

**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 # _____	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<b>2. Corrosion Protection (if applicable)</b> A. Sacrificial anode and coated  B. Impressed Current	Tank <input type="text"/>	Piping <input type="text"/>	Tank <input type="text"/>	Piping <input type="text"/>	Tank <input type="text"/>	Piping <input type="text"/>	Tank <input type="text"/>	Piping <input type="text"/>	Tank <input type="text"/>	Piping <input type="text"/>
<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 <input type="text"/>	Piping <input type="text"/>	Tank <input type="text"/>	Piping <input type="text"/>	Tank <input type="text"/>	Piping <input type="text"/>	Tank <input type="text"/>	Piping <input type="text"/>	Tank <input type="text"/>	Piping <input type="text"/>
I. Other method allowed by DEQ (specify) _____	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<b>4. Spill and Overfill Protection</b> A. Overfill device installed (list type) _____  B. Spill containment device installed (list type) _____	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

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