



ANNUAL INSPECTION CERTIFICATION
Aboveground Storage Tank
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 Issued Tank Label	
DEP Determined Tank Level	Level 1 tank <input type="checkbox"/> Level 2 tank <input type="checkbox"/>

I am a qualified individual as described in WV CSR 47-63-5.2 and I have performed a tank evaluation on the above AST system. I certify the tank system does not meet the minimum integrity standards established by WV CSR 47-63.

I am the tank owner, operator, or qualified representative of the tank owner or operator and have performed a tank evaluation on the above AST System. I certify there is an obvious change(s) to the tank system that caused this tank to become Not-Fit for Service, or that the tank remains not-fit for service do to deficiencies that have not been abated, since it was certified by a PE, API or STI inspector on _____(date). This certification meets the requirements set in WV CSR 47-63-5.2.b.3 to certify annual inspections in intervening years between the evaluations required by a PE, API or STI inspector.

In accordance with the requirements of the WV CSR 47-63, I have documented in writing, and attached hereto all deficiencies found during the inspection and provided my recommendations, including a proposed schedule for immediately taking measures to remove the tank from service and abating the deficiencies and requirements for repairs, replacement or permanent removal from service of the AST, AST system or secondary containment system, until the tank or secondary containment is made fit for continued service.

I certify that I have personally examined and/or am familiar with the inspection performed on the AST system listed above, including its associated equipment, leak detection system and secondary containment structure, if applicable, and that based on my direct knowledge that the AST listed above is **Not-Fit for Service**.

Signature of Certifying Individual

Date Signed

P.E. Registration #, STI Certification # or
Certification # (if applicable)

Registration/Certification Expiration Date API
(if applicable)