

Facility ID# \_\_\_\_\_

Permit ID# \_\_\_\_\_

**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 #	
<b>Installation</b> A. Tag # _____  B. Installer licensed by DEQ. License # _____										
<b>2. Corrosion Protection (if applicable)</b> A. Sacrificial anode and coated  B. Impressed Current	Tank	Piping	Tank	Piping	Tank	Piping	Tank	Piping	Tank	Piping
<b>3. Release Detection (mark all that apply)</b> A. Weekly or annual tank gauging (tanks up to 2,000 gal., over 1,000 gal. also require tank tightness testing) B. Automatic Tank Gauging (list type) _____ C. Statistical Inventory Control D. Interstitial monitoring double-walled tank/piping E. Automatic line leak detectors (list type) 1. Mechanical _____ 2. Electronic _____ F. Line tightness testing (applicable suction piping) G. European suction (no valve at tank) H. Bulk Line Tightness Testing (Terminals and Airport Hydrant Systems)	Tank	Piping	Tank	Piping	Tank	Piping	Tank	Piping	Tank	Piping
I. Other method allowed by DEQ (specify) _____										
<b>4. Spill and Overfill Protection</b> A. Overfill device installed (list type) _____  B. Spill containment device installed (list type) _____										

Other repair or modification authorized by permit issued by DEQ 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 \_\_\_\_\_