

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. Attach a copy of the manufacturer's compatibility statement, if applicable. 3. Keep a record copy of each log sheet for as long as the UST system is used to store the regulated substance indicated.		
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		
Underground Piping Material of Construction: <input type="checkbox"/> fiberglass <input type="checkbox"/> flexible <input type="checkbox"/> steel		
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
Underground piping	<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
Submersible pump 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
Tank release detection equipment; Please specify:	<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
Piping release detection equipment; Please specify:	<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
I hereby certify that all the information contained in this report is true, accurate and in full compliance with legal requirements.		
Tester's Signature: _____		Date: _____

