



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)
Meets Requirements and is 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 meets the minimum standards established by W.Va. Code 22-30 and; therefore, is fit for service. Deficiencies, if any, found during the inspection of the AST System are described in the attached document(s) along with my recommendations and a schedule for abating said deficiencies.

 Signature of Certifying Individual

 Date Signed

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

 Registration/Certification Expiration Date