



Inspection Date:	Inspector's Name:	Facility ID#:
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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? YES NO

2. Do any businesses or homes within 500 feet of the UST system use a human consumption well? ¹ YES NO

3. Are there any protected surface waters* within 500 feet of the UST system? ¹ YES NO

*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

If needed, indicate the location of the following:

- 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#:
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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
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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?	UST-6G/23C (Y/N)						



Inspection Date: _____

Inspector's Name: _____

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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)						
7. UDC Visual Inspect Date (annually)	UST-22						
8. UDC Visual Inspection Result	(P/F)						
9. Tightness Test Date (if monitored by Sump sensor) (required every 3 years)	UST-6F/23B						
10. Tightness Test Result	(P/F)						
		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)						
7. UDC Visual Inspect Date (annually)	UST-22						
8. UDC Visual Inspection Result	(P/F)						
9. Tightness Test Date (if monitored by Sump sensor) (required every 3 years)	UST-6F/23B						
10. Tightness Test Result	(P/F)						

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		T		SB	
		S	A	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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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:

Page: ____ of ____

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
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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

	YES	NO
--	-----	----

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#:
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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						

UST-10B

Leak Detection – Groundwater Monitoring



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