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| **UST-6** | | | **APPLICATION TO INSTALL OR REPLACE UNDERGROUND STORAGE TANK SYSTEMS**  **(PRE-INSTALLATION Piping-Only Emergency)** | | | | | | | **A picture containing logo  AI-generated content may be incorrect.** | | | |
| INSTRUCTIONS: This form is used to: (1) document the proposed installation of regulated Underground Storage Tanks (UST) piping in North Carolina, referred to as the UST-6A Piping-Only Emergency, and (2) certify the specifics of the installation once it is complete, referred to as the UST-6B Piping-Only Emergency. Please type or print all items except signature. | | | | | | | | | | | | | |
| Facility ID No.: | | | | | | | **STATE USE ONLY** | | | | | | |
| Facility Name or Company: | | | | | | | UST-6A Piping-Only Emergency Reviewer Name: | | | | | | |
| Facility Street Address: | | | | | | | UST-6A Piping-Only  Emergency Approved: | | Yes  No | | | | |
| City: | | | | State: | | Zip: | Date UST-6A Piping-Only Emergency  Approved/Disapproved: | | | | | | |
| **1. Projected Installation Start Date** | | | | | | | | | | | | | |
| Projected Installation Start Date: | | | | | | | | | | | | | |
| **2. Scope of the Proposed Work** | | | | | | | | | | | | | |
| Proposed Work – Components | | | | | | | | | | | | | | |
| This UST-6A Piping-Only Emergency proposes the installation of the following UST components (check all that apply): | | | | | | | | | | | | | | |
|  | | Piping  Containment Sumps | | | Spill Prevention Equipment (e.g., spill buckets)  Overfill Prevention Equipment (e.g., flapper valves, ball float vent restriction devices) | | | Leak Detection Equipment (e.g., sump sensors, monitoring consoles) | | |  | | | |
| **3. Scope Of Work and Justification For Emergency Piping-Only** | | | | | | | | | | | | | |
| Please provide a detailed description of the proposed installations that require additional description below. Also, explain the justification for why this piping replacement should be considered an emergency piping project and include the condition of other existing piping at facility, as applicable. | | | | | | | | | | | | | |
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| NOTE: A cathodic protection test is required any time installation work is completed at a UST facility that has an Impressed Current corrosion protection  system.  NOTE: If NC DEQ cannot confirm that the piping replacement constitutes an emergency, then the application may be rejected. If rejected, the piping replacement would need to be resubmitted as a regular piping-only UST-6A application.  NOTE: A suspected or confirmed release must be reported to NC DEQ within 24 hours of discovery. | | | | | | | | | | | | | |
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| **UST-6** | | **APPLICATION TO INSTALL OR REPLACE UNDERGROUND STORAGE TANK SYSTEMS**  **(PRE-INSTALLATION Piping-Only Emergency)** | | | | **A picture containing logo  AI-generated content may be incorrect.** | | | |
| *Please complete and attach this page when submitting a UST-6A Piping-Only Emergency (proposed installation).* | | | | | | | | | |
| **4. North Carolina Professional Engineer** | | | | | **5. Main UST System Installation Contractor** | | | | |
| PE Name | | | | | Contractor Name | | | | |
| Company Name | | | | | Company Name | | | | |
| Phone Number | | | | | Phone Number | | | | |
| Email Address | | | | | Email Address | | | | |
| **6. UST-6A Piping-Only Emergency Application Certification (Pre-Installation)** | | | | | | | | | |
| 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 that based on my inquiry of those individuals responsible for obtaining this information, I believe that the submitted information is true, accurate, and complete. | | | | | | | | | |
|  | | |  |  | | | | |  |
| Print Name of Applicant | | | | Print Title of Applicant | | | | | |
|  | | |  |  | | | | |  |
| Company Name | | | | Telephone No. | | | | | |
|  | | |  |  | | | | |  |
| Applicant Signature | | | | Date Signed | | | | | |
| **7. UST-6A Piping-Only Emergency Attachments (Pre-Installation)** | | | | | | | | | |
| *Please attach the following items to this submittal (i.e., Pages 1 and 2).* | | | | | | | | | |
| 7.1 | Sections 8 through 10 of the UST-6 Piping-Only Emergency form detailing the proposed installation | | | | | | Yes | | |
| 7.2 | An 11” x 17” scale drawing signed and sealed by a North Carolina Professional Engineer detailing the proposed installation | | | | | | Yes | | |
| 7.3 | UST-6C, “Application to Install or Replace Underground Storage Tank Systems (Schedule of Materials)” signed and sealed by a North Carolina Professional Engineer | | | | | | Yes | | |
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| **UST-6** | | **Application to Install or Replace Underground Storage Tank Systems**  **(Pre-Installation Piping-Only Emergency)** | | | | |  |
| 8. Description of All Piping Systems at this Facility | | | | | | | |
| *Instructions: Please complete Part 1 of this Section when submitting a UST-6A Piping-Only Emergency (proposed installation). Upon completion of installation, verify the information in Part 1 and revise as necessary, making sure to indicate those changes.* | | | | | | | |
| PART 1 – PRE-INSTALLATION | | | | | | | |
| **8.1** | **Piping System – General** | | | | | | |
| 8.1.1 | Tank # (associated with piping) 1 | |  | |  | | | |
| 8.1.2 | Capacity (gallons) If compartment tank, list compartment size. | |  | |  | | | |
| 8.1.3 | Product stored or to be stored (if other, specify) 2 | |  | |  | | | |
| 8.1.4 | If Other (specify) | |  | |  | | | |
| 8.1.5 | Indicate if piping is N=new or E=existing 3 | |  | |  | | | |
| 8.1.6 | Indicate piping use/application 4 | |  | |  | | | |
| 8.1.7 | If Other (specify) | |  | |  | | | |
| 8.1.8 | Piping configuration (PR=Pressurized, SU=Suction, SI=Siphon or GR=Gravity) | |  | |  | | | |
| **8.2** | **Piping System – Construction** | | | | | | |
| 8.2.1 | Material of construction **5** | |  | |  | | | |
| 8.2.2 | If Other (specify) | |  | |  | | | |
| 8.3 | Piping System – Interstitial Monitoring (Leak Detection) 6 | | | | | | |
| 8.3.1 | Method of monitoring piping interstice 7 | |  | |  | | | |
| 8.3.2 | Indicate if piping interstitial sensor is N=new or E=existing | |  | |  | | | |
| 8.4 | Piping System – Automatic Line Leak Detector (To Be Filled Out for Pressurized Piping Only) | | | | | | |
| 8.4.1 | Automatic Line Leak Detector (ALLD) (Mechanical or Electronic) | |  | |  | | | |
| 8.4.2 | Indicate if ALLD is N=new or E=existing | |  | |  | | | |
| 8.5 | Piping System Information – Associated Piping Components | | | | | | | |
| 8.5.1 | Method that will be used to allow piping to be located once it is backfilled? 8 | |  | |  | | | |
| 8.5.2 | If Other (specify) | |  | |  | | | |
| 1 Indicate which tank the piping is associated with (e.g., Tank 1, Tank 2A, Tank 2B). If the piping is associated with two or more USTs (e.g., a siphon manifold), then list both tanks in the column (e.g., Tank 1 & 2). If there is more than a single kind of piping associated with an individual tank, list each kind of piping in a separate column. 2 Enter one of the following choices: Aviation Gas, Biodiesel (> 20%) – Diesel Mix\*,  Diesel, Ethanol (> 10%) – Gas Mix\*, Fuel Oil, Gasoline, Hazardous Substance,  Heating Oil Kerosene, Motor Oil, Other Non-Petroleum, Other Petroleum,  Transmission Fluid, or Used Oil  3 If “existing”, provide (minimally) the use, type of piping and configuration and as much other information as available.  4 Enter one of the following choices:  PD = Product Distribution  M = Tank Manifold (Siphon Bar)  RF = Remote Fill  PR = Product Return  OTH = Other (specify) | | | | 5 Enter one of the following choices:  DW Flex = Double-walled Flex Piping (e.g., APT XP, APT UPP, OPW FlexWorks)  DW FRP = Double-walled Fiberglass Reinforced Plastic (e.g., NOV Fiberglass Dualoy 3000/L (3” over 2”), Dualoy 3000/LCX, Red Thread IIA)  DW Metal/Plastic = Double-walled Plastic secondary and metal primary (e.g., OmegaFlex DoubleTrac)  None  OTH = Other (specify)  6  All piping installed on or after November 1, 2007 must be of double-walled construction with continuous interstitial monitoring  7 Enter one of the following choices:  LDS = Liquid Detecting Sensor (e.g., sump sensor)  VM = Vacuum Sensor  PR = Pressure Sensor  HYDRO = Hydrostatic Float  OTH = Other (specify)  (Note that discriminating sensors must be set up to detect and alarm with all  liquids) 8 If detectable tape/wire is proposed, also list manufacturer/model number on UST-6C; tape/wire width (gauge) & installation depth on UST-6C or plans. Note that NC DEQ may require documentation that the pipe can be locate after installation for compliance with 15 NCAC 02N.0904(c) or 15A NCAC 02N .0902(a)(3). | | | |
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| **UST-6** | | **Application to Install or Replace Underground Storage Tank Systems**  **(Pre-Installation Piping-Only Emergency)** | | | | | | **A picture containing logo  AI-generated content may be incorrect.** |
| 9. Description of All Containment Sumps at this Facility | | | | | | | | |
| *Please complete Part 1 of this Section when submitting a UST-6A Piping-Only Emergency (proposed installation). Upon completion of installation, verify the information in Part 1 and revise as necessary. For Emergency Only Piping Applications, only fill out if a sump is required to be installed for this project or if piping is being connected to an existing sump.* | | | | | | | | |
| PART 1 – PRE-INSTALLATION | | | | | | | | |
| **9.1** | **Containment Sumps - General** | | | | | | | |
| 9.1.1 | Containment sump identifier / name (e.g., Disp. 1/2 - 7/8, Tank 1-3, etc.) | | |  | |  | | | |
| 9.1.2 | Quantity of containment sumps of this type | | |  | |  | | | |
| 9.1.3 | Containment sump type 1 | | |  | |  | | | |
| 9.1.4 | If Other (specify) | | |  | |  | | | |
| 9.1.5 | Indicate if containment sump is N=new or E=existing 2 | | |  | |  | | | |
| **9.2** | **Containment Sumps - Construction** | | | | | | | |
| 9.2.1 | Material of construction 3 | | |  | |  | | | |
| 9.2.2 | If Other (specify) | | |  | |  | | | |
| **9.3** | **Containment Sumps – Leak Detection** 4 | | | | | | | |
| 9.3.1 | Method of monitoring containment sump 5 | | |  | |  | | | |
| 9.3.2 | Indicate if interstitial sensor is N=new or E=existing | | |  | |  | | | |
| 10. Description of Leak Detection Monitoring Equipment at this Facility | | | | | | | | |
| *Please complete Part 1 of this Section when submitting a UST-6A Piping-Only Emergency (proposed installation) application. Upon completion of installation, verify the information in Part 1 of this Section and revise as necessary.* | | | | | | | | |
| PART 1 – PRE-INSTALLATION | | | | | | | | |
| *Please list the manufacturer and model of each leak detection monitoring console that is being used at the UST facility. If more than one monitoring console is being used, list each monitoring console and specify which tanks, piping, containment sumps, etc. are being monitored by each.* | | | | | | | | |
| **10.1** | **Leak Detection Monitoring Equipment - General** | | | | | | | |
|  | | | Monitoring Console #1 | | | | | | |
| 10.1.1 | Monitoring console manufacturer | |  | | | | | | |
| 10.1.2 | Monitoring console model | |  | | | | | | |
| 10.1.3 | Indicate if N=new or E=existing Equipment | |  | | | | | | |
| 1 Enter one of the following choices:  TTS = Tank Top Sump (e.g., STP sump)  UDC = Under Dispenser Containment Sump  TS = Transition Sump  OTH = Other (specify)  **2** Note that existing containment sumps, when connected to replacement piping, will require continuous monitoring and must be tested for integrity  3 Enter one of the following choices:  PLS = Plastic  FRP = Fiberglass Reinforced Plastic  OTH = Other (specify) | | | | | 4 All single-walled or metal UST system components (e.g., flex connectors, automatic line leak detectors, submersible turbine pumps, shear valves) installed on or after November 1, 2007 must be located within continuously monitored containment sumps  5 Enter one of the following choices:  LDS = Liquid Detecting Sensor (e.g., sump sensor)  VM = Vacuum Sensor  PR = Pressure Sensor  HYDRO = Hydrostatic Float  OTH = Other (specify)  Note that discriminating sensors must be set up to detect and alarm with all liquids | | | |
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| **UST-6B** | | **Application to Install or Replace Underground Storage Tank Systems**  **(Post-Installation Piping-Only Emergency)** | | | | | | | | |  | |
| *Please complete this page when submitting a UST-6B Piping-Only Emergency (post-installation).* | | | | | | | | | | | | |
| Facility ID No.: | | | | | | | | | Date Piping Installation Completed: | | | |
| Facility Name or Company: | | | | | | | | |
| Facility Street Address: | | | | | | | | |
| City: | | | | State: | | Zip: | | |
| **STATE USE ONLY** | | | | | | | | | | | | |
| UST-6B Piping-Only Emergency  Reviewer Name: | | | | | UST-6B Piping-Only Emergency Approved:  Yes  No | | | | Date UST-6B Piping-Only Emergency Approved / Disapproved: | | | |
| **11. Certification of Installation** (Must be completed by UST system installer) | | | | | | | | | | | | |
| Were there any modifications to the approved  UST-6A Piping-Only Emergency application?  Yes  No If “Yes” then briefly describe below or attach separate description of the modifications (Note: Professional Engineer must approve and seal any changes to the UST-6C and original design plans):  *NOTE: If any other equipment was installed per Section 2. Scope of the Proposed Work, then documentation of a passing test(s) must be submitted for all*  *installation equipment noted above.* | | | | | | | | | | | | |
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| **OATH:** I certify, under penalty of law, that the information provided in this application is accurate and true to the best of my belief and knowledge and that the UST system equipment was installed in accordance with the UST system design plans, the manufacturer’s guidelines and the applicable national codes of practice and industry standards listed in 15A NCAC 02N .0900. | | | | | | | | | | | | |
| **Installer:** | | |  | | | |  |  | | | |  |
|  | | | Print Name | | | |  | Job Title | | | |  |
|  | | |  | | | |  |  | | | |  |
| Signature Date  **Penalties:** Pursuant to N.C.G.S.143-215.94W any person who knowingly fails to notify or submits false information shall be subject to a civil penalty not to exceed $10,000 per day, per violation. | | | | | | | | | | | | Signature |
| **12. Facility Owner Certification and Acknowledgement (Read and Sign After Completing Sections 1 to 2 and 8 to 13)** | | | | | | | | | | | | |
| 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 that based on my inquiry of those individuals responsible for obtaining this information, I believe that the submitted information is true, accurate, and complete. In addition, I certify that all applicable State and Federal UST requirements have been complied with. | | | | | | | | | | | | |
| **Owner:** | | |  | | | |  |  | | | |  |
|  | | | Print Name of UST Facility Owner or Authorized Representative | | | |  | Print Title of Owner or Authorized Representative | | | |  |
|  | | |  | | | |  |  | | | |  |
| Signature Date  **Penalties:** Pursuant to N.C.G.S.143-215.94W any UST system owner or operator who knowingly fails to notify or submits false information shall be subject to a civil penalty not to exceed $10,000 per day, per violation. | | | | | | | | | | | | Signature |
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| **UST-6B** | | **Application to Install or Replace Underground Storage Tank Systems**  **(Post-Installation Piping-Only Emergency)** | | | |  |
| *Please complete this page when submitting a UST-6B Piping-Only Emergency (post-installation).* | | | | | | |
| **13. UST-6B Piping-Only Emergency Attachments (Post-Installation)** | | | | | | |
| *Please attach the following items to this submittal.* | | | | | | |
| 13.1 | The UST-6 Piping-Only Emergency form detailing the completed installation, indicating any changes that were made to the originally approved plans | | Yes |  | | |
| 13.2 | Manufacturers piping installation checklist and warranty registrations. | | Yes |  | | |
| 13.3 | Copies of manufacturer’s installer certifications for each employee who installed equipment at this facility. | | Yes |  | | |
| 13.4 | One copy of 11” x 17” as-built plans signed/sealed by a NC PE documenting and detailing the completed installation, indicating any changes that were made to the originally approved design plans.  *[Note: If no changes were made, no as-builts need to be submitted.]* | | Yes | N/A. The originally approved engineered design plans can be used as as-builts, as there were no changes. | | |
| 13.5 | UST-6C, “Application to Install or Replace Underground Storage Tank Systems (Schedule of Materials)” attached. [Note: If no changes were made, no UST-6C needs to be submitted.] | | Yes | N/A. The originally approved UST-6C can be used, as there were no changes. | | |
| 13.6 | UST-6D/23A “Application to Install or Replace Underground Storage Tank Systems (Spill Bucket Installation Testing)” containing post-installation test results1. | | Yes | N/A | | |
| 13.7 | UST-6F/23B “Application to Install or Replace Underground Storage Tank Systems (UDC/Containment Sump Installation Testing)” containing post-installation test results1. | | Yes | N/A | | |
| 13.8 | UST-6H/23C “Application to Install or Replace Underground Storage Tank Systems (Piping Post-Installation Testing)” containing post-installation test results1 | | Yes | N/A | | |
| 13.9 | Line Tightness Test (LTT) results and data sheets1. | | Yes | N/A | | |
| 13.10 | Automatic Line Leak Detector (ALLD) test results and data sheets1. | | Yes | N/A, non-pressurized piping only | | |
| 13.11 | UST-22A, “Overfill Prevention Equipment Operability Check” 1. | | Yes | N/A | | |
| 13.12 | UST-22B, “Annual Leak Detection Equipment Operability Check” 1. | | Yes | N/A | | |
| 13.13 | UST-22C, “Annual Sump Visual Inspections” 1. | | Yes | N/A | | |
| 13.14 | Leak detection console printout documenting the setup of each interstitial sensor (e.g., vacuum, pressure, hydrostatic, liquid-detecting sensor). Please submit results copied onto 8.5 X 11 paper. | | Yes |  | | |
| 13.15 | Leak detection console printout documenting the functionality of each interstitial sensor (e.g., vacuum, pressure, hydrostatic, liquid-detecting sensor). The sensor functionality tests, conducted in accordance with manufacturer’s written guidelines, should consist of printouts documenting the status of each sensor:   * Normal / OK Status (Prior to Test) * Alarm (During Test) * Normal / OK Status (At the Conclusion of the Test)   Note: Additional printouts may be required to document sensors with multiple alarm states (e.g., discriminating sensors, position-sensitive sensors, dual-float hydrostatic sensors). Please submit results copied onto 8.5 X 11 paper1. | | Yes | N/A | | |
| 13.16 | UST-7B, “North Carolina Cathodic Protection System Evaluation for Impressed Current Systems” completed after installation completed.  NOTE: A cathodic protection test is required any time installation work is completed at a UST facility that has an Impressed Current corrosion protection system. | | Yes | N/A, Site does not have an Impressed Current corrosion protection system. | | |
| 1. If applicable and at a minimum, items that need to be completed for a Temporary Operating Permit (TOP) to be issued. TOP will be valid for a period of approximately 60 days to allow interim operations while the other application items are completed. | | | | | | |
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