



Inspector's Name:

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Facility ID#:

VI. Phase Two: Initial Piping Test		Tank #		Tank #		Tank #		Tank #	
Pipe Section ID									
1. Primary pipe & fittings soap test (manufacturers instruction or 50 psi for 1 hour)	<input type="checkbox"/> Pass <input type="checkbox"/> Fail								
a) Begin test time									
b) Beginning air pressure									
c) End test time									
d) Ending air pressure									
2. Secondary interstice & fittings soap test. (manufacturers instruction or 10 psi for FRP, 5 psi for Flex)	<input type="checkbox"/> Pass <input type="checkbox"/> Fail								
a) Begin test time									
b) Beginning air pressure									
c) End test time									
d) Ending air pressure									

VII. Tank Information				
1. Tank manufacturer				
2. Tank model				
3. Tank serial number				
4. Compartment Tank?	<input type="checkbox"/> Yes <input type="checkbox"/> No			
5. Tank - Material of Construction				
6. Capacity of tank (gallons)				
7. Liquid used for Ballast	<input type="checkbox"/> Water <input type="checkbox"/> Reg. Product			
8. Substance to be stored (Premium, Mid-grade, Regular, E-Blend, Diesel, Biodiesel, Biodiesel Blend, Kerosene, Waste Oil, New Oil, etc.)				

VIII. Piping Information				
1. Pipe Manufacturer				
2. Pipe Model				
3. Pipe manufacturing code or date.				
4. Piping - Material of Construction	<input type="checkbox"/> FRP <input type="checkbox"/> Flex <input type="checkbox"/> Other <input type="checkbox"/> Plastic coat metal	<input type="checkbox"/> FRP <input type="checkbox"/> Flex <input type="checkbox"/> Other <input type="checkbox"/> Plastic coat metal	<input type="checkbox"/> FRP <input type="checkbox"/> Flex <input type="checkbox"/> Other <input type="checkbox"/> Plastic coat metal	<input type="checkbox"/> FRP <input type="checkbox"/> Flex <input type="checkbox"/> Other <input type="checkbox"/> Plastic coat metal
5. Flexible connectors are installed in a containment sump?	<input type="checkbox"/> Yes <input type="checkbox"/> No			
6. Pipe configuration	<input type="checkbox"/> Pressurized <input type="checkbox"/> Suction			
7. Trace Tape available for Inspection?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Trace Tape model matches UST-6A model?		<input type="checkbox"/> Yes <input type="checkbox"/> No

Comments:



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IX. Under dispenser containment and tank top sumps	Tank #	Tank #	Tank #	Tank #	Disp #	Disp #	Disp #	Disp #
1. Manufacturer								
2. Model								
3. Is sump SW or DW?	<input type="checkbox"/> SW <input type="checkbox"/> DW							
4. Sump material of construction								
5. Tank Top & Dispenser Sump Testing (Hydrostatic test or manufacturers instruction)	<input type="checkbox"/> Pass <input type="checkbox"/> Fail							
	Disp #							
6. Manufacturer								
7. Model								
8. Is sump SW or DW?	<input type="checkbox"/> SW <input type="checkbox"/> DW							
9. Sump material of construction								
10. Tank Top & Dispenser Sump Testing (Hydrostatic test or manufacturers instruction)	<input type="checkbox"/> Pass <input type="checkbox"/> Fail							

X. Spill buckets

Manufacturer							
Model							

XI. Overfill Protection

Type of overfill protection device:	<input type="checkbox"/> Ball Float <input type="checkbox"/> Flapper Valve <input type="checkbox"/> Alarm	<input type="checkbox"/> Ball Float <input type="checkbox"/> Flapper Valve <input type="checkbox"/> Alarm	<input type="checkbox"/> Ball Float <input type="checkbox"/> Flapper Valve <input type="checkbox"/> Alarm	<input type="checkbox"/> Ball Float <input type="checkbox"/> Flapper Valve <input type="checkbox"/> Alarm
Overfill verified how?	<input type="checkbox"/> Visual <input type="checkbox"/> As-built drawing <input type="checkbox"/> Invoice	<input type="checkbox"/> Visual <input type="checkbox"/> As-built drawing <input type="checkbox"/> Invoice	<input type="checkbox"/> Visual <input type="checkbox"/> As-built drawing <input type="checkbox"/> Invoice	<input type="checkbox"/> Visual <input type="checkbox"/> As-built drawing <input type="checkbox"/> Invoice

XII. Electronic Monitoring Equipment

	Tank #	Tank #	Tank #	Tank #
Monitoring Console Manufacturer			Monitoring Console Model	
1. Tank Interstitial Sensor Manufacturer				
2. Tank Interstitial Sensor Model				
	Other Sump	Other Sump	Other Sump	Other Sump
3. Other Sump Sensor Manufacturer				
4. Other Sump Sensor Model				
	Other Sump	Other Sump	Other Sump	Other Sump
5. Other Sump Sensor Manufacturer				
6. Other Sump Sensor Model				
	Dispenser	Dispenser	Dispenser	Dispenser
7. Dispenser Sump Sensor Manufacturer				
8. Dispenser Sump Sensor Model				
	Dispenser	Dispenser	Dispenser	Dispenser
9. Dispenser Sump Sensor Manufacturer				
10. Dispenser Sump Sensor Model				

Comments



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XIII. Anchoring

Type of Anchoring Used: Deadmen Bottom Anchor Pad Backfill Not Determined

Anchor straps for FRP tank were non metallic & installed according to manufacturers	<input type="checkbox"/> Yes	<input type="checkbox"/> No						
Anchor straps for coated steel tanks were either non-metallic or electrically isolated from tank	<input type="checkbox"/> Yes	<input type="checkbox"/> No						

XIV. Installer Information

Installer Names (Tank and/or Piping)	Certification Type	Certified by	Certification Number	Certification Date
	<input type="checkbox"/> Tank <input type="checkbox"/> Pipe			
	<input type="checkbox"/> Tank <input type="checkbox"/> Pipe			
	<input type="checkbox"/> Tank <input type="checkbox"/> Pipe			
	<input type="checkbox"/> Tank <input type="checkbox"/> Pipe			
	<input type="checkbox"/> Tank <input type="checkbox"/> Pipe			
	<input type="checkbox"/> Tank <input type="checkbox"/> Pipe			

XV. Site Diagram: Draw a basic layout of UST system (Include buildings and adjacent roads)

Legend: Include all applicable items

- | | |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <p>T Tank (include tank ID #s from checklist)</p> <p>P Product Piping (draw piping/trenches)</p> <p>OS Other Sumps</p> <p>D Dispensers</p> | <p>A Overfill Alarms</p> <p>PW Public well (label distance to UST system)</p> <p>W Private well (label distance to UST system)</p> <p>AST Above ground tanks (include product stored)</p> |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|