

**Waiver to the E-15 Access Standard Request**

Waiver Class 2 – Incompatibility of fuel storage and dispensing infrastructure

Retail Motor Fuel Site: Name of company and store, address, phone number, name of person submitting:

Name of Company: \_\_\_\_\_

Name of Store: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Name of person responsible for submitting the request: \_\_\_\_\_

To be completed by the retail dealer:

Inspection report completed by a certified or registered installation professional is included: \_\_\_\_\_

Inventory and description of gasoline storage and dispensing infrastructure is included: \_\_\_\_\_

Documentation of incompatible infrastructure is included: \_\_\_\_\_

Cost estimation to become compatible and comply: \_\_\_\_\_

By signing this application, the retail dealer swears and affirms that all information in the application completed and submitted by the retail dealer is true and correct.

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**To be completed by Iowa Department of Agriculture and Land Stewardship:**

The retail motor fuel site has a current commercial meter license for motor fuels: \_\_\_\_\_

The retail motor fuel site has been recently inspected, sells and advertises for sale motor fuels: \_\_\_\_\_

Waiver Class 2 request and submitted documents have been reviewed: \_\_\_\_\_

Cost estimations of upgrades and RFIP eligibility have been reviewed: \_\_\_\_\_

Confirmation of certified or registered professional for inspection report: \_\_\_\_\_

    Certified or registered with Iowa Department of Agriculture and Land Stewardship: \_\_\_\_\_

    Certified or registered with Iowa Department of Natural Resources: \_\_\_\_\_

    Certified or registered with Iowa State Fire Marshall: \_\_\_\_\_

Cost of improvement exceeds any RFIP base amount: \_\_\_\_\_

The Waiver Request and included documentation have been reviewed and forwarded for consideration.

**Recommended action:** Approve \_\_\_ Deny \_\_\_

A Class 2 incompatible infrastructure waiver to the E-15 Access Standard has been issued by the Iowa Department of Agriculture and Land Stewardship.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

## Iowa Department of Agriculture and Land Stewardship E15 Incompatible Infrastructure Class 2 Waiver Checklist

\_\_\_\_\_  
**Inspector name and company**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Location name**

\_\_\_\_\_  
**Address**

\_\_\_\_\_  
**Iowa tank registration number**

\_\_\_\_\_  
**Insurer policy and expiration date**

\_\_\_\_\_  
**Number of dispensers**

\_\_\_\_\_  
**Tank description**

If the installer believes that existing equipment is not compatible with E15, provide documentation and/or photos of the equipment that needs to be updated as well as cost estimates for the upgrade.

**Table 1: Non-Equipment Costs**

	Cost Estimate
Labor	
Inspection	

**Table 2: UST System**

Component	Model/Brand	Manufacturer	UL Listed	Manufacturer Approved	Recommendation/Cost
ATG Probe, Float/Sensor			Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Flex Connectors			Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	
			Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	
			Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	
			Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	
			Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	

**Iowa Department of Agriculture and Land Stewardship E15 Incompatible Infrastructure Class 2 Waiver Checklist**

**Table 3: Dispenser System**

<b>Component</b>	<b>Manufacturer</b>	<b>Model/Brand</b>	<b>UL Listed</b>	<b>Manufacturer Approved</b>	<b>Recommendation/Cost</b>
Hoses			Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Nozzles/Swivel			Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Break-away			Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Flex Connector			Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Emergency Shear Valve			Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Check valve (suction system)			Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Stabilizer Bar			Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	
			Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	
			Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	
			Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	
			Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	

**The signatories below hereby swear and affirm that all the information on this checklist is true and correct.**

\_\_\_\_\_  
**Signature of Retail Dealer**

\_\_\_\_\_  
**Printed Name of Retail Dealer**

\_\_\_\_\_  
**Signature of Certified Iowa Installer**

\_\_\_\_\_  
**Printed Name of Certified Iowa Installer**