

#### PETROLEUM STORAGE TANK SYSTEM COMPATIBILITY ASSESSMENT

Please indicate the type of system: 
UST 
AST

Site Reg./Policy #:	Insured/Owner:
Facility/Site Name:	Insured/Owner Address:
Facility Address:	Insured/Owner City/Zip:
Facility City/Zip:	Phone #:

Current product type stored: \_\_\_\_\_ Alternative fuel to be stored: \_\_\_\_\_

# Percentage of ethanol or bio:

## **UST System Information**

Tank install date:	Piping install date:	
Tank size in gallons:	Number of dispensers affected:	
Tank manufacturer / material:	Piping manufacturer / material:	

• It is strongly recommended that owners perform a precision tank and line test prior to introducing an alternative fuel into a storage tank system.

## Instructions

Indicate whether the following items are compatible with the product to be stored. Mark "Yes" if the component is compatible with the product stored. Mark "No" if the component is not compatible or is unknown. Mark "N/A" if the component does not exist in the fuel system.

Component	Yes	No	Manufacturer – Model # - UL #
Tank(s) construction mat	erial		
Piping construction mate	rial		
Dispenser(s) and compo	nents		

Component	Yes	No	N/A	Manufacturer – Model # - UL #
Shear valve(s)				
Flex connector(s)				
Submersible pump(s)				

Containment	Yes No NA	Comments
Dispenser containment sump		
appears intact?		
Piping containment sump		
appears intact?		

<u>Note</u>: Containment is only considered adequate if it appears liquid-tight, meaning all entry boots, conduits, and walls are not damaged and are intact.

## **Compatibility Requirements**

**IMPORTANT**: Tanks and piping must be confirmed compatible with the product stored. If the other listed components are not confirmed compatible, adequate secondary containment must be confirmed to obtain PMMIC coverage.

### Licensed Installer Performing Assessment

"I have inspected the visible UST/AST system components and reviewed available installation records of the UST/AST site referenced and have found the information listed on the above assessment, regarding the identified equipment and components of this UST/AST site, to be true and accurate."

### **UST/AST System Certification**

Does this UST/AST system(s) meet PMMI requirements listed above?	C's fuel compatibility
[]Yes [	] No
Licensed Contractor/Company Performing Work: _	(Place Print)
	(Flease Flint)
Address:	Phone #
Licensed Installer:	License #
(Please Print)	
Licensed Installer Signature:	Date://
Insured:	
(Print Name	
Insured Signature:	Date://
Please return the completed form <u>with t</u>	he most recent passing tank and line tests to:
Mail: PO Box 7628, Urbandale, Fax: (515) 334-3013 <u>E-mail: pmmic-us-pollib-pst-u</u>	