specify lab:	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> N/A	When applicable, please attach statement
Pipe/dope/sealant/adhesive:	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> N/A	When applicable, please specify lab:	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> N/A	When applicable, please attach statement
Gasket Seals	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> N/A	When applicable, please specify lab:	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> N/A	When applicable, please attach statement
Flex connector, grommets, filters	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> N/A	When applicable, please specify lab:	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> N/A	When applicable, please attach statement
Line leak detector	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> N/A	When applicable, please specify lab:	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> N/A	When applicable, please attach statement
Angle check valve (suction pipe system)	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> N/A	When applicable, please specify lab:	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> N/A	When applicable, please attach statement
Shear Valve	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> N/A	When applicable, please specify lab:	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> N/A	When applicable, please specify lab:

Petroleum Equipment Contractor Signature

I hereby certify by signing below that the components checked in the "Underwriters or Listed" and/or "Manufacturer" columns are UL listed and/or Manufacturer approved for use with the specified ethanol, specified biodiesel blend or specified listed hazardous substance.

Petroleum Equipment Contractor Signature: _____ Date: _____

Print petroleum equipment contractor _____

Contractor Company Name: _____ Phone# _____

Contractor Address: _____

Owner/Operator Signature

By signing below you are acknowledging that all of the items on this form have been completed.

Tank owner/operator signature _____ Date _____

Print Tank/owner name _____ Company _____