

PMMIC – Notification of Contractual Agreement

Replacement of all recalled Total Containment product piping at the following site:

Site Reg./Policy No.: _____ Insured/Facility Owner: _____
Facility/Site Name: _____ Address: _____
Street Address: _____ City/Zip: _____
City/Zip: _____ Phone No.: _____
Site Phone No.: _____ Fax No.: _____
Contact Name: _____ E-mail Address: _____

Licensed Contractor/Company performing work: (please print) _____

Contact Person: _____ Iowa License No.: _____

Office Phone No.: _____ Mobile Phone No.: _____

Date work to be completed by: ____/____/____ (*Must be completed by ____.)

Third Party Inspector: _____ License No.: _____

Licensed Tester: _____ License No.: _____

Manufacturer of new pipe to be installed: _____ Model of pipe: _____

Type of pipe to be installed: (single wall) (double wall) – (direct bury) (pipe chase) *Circle all applicable*

The following tests are required -- if applicable:

- Air test of - primary line/secondary line/pipe chase (if used as secondary containment).
NOTE: Tests must be performed and pass according to manufacturer's specification for new installation.
- MLLD recertification test by an Iowa licensed tester/installer using a metered device.
- Certify proper operation of electronic line leak detector and/or sump sensors, after install.
- Precision test (0.1 gph) of new primary line – Method _____

The following documentation must be submitted to PMMIC:

- All required testing results.
- Iowa DNR Form 148 completed and signed by installer and owner/insured.
- Third party inspector's report.
- PMMIC certification of piping replacement signed by an Iowa Licensed Installer.
- Photo documentation of the replacement.

Licensed Installer Signature _____ Date: ____/____/____

Insured (Print Name) _____

Insured Signature: _____ Date: ____/____/____

***Please FAX completed form to PMMIC @ (515) 334-3013.**