

UST General Requirements Inspection Checklist

Inspection Date: _____ Inspection Type: (General / Assistance / Permit) Facility ID# _____

I. Ownership of Tanks

Owner's Name (Corporation, Individual, Public Agency, or other entity) _____
 Street Address _____
 City _____ State _____ Zip Code _____
 Area Code _____ Phone Number _____
 Contact Person for UST Location _____ Phone # _____
 Date became owner of the UST systems _____

II. Location of Tanks

Facility Name _____
 Street Address _____
 County _____ City (nearest) _____ Zip Code _____
 Number of UST systems on site (including non-regulated) _____
 Operator Name _____ Facility Phone # _____
 Date became operator of the UST systems _____

III. UST Information

	Tank#1	Tank#2	Tank#3	Tank#4	Tank#5	Tank#6
1. Tank is currently in use						
2. If not, date last operated						
3. If emptied, verify 1" or less product in tank						
4. Month and Year tank installed						
5. Material of construction (Tanks)						
6. Material of construction (Piping)						
7. Were tanks Upgraded on or before 1/1/91						
8. Capacity of Tank (gallons)						
9. Substance Stored (G-Gasoline, D-Diesel, etc.)						
10. Dispenser pumps have current calibration stickers.						

Comments (Draw site sketch on back):

Use the following codes for leak detection: IC/TTT = Inventory Control & Tank Tightness Testing, ATG = Automatic Tank Gauging, MTG = Manual Tank Gauging, SIR = Statistical Inventory Reconciliation, G =Groundwater Monitoring, V =Vapor Monitoring, I =Interstitial Monitoring, LTT =Line Tightness Testing N =None, O = Other

IV. Leak Detection (Indicate which method is being used according to the o/o)

	Tank#1	Tank#2	Tank#3	Tank#4	Tank#5	Tank#6
1. Tanks: Inspector description or use codes						
2. Piping: Inspector description or use codes						
3. Pressurized, Suction or European Piping: (P/S/E)						
4. Automatic/Electronic Line Leak Detector: (Y/N)						

V. Permit Information

1. Permit Expiration Date: _____						
2. Tank listed on operating permit (Y/N) -->						
3. Any deliveries to unpermitted tank (Y/N) --> <small>If yes, in comments list date(s) of delivery, name and address of distributor making delivery, and how delivery verified (invoice, bill of lading, inventory records, etc.)</small>						

Comments:

Corrosion Protection and Spill/Overfill Prevention

Inspection Date: _____

Page _____ of _____

Facility ID#: _____

I. Notification & Site Information

1. Is information current on the UST registry (owner/facility address, tank & upgrade data, etc.): **YES NO**
2. Date of last GW/UST-7 form submitted to the Division: _____
3. Site Diagram is maintained on site: **YES NO**
4. Is municipal water available: **YES NO**
5. Distance to nearest water supply well (refer to 2N .0301): _____ ft.
6. Is the nearest water supply well ___ Public Supply or ___ Private Use?

II. Corrosion Protection (Please fill in all relevant information for each tank.)

	Tank#1	Tank#2	Tank#3	Tank#4	Tank#5	Tank#6
A. Indicate if FRP, CLAD or STIP-3 tank						
B. Interior Lining						
1. Tanks lined in accordance with a national code or standard (including internal inspection); and						
2. Internal inspection within 10 years and every 5 years following (not required if also cathodically protected).						

C. Cathodic Protection

1. For USTs > 10 yrs. old - internal inspection or other approved method records available: _____ /date:
2. For USTs < 10 yrs. old -
 - [] internal inspection records (or other approved method) records available; or _____ /date:
 - [] monthly monitoring equipment (see leak detection inspection sheets) - method used: _____; or
 - [] two TTTs - TTT 1 test results: _____ /date: _____, TTT 2 test results: _____ /date: _____
 within 6 months Prior to Upgrade within 6 months after Upgrade
3. Field installed system designed by corrosion expert- Name: _____ Cert# _____
4. System tested by cathodic protection tester- Name: _____ Cert.#: _____
5. Impressed current system last 3 "60 day" inspection records available: _____
6. Results of the last two cathodic protection (CP) tests available: **YES NO**
7. CP Test conducted within past 3 years: **YES NO** Settings after last test: _____ Volts _____ Amps
8. Date of last test: _____ / _____ / _____
9. Is there a variance of greater than 20% **YES NO** Current Readings: _____ Volts _____ Amps

D. Flex Connectors: P= at Pump; D= at Dispenser	P1/ D1	P2/ D2	P3/ D3	P4/ D4	P5/ D5	P6/ D6
1. Flex connector (FC) is present: (Y/N) / (Y/N)	/	/	/	/	/	/
2. FC isolated from soil or not in contact with soil:	/	/	/	/	/	/
3. FC is cathodically protected:	/	/	/	/	/	/

 Comments: _____

III. Spill and Overfill Prevention Equipment

1. Spill Prevention Equipment: (Y/N)						
2. Is a Drop Tube Present? (Y/N)						
3. Overfill Prevention Equipment: (Specify Type)						

I, _____, certify that all the information given to _____
(Print name of owner or owners authorized representative)

On _____ is true and accurate to the best of my belief. Signature: _____

Leak Detection for Piping

Inspection Date: _____

Page _____ of _____

Facility ID#: _____

Answer the following sections as appropriate:

Manufacturer and name/model of LTT: _____

LTT Third-party Evaluator: _____

Name/Address of LTT tester: _____

Manufacturer and name/model of ALLD/ELLD system: _____

ALLD/ELLD Third-Party Evaluator: _____

Name/Address of ALLD tester (If different from LTT tester) : _____

I. Pressurized Piping (indicate date and result of last test as applicable)

	Tank#1	Tank#2	Tank#3	Tank#4	Tank#5	Tank#6
1. ALLD Present (Y/N)						
2a. Most recent ALLD test (Date-required annually)						
2b. ALLD test result (Pass, Fail, Inconclusive)						
3a. Most recent LTT (Date - required annually)						
3b. LTT result (Pass, Fail, Inconclusive)						
4. Monthly Monitoring Method						

II. Suction Piping (indicate date and result of last test as applicable)

1a. Most recent LTT (Date - required every 3 years)						
1b. LTT result (Pass, Fail, Inconclusive)						
2. Monthly Monitoring Method						
3. NO LEAK DETECTION REQUIRED						
a. Operates at less than atmospheric pressure						
b. Only one check valve, directly under pump						
c. Slope of piping allows product to drain back into tank when suction is released						
d. Above information (a,b,c) is verifiable						

Comments (Are all data sheets available for review of testing procedure?):

Automatic Tank Gauging

Inspection Date: _____

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Facility ID#: _____

1. Manufacturer of ATG: _____
2. Name and model of ATG system: _____
3. Name/model of probe/sensor for ATG: _____
4. ATG Third-party Evaluation Available: ___ YES ___ NO

Answer yes or no for each of the following questions. If only part of required info. is available, make appropriate notes in the comments section at the bottom of the page, and reference the note in the applicable yes or no column.

YES

NO

- | | YES | NO |
|--|-----|----|
| 5. Device documentation is available at site (e.g. manufacturer's brochures, owner's manual, etc.) | | |
| 6. Monitoring box is present and is operational. | | |
| 7. Checked for presence of gauge in tanks. | | |

Monthly ATG Monitoring (If A no is marked in any box below, explain in comments.)

- | | YES | NO |
|---|-----|----|
| 1. Records of monthly 0.20 gph leak tests are available for the past 12 months. | | |
| 2. Each tank has at least one valid pass test per month. | | |
| 3. All valid tests reported pass during the past 12 months. | | |
| 4. Were all valid fail tests reported to the division within 24 hours? | | |
| 5. Were all valid fail tests investigated within 7 days? | | |

ATG Test Results: P = PASS X = FAIL Inc = Inconclusive

Year	Month	Tank # 1	Tank # 2	Tank # 3	Tank # 4	Tank # 5	Tank # 6
	January						
	February						
	March						
	April						
	May						
	June						
	July						
	August						
	September						
	October						
	November						
	December						

Comments (Valid ATG tests should be within the limitations specified in the present 3rd party evaluation. Of particular note are: minimum product levels, tank size and applicability to manifolded tanks)

Inventory Control and Tank Tightness Testing

Inspection Date: _____

Page _____ of _____

Facility ID#: _____

Name and model of TTT system: _____

Manufacturer of TTT Equipment: _____

Name/Address of TTT Tester: _____

TTT Third-party Evaluation Available: ___ YES ___ NO

I. Tank Tightness Testing	Tank#1	Tank#2	Tank#3	Tank#4	Tank#5	Tank#6
1. Date of last tank tightness test						
2. Result of last TTT: (Pass, Fail, Inconclusive)						
3. Are all data sheets for TTTs available?						
4. Was tank tested prior to most recent deadline? (Test required every 5 years if UST system completely upgraded , otherwise test annually)						
5. Any prior failed test results?						
6. Was required portion of tank tested?						

Inventory control in combination with Tank Tightness Testing is a temporary method of leak detection. It can only be used for 10 years after the tank is *cathodically protected* or December 22, 1998, whichever is later.

YES NO

1. Is Inventory Control a valid method of Leak Detection for these tanks?		
2. Was the TTT method used valid for this system?		

II. Inventory Control Data (If no is marked for any item below, explain in comments.)

YES NO

1. Owner/operator can explain inventory control method (including how data is used and recorded).		
2. Books appear used and evidence of daily entries are apparent.		
3. Records indicate that product has been measured to the nearest 1/8 of an inch.		
4. Appropriate calibration chart is used for calculating volume. (O/O does interpolate when necessary.)		
5. Records include daily over/short calculations with accumulated MTD over/short.		
6. Monthly threshold of 1% of monthly throughput plus 130 gallons is recorded.		
7. Records indicate that the monthly over/short is compared with the threshold value.		
8. All monthly over/shorts are below the threshold values. If "no", record the failed value(s) in the comments section and what response was taken.		
9. Records include monthly water measurements.		
10. Deliveries are made through a drop tube.		
11. The dipstick is marked legibly and the product level can be determined to the nearest 1/8".		

Comments:

Manual Tank Gauging

Inspection Date: _____

Page _____ of _____

Facility ID#: _____

Check yes or no for each of the following questions.

YES **NO**

1. Is Manual Tank Gauging a valid method of leak detection for these tanks?		
2. Is the tank volume less than 551 gallons?		
3. Records show liquid level measurements are taken at the beginning and ending of the appropriate time period during which no liquid is added to or removed from the tank.		
4. Level measurements are based on an average of two consecutive stick readings at both the beginning and end of the time period.		
5. Monthly averages do not exceed the standard listed in the table below.		
6. Gauge stick can reach the bottom of the tank & ends of gauge stick are flat and not worn down.		
7. Gauge stick is marked legibly and product level can be determined to the nearest one-eighth of an inch.		
8. Tank Tightness Test results are available? (If TTT not required, write N/A in the YES column. If TTT is required and available, record results in the Comments section below.)		
9. Monitoring records are available for the last 12 months?		
10. Monthly Water measurement recorded?		

Method Number	Nominal Tank Capacity (in Gallons)	Tank Dimensions	Weekly Standards (in gallons)	Monthly Standards (in gallons)	Minimum Test Duration
1	up to 550	N/A	10	5	36 hours
2*	551 - 1,000	N/A	13	7	36 hours
3	1,000	64" dia. X 73" length	9	4	44 hours
4	1,000	48" dia. X 128" length	12	6	58 hours
5*	1,001 - 2,000	N/A	26	13	36 hours

*** Must be combined with annual Tank Tightness Testing to meet leak detection requirements.**

Comments:

Vapor Monitoring

Inspection Date: _____

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Facility ID#: _____

Manufacturer of vapor monitor sensor system: _____

Name of vapor monitor sensor system: _____

Date installed: _____

Number of monitoring wells: _____

Name of LG/ PE _____ Certification # _____

I. Complete all of the following:

	Well 1	Well 2	Well 3	Well 4	Well 5	Well 6
1. Distance of well from tank(s).						
2. Distance of well from piping.						
3. Well clearly marked as Monitoring Well.						
4. Well has watertight cover.						
5. Well is locked.						
6. Well is free of debris or has other indications that it has been recently checked.						
7. Depth to water table.						

II. Check yes or no for each of the following questions:

	YES	NO
1. Submitted UST-4 (6) and UST-5.		
2. Excavation zone assessed prior to vapor monitoring and documentation available.		
3. One or more USTs is/are included in system.		
4. Porous material was used for backfill as indicated by pre-installation site assessment.		
5. Wells are within the excavation zone as indicated by pre-installation site assessment.		
6. Wells are free of water or other interferences to vapor detection.		
7. Level of background contamination is known (see comments section).		

III. If the system is automatic, check the following:

1. Power box is available and power light is on.		
2. Documentation of 14-day readings is available for the last 12 months.		
3. Equipment used to take readings is accessible and functional.		
4. Vapor monitoring equipment has been calibrated as required by manufacturer.		

IV. If the system is manual, check the following:

1. Documentation of 14-day readings is available for the last 12 months.		
2. Equipment used to take readings is accessible and functional.		
3. Vapor monitoring equipment has been calibrated as required by manufacturer.		

Comments: (Sketch site map showing of soil boring and well locations- include background contamination levels)

Groundwater Monitoring

Inspection Date: _____

Page _____ of _____

Facility ID#: _____

Manufacturer of Groundwater Monitoring Sensor System: _____

Name of Groundwater Monitoring Sensor System: _____

Date installed: _____ Number of monitoring wells: _____

I. Complete all of the following:

	Well 1	Well 2	Well 3	Well 4	Well 5	Well 6
Distance of well from tank(s)						
Distance of well from piping						
Well clearly marked as Monitoring Well						
Well has water tight cover						
Well is locked						
Distance (in ft.) to water in well, below land surface.						

II. Indicate YES or NO for each of the following questions.

Mark N/A in the YES column for any question which is not applicable to this site.

YES

NO

1. Documentation of 14-day readings is available.		
2. Site assessment was performed prior to installation of wells.		
3. Wells are used to monitor piping, and are placed at less than 50-foot intervals.		
4. Specific gravity of product is less than one. Product is: gas diesel kero waste oil other		
5. Hydraulic conductivity of soil between UST system and monitoring wells is not less than 0.01 cm/sec. According to: _____		
6. Groundwater is not more than 20 feet from ground surface.		
7. A well is placed at lowest elevation within excavation zone.		
8. Wells are screened (slotted) from 2 ft. below land surface to 20 ft. below land surface or to 2 ft. below seasonal low water table.		
9. Well surrounded with sand/gravel to screen top, plugged, & grouted to finished grade.		
10. Continuous monitoring device or manual bailing method used can detect the presence of at least one-eighth of an inch of free product on top of groundwater in well.		
11. If groundwater is monitored manually, equipment used is accessible and functional.		
12. If groundwater is monitored automatically, monitoring box is operational.		
13. Sensor located in monitoring well.		

Comments (Sketch a map of the location of the monitor wells with respect to the tanks, piping and dispensers):

Interstitial Monitoring

Inspection Date: _____ Page _____ of _____ Facility ID#: _____

Manufacturer/ Model of system: _____

Date installed: _____

1. Interstitial space is monitored (circle one): continuously periodically.

2. Is tank double-walled construction? YES NO (type) _____

3. Is piping double-walled construction? YES NO (type) _____

4. Is the monitoring method 3rd party certified? Third Party Certification available? YES NO
TANK YES NO N/A **PIPING** YES NO N/A

5. Is the Documentation of monthly records available for the last 12 months? YES NO

6. Maintenance and calibration documents and records are available and indicate that appropriate maintenance procedures for system have been implemented. YES NO

7. Interstitial space is monitored on monthly basis, and the equipment used to take readings is accessible and functional.
 YES NO

Indicate YES or NO for each of the following questions.

If question is not applicable, write N/A in the appropriate YES column

YES

NO

DOUBLE WALLED TANKS

1. All tanks in system are fitted with secondary containment and interstitial monitoring.		
2. Secondary barrier is compatible with the regulated substance stored and will not deteriorate in presence of that substance.		

EXTERNAL LINER

3. Secondary barrier constructed from artificially constructed material, with permeability to substance $\leq 10^{-6}$ cm/sec.		
4. Does secondary barrier interfere with operation of cathodic protection system?		
5. If monitoring wells are part of the leak detection system, monitoring wells are clearly marked as monitoring wells and locked to avoid unauthorized access and tampering.		
6. The groundwater table is always below the bottom of the secondary barrier		
7. If water table may reach the bottom of the secondary barrier, the monitoring designs are appropriate under such conditions.		

Comments:

Statistical Inventory Reconciliation

Inspection Date: _____

Page _____ of _____

Facility ID#: _____

Name and Version of SIR system: _____

Manufacturer of SIR System: _____

The required Third Party Evaluation is available: YES NO

I. Statistical Inventory Reconciliation (UST Monthly Monitoring)	YES	NO
1. Owner/operator can explain inventory control method (including how data is used and recorded).		
2. Books appear used and evidence of daily recent entries is apparent. If using an electronic means to record and/or send data; System: _____		
3. Equipment is capable of measuring product levels to the nearest 1/8". (Dipstick, Tape, or ATG) If an ATG is used; Model: _____ 3rd Party Evaluation available? Y N		
4. Records indicate that product has been measured to the nearest 1/8 of an inch.		
5. Records include monthly water measurements.		
6. Appropriate calibration chart is used for calculating volume. (O/O interpolates when necessary)		

SIR MONTHLY RESULTS P =PASS X=FAIL INC= INCONCLUSIVE

YEAR	MONTH	TANK# 1		TANK# 2		TANK# 3		TANK# 4		TANK# 5		TANK#6	
	January												
	February												
	March												
	April												
	May												
	June												
	July												
	August												
	September												
	October												
	November												
	December												

In the 2nd box for each tank check if Regional office notified of a monthly AF~~AIL~~ or 2 consecutive months of other than a conclusive PASS.

COMMENTS:

Weekly Test required on 0.2 gal/hr standard OR a Monthly Test required on 0.1 gal/hr standard																			
ATG Test Results: P = PASS X = FAIL Inc = Inconclusive																			
Year	Month	Tank # 1			Tank # 2			Tank # 3			Tank # 4			Tank # 5			Tank # 6		
	January																		
	February																		
	March																		
	April																		
	May																		
	June																		
	July																		
	August																		
	September																		
	October																		
	November																		
	December																		

Pressurized Piping LTT test by ELLD for each month

ELLD 0.1 gal/hr Test Results: P = PASS X = FAIL Inc = Inconclusive							
Year	Month	Tank # 1	Tank # 2	Tank # 3	Tank # 4	Tank # 5	Tank # 6
	January						
	February						
	March						
	April						
	May						
	June						
	July						
	August						
	September						
	October						
	November						
	December						

Comments: