



| | | |
|------------------|-------------------|---------------|
| Inspection Date: | Inspector's Name: | Facility ID#: |
|------------------|-------------------|---------------|

| I. Ownership of Tanks | | | II. Location of Tanks | | |
|---|--------------|---------------|--|-----------------|------------------------|
| Owner's Name (Corporation, Individual, Public Agency, or other entity): | | | Facility Name: | | |
| Street Address: | | | Street Address: | | |
| City: | State: NC | Zip Code: | County: | City (nearest): | Zip Code: |
| Phone Number: | | | Number of UST systems on site (including non-regulated): | | |
| Contact Person for UST Location: | | Phone Number: | Operator Name: | | Facility Phone Number: |
| Date ownership of the UST systems began: | | | Date individual became operator of the UST system: | | |

| III. Certified Operator (Class A/B) | | |
|--|---|---------------|
| Certified Operator Name (print legibly): | Operators Title: | Company Name: |
| Certified Operator (Class A/B) has passed training? <input type="checkbox"/> Yes <input type="checkbox"/> No | | Phone Number: |
| Class C operator log (UST-26) onsite and completed with names of trained employees? <input type="checkbox"/> Yes <input type="checkbox"/> No | Onsite Class C operator is listed in training log? <input type="checkbox"/> Yes <input type="checkbox"/> No | |

| IV. UST Information | Tank #1 | Tank #2 | Tank #3 | Tank #4 | Tank #5 | Tank #6 |
|--|---------|---------|---------|---------|---------|---------|
| 1. Current tank status (Currently Operating, Temporarily Closed, Permanently Closed, Unknown) | | | | | | |
| 2. If not currently operating, date last operated | | | | | | |
| 3. If not currently operating, list inches of product in tank | | | | | | |
| 4. Month and year UST system installed | | | | | | |
| 5. Material of tank construction (note SW or DW) DW required if installed after 11/1/07 | | | | | | |
| 6. UST piping installed on or after 11/1/2007? (Y/N) | | | | | | |
| 7. Material of piping construction (note SW or DW) DW required if installed after 11/1/07 | | | | | | |
| 8. Capacity of tank (gallons) | | | | | | |
| 9. Substance stored (Premium, Mid-grade, Regular, E-Blend, Diesel, Biodiesel, Biodiesel Blend, Kerosene, Waste Oil, New Oil, Racing Gas, etc.) | | | | | | |
| 10. If E-blend > 10% or Biodiesel Blend > 20%, was UST-20 completed and approved? (Y/N) | | | | | | |

| V. Leak Detection (Indicate which method is being used according to the owner / operator) | | | | | | |
|---|--|--|--|--|--|--|
| 1. Tanks: (Inspector description or use codes) | | | | | | |
| 2. Piping: (Inspector description or use codes) | | | | | | |
| 3. Pressurized, Suction or European Piping: (P/S/E) | | | | | | |

Use the following codes for leak detection:
 [Tanks Only]: **IC/TTT** = Inventory Control & Tank Tightness Testing, **ATG** = Automatic Tank Gauging, **MTG** = Manual Tank Gauging
 [Piping Only]: **LTT** =Line Tightness Testing, **E** =Electronic Line Leak Detector
 [Tanks and/or Piping]: **SIR** = Statistical Inventory Reconciliation, **G** =Groundwater Monitoring, **V** =Vapor Monitoring, **I** =Interstitial Monitoring, **N** =None, **O** = Other

| | | |
|----------------|-----------------------------|--|
| UST-10B | Corrosion Protection |  |
|----------------|-----------------------------|--|

| | | | |
|------------------|-------------------|--------------------|---------------|
| Inspection Date: | Inspector's Name: | Page: ____ of ____ | Facility ID#: |
|------------------|-------------------|--------------------|---------------|

| I. Corrosion Protection Information | Tank #1 | Tank #2 | Tank #3 | Tank #4 | Tank #5 | Tank #6 |
|--|---------|---------|---------|---------|---------|---------|
| A. Corrosion Protection for Tanks: | | | | | | |
| Dielectric Coating Installed (If tank installed after 12/22/1988) (Y, N, N/A) | | | | | | |
| B. Corrosion Protection for Piping: | | | | | | |
| Dielectric Coating Installed (If piping installed after 12/22/1988) (Y, N, N/A) | | | | | | |
| Use the following codes for corrosion protection: IC =Impressed Current, CLAD =Steel-Fiberglass Reinforced Plastic Composite, FRP =Fiberglass Reinforced Plastic, sti-P3 , FLEX =Flexible Piping, IL =Interior Liner, SA =Sacrificial Anodes, N =None, O =Other (specify) | | | | | | |

| |
|---------------------------------------|
| II. Cathodic Protection Detail |
|---------------------------------------|

| | | | |
|--|----------------------------|-----|------|
| A. Integrity Assessment - Internal inspection in accordance with API-1631 or NLPA 631? (Only complete for the following situations) | Y/N | P/F | Date |
| 1. When required by the current version of the <i>Procedures for UST Systems with Inoperative or Failed Corrosion Protection Systems</i> , OR | | | |
| 2. When, after 3/1/06, an internally lined tank (lined more than 10 years ago) is upgraded with a field installed corrosion protection system and the tank owner does not want to perform the 10 year or subsequent every 5 year lining inspections. | | | |
| | List applicable tank ID's: | | |
| | | | |
| B. Interior Lining | Y/N | P/F | Date |
| 1. The date the tanks were initially lined. | | | |
| 2. Has an internal inspection been conducted in accordance with a national code (API-1631 or NLPA-631) within 10 years of liner installation and every 5 years after that? | | | |
| C. Cathodic Protection Design (Only complete this section if a field installed CP system is installed after 3/1/06 for the first inspection after the installation) | Y/N | | |
| Did a corrosion expert design the CP system? | | | |

| | | | |
|------------------------|---------------------|--------------------------|----------------|
| Corrosion Expert Name: | Certificate Number: | Certifying Organization: | CP Start Date: |
|------------------------|---------------------|--------------------------|----------------|

| | | |
|--|-----|-----|
| D. Cathodic Protection Testing | Y/N | P/F |
| 1. Has a CP test been conducted within past three years? | | |

| | | | |
|---------------------|---------------------|--------------------------|-----------------------|
| CP Tester Name: | Certificate Number: | Certifying Organization: | Date of Last CP Test: |
| CP Testing Company: | City: | State: | |

| | | |
|---|---|---|
| 2. Was a UST-7A/B form submitted to the UST Section? (Y/N and Date) | | |
| 3. Are the last three "60 day" inspection records available for the impressed current system? (Y/N) | | |
| 4. What was the voltage and current set at after the last test of the impressed current system? | V | A |
| 5. What is the voltage and current currently reading for the impressed current system? | V | A |

UST-10B

Leak Detection for Piping



Inspection Date: _____ Inspector's Name: _____ Page: ____ of ____ Facility ID#: _____

| I. Pressurized Piping | | Tank #1 | Tank #2 | Tank #3 | Tank #4 | Tank #5 | Tank #6 |
|--|----------------------------|---------|---------|---------|---------|---------|---------|
| 1. Line Leak Detectors (3.0 gph) | (MLLD, ELLD, None) | | | | | | |
| 2. Manufacturer of MLLD/ELLD System | | | | | | | |
| 3. Name/Model of MLLD/ELLD System | | | | | | | |
| 4. Is MLLD/ELLD System Third-Party Certified? | (Y/N) | | | | | | |
| 5a. Most recent LLD test | (Date-required annually) | | | | | | |
| 5b. LLD test result | (Pass, Fail, Inconclusive) | | | | | | |
| 6a. Most recent LTT | (Date) | | | | | | |
| (Required annually or every 3 years if installed after 11/1/07 and monitored by sump sensor) | | | | | | | |
| 6b. LTT result | (Pass, Fail, Inconclusive) | | | | | | |
| 7. Monthly monitoring method | (use LD codes below) | | | | | | |

Leak detection codes: **SIR** =Statistical Inventory Reconciliation, **G** =Groundwater Monitoring, **V** =Vapor Monitoring, **I** =Interstitial Monitoring, **E** =ELLD

| II. Standard (American) Suction Piping | | Tank #1 | Tank #2 | Tank #3 | Tank #4 | Tank #5 | Tank #6 |
|--|---------------------------------|---------|---------|---------|---------|---------|---------|
| 1a. Most recent LTT | (Date - required every 3 years) | | | | | | |
| 1b. LTT result | (Pass, Fail, Inconclusive) | | | | | | |
| 2. Monthly monitoring method | (Use LD codes below) | | | | | | |

Leak detection codes: **SIR** =Statistical Inventory Reconciliation, **G** =Groundwater Monitoring, **V** =Vapor Monitoring, **I** =Interstitial Monitoring

| III. Safe (European) Suction Piping | | Tank #1 | Tank #2 | Tank #3 | Tank #4 | Tank #5 | Tank #6 |
|--|-------|---------|---------|---------|---------|---------|---------|
| 1. Operates at less than atmospheric pressure | (Y/N) | | | | | | |
| 2. Only one check valve, directly under pump | (Y/N) | | | | | | |
| 3. Slope of piping allows product to drain back into tank when suction is released | (Y/N) | | | | | | |
| 4. Above information (1,2,3) is verifiable | (Y/N) | | | | | | |

IV. Supporting Information

| A. Line Tightness Test Method | |
|-------------------------------------|--|
| Manufacturer and Name/Model of LTT: | Is LTT Third-Party Certified? (Y/N) <input type="checkbox"/> Yes <input type="checkbox"/> No |

| B. Line Leak Detector (Mechanical / Electronic) Equipment and Line Tightness Testing | |
|--|--|
| MLLD/ELLD/LTT Tester Name: | |
| MLLD/ELLD/LTT Testing Company: | City: _____ State: _____ Phone Number: _____ |

C. ELLD Monthly Monitoring Results (Use Page 7, 8, 9, 10, 13 or 14 for any other method) (P =Pass, F =Fail, INC =Inconclusive, N = None)

| Year | Month | Tank #1 | Tank #2 | Tank #3 | Tank #4 | Tank #5 | Tank #6 | Year | Month | Tank #1 | Tank #2 | Tank #3 | Tank #4 | Tank #5 | Tank #6 |
|------|-------|---------|---------|---------|---------|---------|---------|------|-------|---------|---------|---------|---------|---------|---------|
| | JAN | | | | | | | | JUL | | | | | | |
| | FEB | | | | | | | | AUG | | | | | | |
| | MAR | | | | | | | | SEP | | | | | | |
| | APR | | | | | | | | OCT | | | | | | |
| | MAY | | | | | | | | NOV | | | | | | |
| | JUN | | | | | | | | DEC | | | | | | |

Is leak detection being conducted in accordance with third party performance claim? Yes No



| | | | |
|------------------|-------------------|--------------------|---------------|
| Inspection Date: | Inspector's Name: | Page: ____ of ____ | Facility ID#: |
|------------------|-------------------|--------------------|---------------|

I. Water Supply / Protected Waters – UST Siting Issues

| | YES | NO |
|--|--------------------------|--------------------------|
| 1. Is municipal water available? | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Do any businesses or homes within 500 feet of the UST system use a human consumption well? ¹ | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Are there any protected surface waters* within 500 feet of the UST system? ¹ | <input type="checkbox"/> | <input type="checkbox"/> |

*classified as High Quality Water (HQW), Outstanding Resource Water (ORW), Water Supply I (WS-I), Water Supply II (WS-II) or Shell Fishing (SA)

¹ If either questions 2 or 3 are answered with a YES, complete Page 16

II. Site Diagram / Comments

| | |
|--|--|
| <p style="margin-top: 20px;">If needed, indicate the location of the following:</p> <ul style="list-style-type: none"> tanks dispensers permanent structures (distances to) roads water supply wells monitoring wells surface waters other things of interest | |
|--|--|

III. Spill and Overfill Prevention Equipment

| | Tank #1 | Tank #2 | Tank #3 | Tank #4 | Tank #5 | Tank #6 |
|---|---------|---------|---------|---------|---------|---------|
| 1. Spill prevention equipment present? (Y, N) | | | | | | |
| 2. Spill bucket is double-walled? (Y, N, N/A) (If installed after 11/1/07) | | | | | | |
| 3. Spill bucket is isolated or made of non-corroding materials? (If installed after 11/1/07) (Y, N, N/A) | | | | | | |
| 4. Overfill prevention equipment: (Ball Float, Flapper Valve, High-Level Alarm, None) | | | | | | |
| 5. Overfill prevention equipment verified? (Y, N) | | | | | | |
| 6. Annual Overfill check date (if installed after 11/1/07) | | | | | | |
| 7. Annual Overfill check results (if installed after 11/1/07) (P, F, N/A) | | | | | | |
| 8. Is a drop tube present? (Y, N) | | | | | | |
| 9. Stage I vapor recovery present? (Co-axial, Dual Point, None) | | | | | | |

IV. Permit Information

| | |
|---|--|
| 1. Permit Expiration Date: | 2. Transporter / Fuel Deliverer: (Mandatory field) |
| 3. Tank listed on operating permit? (Y, N) | |
| 4. Any deliveries to unpermitted tank? (Y, N) If yes , complete Page 17, Deliveries to Unpermitted Tanks. | |

UST-10B

Sumps / Under Dispenser Containment



Inspection Date: _____

Inspector's Name: _____

Page: _____ of _____

Facility ID#: _____

| I. Tank Top Sumps | Tank #1 | Tank #2 | Tank #3 | Tank #4 | Tank #5 | Tank #6 |
|---|---------|---------|---------|---------|---------|---------|
| 1. Flex connector, Piping extensions, and/or other metal fittings present: (F, BV, E, M, N, Unk)* | | | | | | |
| 2. Flex connector is isolated from the ground: (Y, N, N/A) | | | | | | |
| 3. Submersible pump (STP) is isolated from ground: (Y, N, N/A) | | | | | | |
| 4. Piping extensions and/or other metal fittings are isolated from ground: (Y, N, N/A) | | | | | | |
| 5. Flex connectors, STP, piping extensions, or other metal fittings are cathodically protected by: (IC, SA, N, N/A)** | | | | | | |
| 6. Dielectric Coating Installed (If metal installed after 12/22/88) (Y, N, N/A) | | | | | | |
| 7. Are tank top containment sumps present? (Y, N) | | | | | | |
| 8. Any releases evident in tank top sumps? (Y, N) | | | | | | |
| 9. Are single-wall piping components located in a containment sump? (If installed after 11/1/07) (Y, N, N/A) | | | | | | |

| IV. UDC | Disp # | Disp # | Disp # | Disp # | Disp # | Disp # |
|---|--------|--------|--------|--------|--------|--------|
| 1. Flex connector, Piping extensions, and/or other metal fittings are present: (F, BV, E, M, N, Unk)* | | | | | | |
| 2. Flex connector is isolated from the ground: (Y, N, N/A) | | | | | | |
| 3. Piping extensions and/or other metal fittings are isolated from ground: (Y, N, N/A) | | | | | | |
| 4. CP for flex connectors, piping extensions, or other metal fittings: (IC, SA, N, N/A)** | | | | | | |
| 5. Dielectric Coating Installed (If metal installed after 12/22/88) (Y, N, N/A) | | | | | | |
| 6. Are dispenser containment sumps present? | | | | | | |
| 7. Any releases evident under the dispensers? (Y, N) | | | | | | |
| 8. Are single-wall piping components located in a containment sump? (If installed after 11/1/07) (Y, N, N/A) | | | | | | |
| 9. Dispensers have current calibration stickers (Y/N) | | | | | | |

| | Disp # | Disp # | Disp # | Disp # | Disp # | Disp # |
|---|--------|--------|--------|--------|--------|--------|
| 1. Flex connector, Piping extensions, and/or other metal fittings are present: (F, BV, E, M, N, Unk)* | | | | | | |
| 2. Flex connector is isolated from the ground: (Y, N, N/A) | | | | | | |
| 3. Piping extensions and/or other metal fittings are isolated from ground: (Y, N, N/A) | | | | | | |
| 4. CP for flex connectors, piping extensions, or other metal fittings: (IC, SA, N, N/A)** | | | | | | |
| 5. Dielectric Coating Installed (If metal installed after 12/22/88) (Y, N, N/A) | | | | | | |
| 6. Are dispenser containment sumps present? | | | | | | |
| 7. Any releases evident under the dispensers? (Y, N) | | | | | | |
| 8. Are single-wall piping components located in a containment sump? (If installed after 11/1/07) (Y, N, N/A) | | | | | | |
| 9. Dispensers have current calibration stickers (Y/N) | | | | | | |

* (F=Flex Connector, BV= Ball Valve, E= Elbow, M=Other Metal, N=None, Unk=Unkown)

** (IC= Impressed Current, SA = Sacrificial Anode, N= None, N/A = Not applicable)



| | | | |
|------------------|-------------------|--------------------|---------------|
| Inspection Date: | Inspector's Name: | Page: ____ of ____ | Facility ID#: |
|------------------|-------------------|--------------------|---------------|

I. Automatic Tank Gauge Information

| | | |
|--|---------------------------------------|--|
| Manufacturer and Name/Model of ATG Console: | Is ATG Console Third-Party Certified? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| ATG Probe: <input type="checkbox"/> Capacitance <input type="checkbox"/> Magnetostrictive | | |

II. Monthly Automatic Tank Gauge Monitoring

| | YES | NO | N/A |
|--|--------------------------|--------------------------|--------------------------|
| 1. Is the ATG console present and operational? | <input type="checkbox"/> | <input type="checkbox"/> | |
| 2. Were all valid fail tests reported to the division within 24 hours? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Were all valid fail tests investigated within 7 days? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

III. Automatic Tank Gauge Test Results

If **Enhanced Leak Detection** required per 2N .0304 then: **Weekly** Test required at **0.2 gal/hr** OR a **Monthly** Test required at **0.1 gal/hr**

ATG Test Results: **P = PASS F = FAIL I = Inconclusive N = None**

| 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 | | | | | | |

| | |
|---|--|
| Is leak detection being conducted in accordance with third party performance claim? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
|---|--|

UST-10B Leak Detection – Interstitial Monitoring (prior to 11/1/07)



Inspection Date: _____ Inspector's Name: _____ Page: ____ of ____ Facility ID#: _____

I. Interstitial Monitoring on Tanks

| | Tank #1 | Tank #2 | Tank #3 | Tank #4 | Tank #5 | Tank #6 |
|---|---------|---------|---------|---------|---------|---------|
| 1. Construction type (Double-walled, External liner) | | | | | | |
| 2. Method of interstitial monitoring (Electronic, Mechanical, Visual) | | | | | | |
| 3. Monitoring frequency (Continuous or Periodic) | | | | | | |

II. Interstitial Monitoring on Piping

| | Pipe #1 | Pipe #2 | Pipe #3 | Pipe #4 | Pipe #5 | Pipe #6 |
|---|---------|---------|---------|---------|---------|---------|
| 1. Construction type (Double-walled, External liner) | | | | | | |
| 2. Method of interstitial monitoring (Electronic, Mechanical, Visual) | | | | | | |
| 3. Monitoring frequency (Continuous or Periodic) | | | | | | |

III. Interstitial Monitoring - Electronic

Manufacturer and Name/Model of Interstitial Monitoring Console: _____

Manufacturer and Name/Model of Interstitial Monitoring Probe - Tank: _____ Is Interstitial Monitoring Probe Third-Party Certified – Tank? Yes No

Manufacturer and Name/Model of Interstitial Monitoring Probe - Piping: _____ Is Interstitial Monitoring Probe Third-Party Certified – Piping? Yes No

IV. External Liner

| | YES | NO |
|--|--------------------------|--------------------------|
| 1. Is the secondary barrier constructed from artificially constructed material, with permeability to substance $\leq 10^{-6}$ cm/sec? | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Does the secondary barrier interfere with operation of cathodic protection system? | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. If monitoring wells are part of the leak detection system, are the monitoring wells clearly marked as monitoring wells and locked to avoid unauthorized access and tampering? | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Is the groundwater table always below the bottom of the secondary barrier? | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. If the water table may reach the bottom of the secondary barrier, are the monitoring designs appropriate under such conditions? | <input type="checkbox"/> | <input type="checkbox"/> |

V. Interstitial Monitoring Results (P =Pass, F =Fail, INC =Inconclusive, N= None)

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

Is leak detection being conducted in accordance with third party performance claim? Yes No



Inspection Date: _____ Inspector's Name: _____ Page: ____ of ____ Facility ID#: _____

Manufacturer and Name/Model of Interstitial Monitoring Console: _____

| I. Tanks | | | Tank #1 | Tank #2 | Tank #3 | Tank #4 | Tank #5 | Tank #6 |
|---|------------------|--|----------------|----------------|----------------|----------------|----------------|----------------|
| 1. Manufacturer of Sensor | UST-6B | | | | | | | |
| 2. Name/Model of Sensor | UST-6B | | | | | | | |
| 3. Monitoring type (Pressure, Vacuum, or Hydrostatic) | UST-6B | | | | | | | |
| 4. Sensor Third-Party Certified | (Y/N) | | | | | | | |
| 5. Sensor Operability Check Date (required annually) | UST-22 | | | | | | | |
| 6. Sensor Operability Check Results | (P/F) UST-22 | | | | | | | |
| II. Spill Buckets | | | | | | | | |
| 1. Manufacturer of Sensor | UST-6B | | | | | | | |
| 2. Name/Model of Sensor | UST-6B | | | | | | | |
| 3. Monitoring type (Float sensor, Pressure, Vacuum, or Hydrostatic) | UST-6B | | | | | | | |
| 4. Sensor Third-Party Certified | (Y/N) | | | | | | | |
| 5. Sensor Operability Check Date (required annually) | UST-22 | | | | | | | |
| 6. Sensor Operability Check Results | (P/F) UST-22 | | | | | | | |
| 7. Tightness Test Date (if monitored by Float sensor) (required every 3 years) | UST-6D/23A | | | | | | | |
| 8. Primary bucket Tightness Test Result | (P/F) UST-6D/23A | | | | | | | |
| 9. Secondary bucket Tightness Test Results | (P/F) UST-6D/23A | | | | | | | |
| III. Tank Sumps | | | | | | | | |
| 1. Manufacturer of Sensor | UST-6B | | | | | | | |
| 2. Name/Model of Sensor | UST-6B | | | | | | | |
| 3. Monitoring type (Sump Sensor, Pressure, Vacuum, or Hydrostatic) | UST-6B | | | | | | | |
| 4. Sensor Third-Party Certified | (Y/N) | | | | | | | |
| 5. Sensor Op Check Date (annually) | UST-22 | | | | | | | |
| 6. Sensor Op Check Result | (P/F) UST-22 | | | | | | | |
| 7. Sump Visual Inspection Date (required annually) | UST-22 | | | | | | | |
| 8. Sump Visual Inspection Results | (P/F) UST-22 | | | | | | | |
| 9. Sump Tightness Test Date (if monitored by Sump sensor) (required every 3 years) | UST-6F/23B | | | | | | | |
| 10. Sump Tightness Test Result | (P/F) UST-6F/23B | | | | | | | |
| IV. Piping | | | Pipe #1 | Pipe #2 | Pipe #3 | Pipe #4 | Pipe #5 | Pipe #6 |
| 1. Manufacturer of Sensor | UST-6B | | | | | | | |
| 2. Name/Model of Sensor | UST-6B | | | | | | | |
| 3. Monitoring type (Sump sensor, Pressure, Vacuum, or Hydrostatic) | UST-6B | | | | | | | |
| 4. Sensor Third-Party Certified | (Y/N) | | | | | | | |
| 5. Sensor Operability Check Date (required annually) | UST-22 | | | | | | | |
| 6. Sensor Operability Check Results | (P/F) UST-22 | | | | | | | |
| 7. Secondary Tightness Test Date (if monitored by Sump sensor) (required every 3 years) | UST-6G/23C | | | | | | | |
| 8. Secondary Tightness Test Result | (P/F) UST-6G/23C | | | | | | | |
| 9. Secondary Tightness Test done in accordance with manufacturers instructions? | (Y/N) UST-6G/23C | | | | | | | |



Inspection Date: _____

Inspector's Name: _____

Page: _____ of _____

Facility ID#: _____

V. UDC

| | | Dsp | Dsp | Dsp | Dsp | Dsp | Dsp |
|---|------------------|-----|-----|-----|-----|-----|-----|
| 1. Manufacturer of Sensor | UST-6B | | | | | | |
| 2. Name/Model of Sensor | UST-6B | | | | | | |
| 3. Monitoring type (Sump Sensor, Pressure, Vacuum, or Hydrostatic) | UST-6B | | | | | | |
| 4. Sensor Third-Party Certified | (Y/N) | | | | | | |
| 5. Sensor Op Check Date (annually) | UST-22 | | | | | | |
| 6. Sensor Op Check Result | (P/F) UST-22 | | | | | | |
| 7. UDC Visual Inspect Date (annually) | UST-22 | | | | | | |
| 8. UDC Visual Inspection Result | (P/F) UST-22 | | | | | | |
| 9. Tightness Test Date (if monitored by Sump sensor) (required every 3 years) | UST-6F/23B | | | | | | |
| 10. Tightness Test Result | (P/F) UST-6F/23B | | | | | | |
| | | Dsp | Dsp | Dsp | Dsp | Dsp | Dsp |
| 1. Manufacturer of Sensor | UST-6B | | | | | | |
| 2. Name/Model of Sensor | UST-6B | | | | | | |
| 3. Monitoring type (Sump Sensor, Pressure, Vacuum, or Hydrostatic) | UST-6B | | | | | | |
| 4. Sensor Third-Party Certified | (Y/N) | | | | | | |
| 5. Sensor Op Check Date (annually) | UST-22 | | | | | | |
| 6. Sensor Op Check Result | (P/F) UST-22 | | | | | | |
| 7. UDC Visual Inspect Date (annually) | UST-22 | | | | | | |
| 8. UDC Visual Inspection Result | (P/F) UST-22 | | | | | | |
| 9. Tightness Test Date (if monitored by Sump sensor) (required every 3 years) | UST-6F/23B | | | | | | |
| 10. Tightness Test Result | (P/F) UST-6F/23B | | | | | | |

VI. Interstitial Monitoring Results

T= Tank
 S= Sensor Status
 A= Alarm History
 SB= Spill Bucket
 (P =Pass, F =Fail, N= None)
 (Y=Yes, N=No)

| Year | Month | Tank #1 | | | | Tank #2 | | | | Tank #3 | | | | Tank #4 | | | | Tank #5 | | | | Tank #6 | | | |
|------|-----------|---------|---|----|---|---------|---|----|---|---------|---|----|---|---------|---|----|---|---------|---|----|---|---------|--|--|--|
| | | T | | SB | | T | | SB | | T | | SB | | T | | SB | | T | | SB | | | | | |
| | | S | A | S | A | S | A | S | A | S | A | S | A | S | A | S | A | S | A | S | A | | | | |
| | January | | | | | | | | | | | | | | | | | | | | | | | | |
| | February | | | | | | | | | | | | | | | | | | | | | | | | |
| | March | | | | | | | | | | | | | | | | | | | | | | | | |
| | April | | | | | | | | | | | | | | | | | | | | | | | | |
| | May | | | | | | | | | | | | | | | | | | | | | | | | |
| | June | | | | | | | | | | | | | | | | | | | | | | | | |
| | July | | | | | | | | | | | | | | | | | | | | | | | | |
| | August | | | | | | | | | | | | | | | | | | | | | | | | |
| | September | | | | | | | | | | | | | | | | | | | | | | | | |
| | October | | | | | | | | | | | | | | | | | | | | | | | | |
| | November | | | | | | | | | | | | | | | | | | | | | | | | |
| | December | | | | | | | | | | | | | | | | | | | | | | | | |



Inspection Date:

Inspector's Name:

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Facility ID#:

VI. Interstitial Monitoring Results (Piping)
(Typically will be the STP sump)

S= Sensor Status (P =Pass, F =Fail, N= None)
A=Alarm History (Y=Yes, N=No)

| Year | Month | Tank #1 | | Tank #2 | | Tank #3 | | Tank #4 | | Tank #5 | | Tank #6 | | Year | Month | Tank #1 | | Tank #2 | | Tank #3 | | Tank #4 | | Tank #5 | | Tank #6 | | |
|--------------------------------|-------|---------|------|---------|------|---------|------|---------|------|---------|------|---------|------|--------------------------------|-------|---------|------|---------|------|---------|------|---------|------|---------|------|---------|------|------|
| | | Pipe | Pipe | Pipe | Pipe | Pipe | Pipe | Pipe | Pipe | Pipe | Pipe | Pipe | Pipe | | | Pipe | Pipe | Pipe | Pipe | Pipe | Pipe | Pipe | Pipe | Pipe | Pipe | Pipe | Pipe | Pipe |
| | | S | A | S | A | S | A | S | A | S | A | S | A | | | S | A | S | A | S | A | S | A | S | A | S | A | |
| | Jan | | | | | | | | | | | | | | Jul | | | | | | | | | | | | | |
| | Feb | | | | | | | | | | | | | | Aug | | | | | | | | | | | | | |
| | Mar | | | | | | | | | | | | | | Sept | | | | | | | | | | | | | |
| | Apr | | | | | | | | | | | | | | Oct | | | | | | | | | | | | | |
| | May | | | | | | | | | | | | | | Nov | | | | | | | | | | | | | |
| | Jun | | | | | | | | | | | | | | Dec | | | | | | | | | | | | | |
| Sensor < 2" off bottom? (Y, N) | | | | | | | | | | | | | | Sensor < 2" off bottom? (Y, N) | | | | | | | | | | | | | | |

VI. Interstitial Monitoring Results (UDC)

S= Sensor Status (P =Pass, F =Fail, N= None)
A=Alarm History (Y=Yes, N=No)

| Year | Month | Disp | | Disp | | Disp | | Disp | | Disp | | Disp | | Disp | | Disp | | Disp | | Disp | | Disp | | |
|--------------------------------|-------|------|---|------|---|------|---|------|---|------|---|------|---|------|---|------|---|------|---|------|---|------|---|--|
| | | S | A | S | A | S | A | S | A | S | A | S | A | S | A | S | A | S | A | S | A | S | A | |
| | Jan | | | | | | | | | | | | | | | | | | | | | | | |
| | Feb | | | | | | | | | | | | | | | | | | | | | | | |
| | Mar | | | | | | | | | | | | | | | | | | | | | | | |
| | Apr | | | | | | | | | | | | | | | | | | | | | | | |
| | May | | | | | | | | | | | | | | | | | | | | | | | |
| | Jun | | | | | | | | | | | | | | | | | | | | | | | |
| | Jul | | | | | | | | | | | | | | | | | | | | | | | |
| | Aug | | | | | | | | | | | | | | | | | | | | | | | |
| | Sept | | | | | | | | | | | | | | | | | | | | | | | |
| | Oct | | | | | | | | | | | | | | | | | | | | | | | |
| | Nov | | | | | | | | | | | | | | | | | | | | | | | |
| | Dec | | | | | | | | | | | | | | | | | | | | | | | |
| Sensor < 2" off bottom? (Y, N) | | | | | | | | | | | | | | | | | | | | | | | | |



Inspection Date:

Inspector's Name:

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Facility ID#:

I. Statistical Inventory Reconciliation Information

| | | | |
|--|--------------------------------------|------------------------------|-----------------------------|
| Manufacturer and Name/Model of SIR System: | Is SIR System Third-Party Certified? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
|--|--------------------------------------|------------------------------|-----------------------------|

II. Statistical Inventory Reconciliation Detail

| | YES | NO | N/A |
|--|--------------------------|--------------------------|--------------------------|
| 1. Were all valid fail tests reported to the division within 24 hours? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Were all valid fail tests investigated within 7 days? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

III. Statistical Inventory Reconciliation – Manual

| | YES | NO |
|---|--------------------------|--------------------------|
| 1. Do books appear used and the evidence of daily entries is apparent? | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Is equipment capable of measuring product levels to the nearest 1/8-inch? | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Do records indicate that product has been measured to the nearest 1/8 of an inch? | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Are appropriate calibration charts and interpolation being used (when necessary) for calculating volume? | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Do records include monthly water measurements? | <input type="checkbox"/> | <input type="checkbox"/> |

IV. Statistical Inventory Reconciliation – Electronic

| | | |
|---|--------------------------|--------------------------|
| Manufacturer and Name/Model of System / Console: | YES | NO |
| Is the equipment capable of measuring product levels to the nearest 1/8"? | <input type="checkbox"/> | <input type="checkbox"/> |

V. Statistical Inventory Reconciliation Test Results

SIR Test Results: P = PASS F = FAIL INC = Inconclusive N = None

| 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 | | | | | | |

| | | |
|---|------------------------------|-----------------------------|
| Is leak detection being conducted in accordance with third party performance claim? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
|---|------------------------------|-----------------------------|

UST-10B Leak Detection – Inventory Control and Tank Tightness Testing



Inspection Date: _____ Inspector's Name: _____ Page: ____ of ____ Facility ID#: _____

I. Inventory Control and Tank Tightness Test Information

1. Is inventory control a valid method of leak detection for these tanks? * YES NO

* 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 installed or *cathodically protected* whichever is later.

II. Inventory Control Data

| | YES | NO |
|---|--------------------------|--------------------------|
| 1. Can owner/operator explain inventory control method (including how data is used and recorded)? | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Do books appear used and the evidence of daily entries is apparent? | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Do records indicate that product has been measured to the nearest 1/8 of an inch? | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Are appropriate calibration charts and interpolation being used (when necessary) for calculating volume? | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Do records include daily over/short calculations with accumulated MTD over/short? | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Is monthly threshold of 1% of monthly throughput plus 130 gallons being recorded? | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. Records indicate that the monthly over/short is compared with the threshold value. | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. Are all monthly over/shorts below the threshold values? (If "no", record the failed value(s) in the comments section and what response was taken.) | <input type="checkbox"/> | <input type="checkbox"/> |
| 9. Do records include monthly water measurements? | <input type="checkbox"/> | <input type="checkbox"/> |
| 10. Are deliveries made through a drop tube? | <input type="checkbox"/> | <input type="checkbox"/> |
| 11. Is the gauge stick marked legibly and the product level can be determined to the nearest 1/8"? | <input type="checkbox"/> | <input type="checkbox"/> |

III. Inventory Control Results (P =Pass, F =Fail, INC =Inconclusive, N = None)

| Year | Month | Tank #1 | Tank #2 | Tank #3 | Tank #4 | Tank #5 | Tank #6 | Year | Month | Tank #1 | Tank #2 | Tank #3 | Tank #4 | Tank #5 | Tank #6 |
|------|-------|---------|---------|---------|---------|---------|---------|------|-------|---------|---------|---------|---------|---------|---------|
| | JAN | | | | | | | | JUL | | | | | | |
| | FEB | | | | | | | | AUG | | | | | | |
| | MAR | | | | | | | | SEP | | | | | | |
| | APR | | | | | | | | OCT | | | | | | |
| | MAY | | | | | | | | NOV | | | | | | |
| | JUN | | | | | | | | DEC | | | | | | |

IV. Tank Tightness Test Information

Manufacturer and Name/Model of TTT Method: _____ Is TTT Method Third-Party Certified? Yes No

TTT Tester Name: _____

TTT Testing Company: _____ City: _____ State: _____ Phone Number: _____

V. Tank Tightness Test

| | Tank #1 | Tank #2 | Tank #3 | Tank #4 | Tank #5 | Tank #6 |
|---|---------|---------|---------|---------|---------|---------|
| 1. Date of last TTT: | | | | | | |
| 2. Result of last TTT: (Pass, Fail, Inconclusive) | | | | | | |
| 3. Are all data sheets for TTTs available? (Y/N) | | | | | | |
| 4. Was required portion of the tank tested? (Y/N) | | | | | | |
| 5. Was the TTT method used valid for this system? (Y/N) | | | | | | |
| 6. Was the tank tested prior to the most recent deadline? (Test required every 5 years) (Y/N) | | | | | | |
| 7. Any prior tests with failed results: (Y/N) | | | | | | |

UST-10B Leak Detection – Manual Tank Gauging and Tank Tightness Testing



Inspection Date: _____ Inspector's Name: _____ Page: ____ of ____ Facility ID#: _____

I. Manual Tank Gauging and Tank Tightness Test Information

| | YES | NO |
|--|--------------------------|--------------------------|
| 1. Is manual tank gauging a valid method of leak detection for these tanks (see note below)? | <input type="checkbox"/> | <input type="checkbox"/> |
| Note: Manual Tank Gauging in combination with Tank Tightness Testing (tanks 551 to 2k) is a temporary method of leak detection. It can only be used for 10 years after the tank is installed or cathodically protected, whichever is later. | | |
| 2. Are tank tightness tests required in addition to manual tank gauging (see chart below)? | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Do records show that 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? | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Are level measurements based on an average of two consecutive stick readings at both the beginning and end of the time period? | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Are monthly averages less than the monthly standard listed in the table below? | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Can the gauge stick reach the tank bottom, is marked legibly and can measure product level to the nearest 1/8"? | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. Monitoring records are available for the last 12 months? | <input type="checkbox"/> | <input type="checkbox"/> |

| Method Number | Nominal Tank Capacity | TTT Required? | Weekly Standards | Monthly Standards | Minimum Test Duration |
|---------------|-----------------------|---------------|------------------|-------------------|-----------------------|
| 1 | up to 550 gallons | No | 10 gallons | 5 gallons | 36 hours |
| 2 | 551 - 1,000 gallons | Yes | 13 gallons | 7 gallons | 36 hours |
| 3 | 1,001 - 2,000 gallons | Yes | 26 gallons | 13 gallons | 36 hours |

II. Manual Tank Gauging Results (P =Pass, F =Fail, INC =Inconclusive, N = None)

| Year | Month | Tank #1 | Tank #2 | Tank #3 | Tank #4 | Tank #5 | Tank #6 | Year | Month | Tank #1 | Tank #2 | Tank #3 | Tank #4 | Tank #5 | Tank #6 |
|------|-------|---------|---------|---------|---------|---------|---------|------|-------|---------|---------|---------|---------|---------|---------|
| | JAN | | | | | | | | JUL | | | | | | |
| | FEB | | | | | | | | AUG | | | | | | |
| | MAR | | | | | | | | SEP | | | | | | |
| | APR | | | | | | | | OCT | | | | | | |
| | MAY | | | | | | | | NOV | | | | | | |
| | JUN | | | | | | | | DEC | | | | | | |

III. Tank Tightness Test Information

Manufacturer and Name/Model of TTT Method: _____ Is TTT Method Third-Party Certified? Yes No

TTT Tester Name: _____

TTT Testing Company: _____ City: _____ State: _____ Phone Number: _____

IV. Tank Tightness Test

| | Tank #1 | Tank #2 | Tank #3 | Tank #4 | Tank #5 | Tank #6 |
|---|---------|---------|---------|---------|---------|---------|
| 1. Date of last TTT: | | | | | | |
| 2. Result of last TTT: (Pass, Fail, Inconclusive) | | | | | | |
| 3. Are all data sheets for TTTs available? (Y/N) | | | | | | |
| 4. Was required portion of the tank tested? (Y/N) | | | | | | |
| 5. Was the tank tested prior to the most recent deadline? (Test required every 5 years) (Y/N) | | | | | | |
| 6. Any prior tests with failed results: (Y/N) | | | | | | |



| | | | |
|------------------|-------------------|--------------------|---------------|
| Inspection Date: | Inspector's Name: | Page: ____ of ____ | Facility ID#: |
|------------------|-------------------|--------------------|---------------|

I. Vapor Monitoring Information

| | | |
|---|---|--|
| Manufacturer and Name/Model of Vapor Monitoring Sensor Console: | Is Vapor Monitoring Sensor Console Third-Party Certified? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Manufacturer and Name/Model of Vapor Monitoring Probe: | Is Vapor Monitoring Probe Third-Party Certified? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Date Installed: | Number of Monitoring Wells: | |
| Name of Licensed Geologist / Professional Engineer: | Certification No.: | |

| II. Vapor Monitoring Wells Detail | Well #1 | Well #2 | Well #3 | Well #4 | Well #5 | Well #6 |
|--|---------|---------|---------|---------|---------|---------|
| 1. Minimum distance of wells from tank(s): | | | | | | |
| 2. Minimum distance of well from piping: | | | | | | |
| 3. Depth to water table | | | | | | |
| 4. Well is clearly marked as "Monitoring Well" (Y/N) | | | | | | |
| 5. Well has watertight cover (Y/N) | | | | | | |
| 6. Well is locked (Y/N) | | | | | | |
| 7. Well is free of debris (Y/N) | | | | | | |

| III. Vapor Monitoring Questions | YES | NO |
|---|--------------------------|--------------------------|
| 1. Has a UST-4 and UST-5 been submitted? | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Is documentation available showing that the excavation zone was assessed prior to installation of the VM system? | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Was porous material used as backfill as indicated by pre-installation site assessment? | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Are wells within the excavation zone as indicated by pre-installation site assessment? | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Are wells free of water and/or other interferences to vapor detection? | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Is the level of background contamination known? (see comments) | <input type="checkbox"/> | <input type="checkbox"/> |

| IV. Vapor Monitoring - Automatic | YES | NO |
|--|--------------------------|--------------------------|
| 1. Is power box available and functioning? | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Is equipment used to take readings accessible and functioning? | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Has vapor-monitoring equipment been calibrated as required by manufacturer? | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Are 14-day leak detection readings available for the last 12 months? | <input type="checkbox"/> | <input type="checkbox"/> |

| V. Vapor Monitoring - Manual | YES | NO |
|--|--------------------------|--------------------------|
| 1. Is equipment used to take readings accessible and functioning? | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Has vapor-monitoring equipment been calibrated as required by manufacturer? | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Are 14-day leak detection readings available for the last 12 months? | <input type="checkbox"/> | <input type="checkbox"/> |

VI. Vapor Monitoring 14-Day Monitoring Results (P =Pass, F =Fail, INC =Inconclusive, N = None)

| Year | Month | Tank #1 | Tank #2 | Tank #3 | Tank #4 | Tank #5 | Tank #6 | Year | Month | Tank #1 | Tank #2 | Tank #3 | Tank #4 | Tank #5 | Tank #6 |
|------|-------|---------|---------|---------|---------|---------|---------|------|-------|---------|---------|---------|---------|---------|---------|
| | JAN | | | | | | | | JUL | | | | | | |
| | FEB | | | | | | | | AUG | | | | | | |
| | MAR | | | | | | | | SEP | | | | | | |
| | APR | | | | | | | | OCT | | | | | | |
| | MAY | | | | | | | | NOV | | | | | | |
| | JUN | | | | | | | | DEC | | | | | | |



| | | | |
|------------------|-------------------|--------------------|---------------|
| Inspection Date: | Inspector's Name: | Page: ____ of ____ | Facility ID#: |
|------------------|-------------------|--------------------|---------------|

I. Groundwater Monitoring Information

| | | |
|--|--|--|
| Manufacturer and Name/Model of Groundwater Monitoring Console: | Is Groundwater Monitoring Console Third-Party Certified? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Manufacturer and Name/Model of Groundwater Monitoring Probe: | Is Groundwater Monitoring Probe Third-Party Certified? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Date Installed: | Number of Monitoring Wells: | |
| Name of Licensed Geologist / Professional Engineer: | Certification No.: | |

II. Groundwater Monitoring Wells Detail

| | Well #1 | Well #2 | Well #3 | Well #4 | Well #5 | Well #6 |
|--|---------|---------|---------|---------|---------|---------|
| 1. Minimum distance of wells from tank(s): | | | | | | |
| 2. Minimum distance of well from piping: | | | | | | |
| 3. Depth to water table | | | | | | |
| 4. Well is clearly marked as "Monitoring Well" (Y/N) | | | | | | |
| 5. Well has watertight cover (Y/N) | | | | | | |
| 6. Well is locked (Y/N) | | | | | | |
| 7. Well is free of debris (Y/N) | | | | | | |

III. Groundwater Monitoring Questions

| | YES | NO |
|---|--------------------------|--------------------------|
| 1. Has a UST-4 and UST-5 been submitted? | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Is documentation available showing that the excavation zone was assessed prior to installation of the wells? | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Is the hydraulic conductivity of soil between the UST system and monitoring wells greater than 0.01 cm/sec? | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Is the depth to the water table greater than 20 feet from ground surface? | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Are wells used to monitor piping, and placed at less than 50-foot intervals? | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Are wells screened (slotted) from 2 ft. to 20 ft. below land surface or to 2 ft. below seasonal low water table? | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. Are wells surrounded with sand/gravel to screen top, as well as, plugged, and grouted to finished grade? | <input type="checkbox"/> | <input type="checkbox"/> |

IV. Groundwater Monitoring – Automatic

| | YES | NO |
|--|--------------------------|--------------------------|
| 1. Is monitoring console present and functioning? | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Is equipment used to take readings accessible and functioning? | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Has groundwater-monitoring equipment been calibrated as required by manufacturer? | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Are 14-day leak detection readings available for the last 12 months? | <input type="checkbox"/> | <input type="checkbox"/> |

V. Groundwater Monitoring – Manual

| | YES | NO |
|--|--------------------------|--------------------------|
| 1. Is equipment used to take readings accessible and functioning? | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Has groundwater-monitoring equipment been calibrated as required by manufacturer? | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Are 14-day leak detection readings available for the last 12 months? | <input type="checkbox"/> | <input type="checkbox"/> |

VI. Groundwater Monitoring 14-Day Results

(P =Pass, F =Fail, INC =Inconclusive, N = None)

| Year | Month | Tank #1 | Tank #2 | Tank #3 | Tank #4 | Tank #5 | Tank #6 | Year | Month | Tank #1 | Tank #2 | Tank #3 | Tank #4 | Tank #5 | Tank #6 |
|------|-------|---------|---------|---------|---------|---------|---------|------|-------|---------|---------|---------|---------|---------|---------|
| | JAN | | | | | | | | JUL | | | | | | |
| | FEB | | | | | | | | AUG | | | | | | |
| | MAR | | | | | | | | SEP | | | | | | |
| | APR | | | | | | | | OCT | | | | | | |
| | MAY | | | | | | | | NOV | | | | | | |
| | JUN | | | | | | | | DEC | | | | | | |



Inspection Date:

Inspector's Name:

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Facility ID#:

I. Water Supply / Protected Waters – UST Siting Issues

YES NO Distance(s)

| | | | |
|---|--------------------------|--------------------------|--|
| 1. Is municipal water available? | <input type="checkbox"/> | <input type="checkbox"/> | |
| 2. Are there any wells serving a public water system within 500 feet of the UST system? | <input type="checkbox"/> | <input type="checkbox"/> | |
| 3. Are there any wells serving a public water system within 100 feet of the UST system? | <input type="checkbox"/> | <input type="checkbox"/> | |
| 4. Are there any other wells supplying water for human consumption within 100 feet of the UST system? | <input type="checkbox"/> | <input type="checkbox"/> | |
| 5. Are there any other wells supplying water for human consumption within 50 feet of the UST system? | <input type="checkbox"/> | <input type="checkbox"/> | |
| 6. Are there any protected surface waters* within 500 feet of the UST system? | <input type="checkbox"/> | <input type="checkbox"/> | |

*classified as High Quality Water (HQW), Outstanding Resource Water (ORW), Water Supply I (WS-I), Water Supply II (WS-II) or Shell Fishing (SA)

| | Tank #1 | Tank #2 | Tank #3 | Tank #4 | Tank #5 | Tank #6 |
|--|---------|---------|---------|---------|---------|---------|
| 7. Was the UST system installed on or before January 1, 1991? (If "N" skip to question 10) (Y, N) | | | | | | |
| 8. Did the UST system meet the "new tank system" performance standards (corrosion protection, spill prevention, and overflow prevention) by January 1, 1991? (Y, N, N/A) | | | | | | |

The questions below pertain to sites that have tanks and/or piping between 100 & 500 feet of a public well, within 500 feet of protected surface waters, or between 50 & 100 feet of any other well used for human consumption.

| | | | | | | |
|---|--|--|--|--|--|--|
| 9. (For tanks installed on or before January 1, 1991) Does the tank have secondary containment (required after 1/1/2008)? (Y, N, N/A) | | | | | | |
| 10. (For tanks installed after January 1, 1991) Does the tank have secondary containment (required after 1/1/2016)? (Y, N, N/A) | | | | | | |
| 11. Does all metal piping and ancillary equipment have secondary containment (required as of 1/1/2005)? (Y, N, N/A) | | | | | | |
| 12. Does all fiberglass or non-metal piping and ancillary equipment have secondary containment (required after 1/1/2008)? (Y, N, N/A) | | | | | | |

II. Enhanced Leak Detection Records - Well Sampling

YES NO N/A

| | | | |
|--|--------------------------|--------------------------|--------------------------|
| Have annual VOC and SVOC and metal (where applicable) sampling results of any wells been submitted to the regional office? (Only required if not upgraded with secondary containment) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|--|--------------------------|--------------------------|--------------------------|

III. Water Supply Wells (UST systems or components installed **after** 11/1/2007)

| | | | | | | |
|--|--|--|--|--|--|--|
| 1. Was the UST system and/or piping installed on or after November 1, 2007? (Y, N) | | | | | | |
| 2. Is any part of the UST or piping system located within 100 ft of a public well or 50 ft of any other human consumption well? (Y, N) | | | | | | |



Inspection Date: _____ Inspector's Name: _____ Page: ____ of ____ Facility ID#: _____

I. Evidence of Delivery

Please list date(s) of delivery, how delivery was verified, etc.

| | Date / Time of Delivery | Verification Method (Verbal, Invoice*, etc.) | Amount Delivered (gal) | Product Type** | Transporter / Carrier |
|----|-------------------------|---|---------------------------|----------------|-----------------------|
| 1 | | | | | |
| 2 | | | | | |
| 3 | | | | | |
| 4 | | | | | |
| 5 | | | | | |
| 6 | | | | | |
| 7 | | | | | |
| 8 | | | | | |
| 9 | | | | | |
| 10 | | | | | |
| 11 | | | | | |
| 12 | | | | | |
| 13 | | | | | |
| 14 | | | | | |

*Note: If invoices or delivery tickets are available please record invoice / delivery ticket numbers
 **Product Types: P = Premium, M = Mid-grade, R = Regular, EB = Ethanol Blend, D = Diesel, B = Biodiesel, BB = Biodiesel Blend, K = Kerosene, WO = Waste Oil, NO = New Oil, RG = Racing Gas

II. Fuel Transporter(s) Information

| | | | | |
|----------|-------------------------------------|---------------|--------|-----------|
| A | Transporter / Carrier Company Name: | Phone Number: | | |
| | Street Address: | City: | State: | Zip Code: |
| B | Transporter / Carrier Company Name: | Phone Number: | | |
| | Street Address: | City: | State: | Zip Code: |