



INTERIM ANNUAL INSPECTION CERTIFICATION

Aboveground Storage Tank (AST) System

(tank, piping, dispensing systems, spill containment devices, overfill protection devices, secondary containment and release detection equipment)

Has Deficiencies and is not Fit for Service

AST Facility Name	
Address	
City, State, Zip	
Tank Owner Name	
Telephone Number	
Email Address	
Certifying Individual	
Address	
City, State, Zip	
Telephone Number	
Email Address	
Facility's/Owner's Tank ID #	
DEP Tank Registration Number (if issued)	

I certify under penalty of law that I have personally examined and am familiar with the inspection performed on the AST System listed above. Based on my direct knowledge and/or my inquiry of those individuals immediately responsible for obtaining the information, I believe that the AST System has deficiencies, not meeting the minimum standards established by W.Va. Code 22-30 and; therefore, is not fit for continued service. See attachment(s) documenting the deficiencies affecting the AST System and my recommendations for abating said deficiencies including a schedule for abatement of deficiencies and any requirements for repairs, replacement, and removal from service until the AST System is made fit for continued service.

Signature of Certifying Individual

Date Signed

P.E. Registration #, STI Certification # or
API Certification #

Registration/Certification Expiration Date