UST NOTICE OF COMPLIANCE INSPECTION

FACILITY ID#:	Number of UST systems at this facility:

COVER PAGE*: Complete this form for each facility and other forms as applicable.*

UST Facility Information ***(please print clearly)***

(Facility Name)	(Telephone Number)	
(Street Address)		
(City)	**Montana**	(Zip)
(Mailing Address)		
(City)	(State)	(Zip)
(Contact person)	(Telephone Number)	

UST Owner
UST Owner's Mailing Address

Type of Inspection*:* ☐ Routine Compliance ☐ Re-inspection ☐ Inactive ☐ Other_____ **DATE OF INSPECTION**:_____

PLEASE NOTE THE FOLLOWING:

1. Correct all violations and submit a re-inspection report to the Department within the corrective action time frame given to you by the department. If you fail to correct deficiencies or supply requested information by the end of this corrective action opportunity, the department may pursue formal enforcement.

2. You may need a construction permit to conduct corrective action. If so, you must submit a construction permit application to the department's UST section at least 30 days before you intend to start work.

3. The UST section will make determinations of compliance or lack thereof based on this inspection report and other relevant information. The department may require additional information or a re-inspection that may reveal additional violations.

4. **The licensed Compliance Inspector must submit this inspection report to the UST section within 15 days of completing the inspection or re-inspection. The section cannot issue an Operating Permit without having received an inspection report. It is unlawful to fill or operate an UST without a valid Operating Permit.**

5. The **release or suspected release of petroleum** (or other regulated substances): a suspect release such as a failed leak detection monitoring event must be reported to the DEQ/PRS section within 24 hours. Contact the Petroleum Release Section at **1-800-457-0568.** Reporting is required unless the cause of the failed condition is discovered within 24 hours, and a release to the environment or to secondary containment has **not** occurred.

6. **The signers of this form and all attached documents certify that they have personally examined and are familiar with the information submitted and the submitted information is true, accurate, and complete.**

CERTIFICATION

I, the licensed compliance inspector, have performed this UST facility inspection and certify that the information concerning this inspection is true and accurate.	*I have reviewed this inspection report and have been advised of deficiencies, their corrective action and other recommendations.*
Signature:	***Signature:***
Name (Print):	***Name (Print):***
Date:	***Title:*** ☐ ***Owner*** ☐ ***Operator***
	Date:

Department of Environmental Quality-
Waste and Underground Tank Management Bureau
UST Section
PO Box 200901
Helena, MT 59620-0901

QUESTIONS??

Please contact DEQ/UST section at 406-444-5300 or at dequstprogram@mt.gov
Use the following address to obtain more information
http://www.deq.mt.gov/land/ust

UST Inspection Checklist

Facility Name: **Facility ID#:**

Please complete all applicable pages and questions for each UST system. If the facility has more than 5 UST systems, please attach additional pages.

Is each UST system storing biofuels (>E10 or >B20) confirmed by owner/operator (O/O) to be compatible with biofuel stored?
Note: Inspector to distribute to O/O: "Underground Storage Tank Biofuel Installation/Conversion Checklist" http://deq.mt.gov/..../CompatiblityChecklist.pdf ☐ YES ☐ NO

		Tag #	Tag #	Tag #	Tag #	Tag #
		☐ >B20 ☐ >E10 ☐ GAS ☐ DIESEL ☐	☐ >B20 ☐ >E10 ☐ GAS ☐ DIESEL ☐	☐ >B20 ☐ >E10 ☐ GAS ☐ DIESEL ☐	☐ >B20 ☐ >E10 ☐ GAS ☐ DIESEL ☐	☐ >B20 ☐ >E10 ☐ GAS ☐ DIESEL ☐
1	Is the UST system notified? All underground tanks and underground piping connected to aboveground tanks must be notified. (Compare to Facility Summary Report)					
2	Does the facility have a valid certification of financial responsibility on file? http://deq.mt.gov/Portals/112/Land/UST/Documents/PDFfiles/CERTFR.pdf					
3	Is a valid Operating Permit visibly posted or readily available?					
4	Is a valid Permanent NON-Expiring Tag attached to the tank or underground piping system?					
5	Is there at least one Class A operator trained for this facility?		Name:			
6	Is there at least one Class B operator trained for this facility?		Name:			
7	Is there at least one Class C operator trained for this facility?		Name:			
8	Is UST system presently in use?					
	If not in use, enter date last used:					
9	If not in use, is there one inch or less of product in the tank verified by measurement?					
10	Are spill and overfill protection devices required? (Spill and overfill are not required if all fills are less than 25 gallons at a time)					
11	Is an approved spill protection device installed?					
12	Is spill protection device free of debris, dirt, water and fuel? How much liquid (inches) is present?					
13	Does the spill protection device appear liquid tight?					
14	Is an approved overfill protection device installed? (Ball float valves are not allowed on suction piping systems.) Check all that apply. If Yes, what type? FV= flapper valve, BFVV=ball float vent valve; HLA=high level alarm; O=other (Specify _____)	☐ FV ☐ BFVV ☐ HLA ☐ O	☐ FV ☐ BFVV ☐ HLA ☐ O	☐ FV ☐ BFVV ☐ HLA ☐ O	☐ FV ☐ BFVV ☐ HLA ☐ O	☐ FV ☐ BFVV ☐ HLA ☐ O
15	Is product dispensed 24 hours a day?					
16	Is the UST facility manned 24 hours per day?					
17	Do any of the fill pipes have a horizontal component (Remote fill)?					
18	Does the vent standpipe terminate at least 12' above the ground and if applicable, 3' above the roofline or canopy?					
19	Is the storage tank an **AST**, **mounded** or **higher in elevation** than any dispenser?					
20	**If question #19 is marked "YES",** is a liquid shut-off device (solenoid or anti-siphon valve) located in the product line between tank and the underground portion of the piping? **(Show location on the site diagram- REQUIRED)**					
21	Do any monthly leak detection monitoring records show a failed result?					
22	**If question #21 is "Yes,"** indicate what month or months failed by marking a failed result with a **T = Tank** or **P = Pipe**. **1 = Jan, 2 = Feb, etc.**					
23	Are shear valves properly anchored? (Pressurized piping only)					

1	2	3
4	5	6
7	8	9
10	11	12

(Inspector Initial)	(Date)	(Owner/Operator Initial)	(Date)

SUBMIT ORIGINAL TO DEQ WITHIN 15 DAYS OF COMPLETION OF THE INSPECTION

Farm, Residential, Heating Oil & Emergency Generator Tanks

Facility Name:	**Facility ID#:**

ANNUAL 36-HOUR TANK GAUGING is used for farm, residential, heating oil, and emergency generator USTs of 1,100 gallons and less capacity installed before April 27, 1995.

	UST Information: If a question does not apply, leave it blank.	**Tag #**	**Tag #**	**Tag #**	**Tag #**	**Tag #**
1	Is the UST 1,100 gallons or less capacity?					
2	Was the UST system installed before April 27, 1995? If the tank was installed on or after April 27, 1995, then this method is **NOT** valid and you must utilize a department approved monthly tank leak detection method (choose from other forms).					
3	Is the UST located at a farm or residential property and used for storing motor fuel for non-commercial purposes, or used for storing heating oil for consumptive use on the premises, or used as an emergency generator tank?					
4	Are passing monitoring records available for the current year? The minimum requirement is a written record of the results of an annual 36-hour gauge stick test.					
5	Do records show that liquid level measurements are taken at the beginning and ending of a 36 hour rest period hours (or longer duration) during which no liquid is added to or removed from tank?					
6	Are liquid level measurements based on an average of two consecutive stick readings, at both the beginning and the end of the test period?					
7	Can the gauge stick measure the level of product over the full range of the tank to the nearest 1/8th of an inch? (Stick must be legible and not worn-down or damaged at the end)					

Comments:

(Inspector Initial)	(Date)	(Owner/Operator Initial)	(Date)

Manual Tank Gauging (MTG)

Facility Name:	**Facility ID#:**

MANUAL TANK GAUGING (MTG) may be used as a sole method of leak detection for tanks up to 550 gallons. It may be used with tightness testing for tanks up to 2,000 gallons capacity for up to ten years after installation or upgrading. **Manual tank gauging must be done every week and the results reconciled monthly.**

	UST Information: If a question does not apply, leave it blank.	TAG #	TAG #	TAG #	TAG #	TAG #
1	Is MTG used as the primary method of tank leak detection?					
2	Are passing leak detection records available for the past 12 months?					
3	**If question #2 is marked "NO"**, select the months in which passing LD records **are NOT** available. **1 = Jan, 2 = Feb, etc.**					
4	Do records show liquid level measurements are taken at the beginning and the end of test period, at least 36, 44, or 58 hours, during which no liquid is added to or removed from the tank as determined in Item # 9 below?	36 44 58	36 44 58	36 44 58	36 44 58	36 44 58
5	Are level measurements based on an average of two consecutive stick readings at both the beginning and the end of the test period?					
5a	Are tests CONDUCTED ONCE EACH WEEK?					
6	Is the gauge stick long enough to reach the bottom of tank, is the stick base flat and not worn, and is the stick marked legibly in 1/8th inch increments?					
7	Record results of the most recent monthly average in gallons:					
8	If a tightness test is required, (i.e., b or c checked below) has test been conducted every 5 years for new or upgraded tanks? (Maximum of 10 years from installation or upgrading.) *NOTE: Record date and results of most recent TTT.*					

1	2	3
4	5	6
7	8	9
10	11	12

9	Enter Tank Number Below:	Nominal Tank Capacity (In Gallons)	Weekly Standards (Gallons)	Monthly Standards (Gallons)	Minimum Test Duration	Tightness Test Required	Valid Unit
a		110-550	10	5	36 hours	No	Tank Removed
b		551-1,000	13	7	36 hours	**Yes**	10 years*
c		1,001-2,000	26	13	36 hours	**Yes**	10 years*
d		2,001 + gallons	~NA~	~NA~	~NA~	~NA~	**(Not Allowed)**

* An approved monthly monitoring method must be started ten years after the tank is installed or upgraded with corrosion protection.

Comments:

(Inspector Initial)	(Date)	(Owner/Operator Initial)	(Date)

Automatic Tank Gauging (ATG)

Facility Name:	**Facility ID#:**

AUTOMATIC TANK GAUGING may be used as a method of leak detection for tanks if the ATG device and method has been third party tested and passed EPA protocol. The National Work Group on Leak Detection Evaluations lists leak detection devices that have been third party tested. Please visit: www.nwglde.org

Make of ATG (Required):	**Model of ATG (Required):**

	UST Information: If a question does not apply, leave it blank.	**TAG #**	**TAG #**	**TAG #**	**TAG #**	**TAG #**
1	Is the ATG used as the primary method of tank leak detection?					
2	Is the console box operational (turned on, equipped with roll of paper)?					
3	Is the console accessible and functional?					
4	Are monthly 0.1 gph or 0.2 gph leak tests conducted?	0.1 0.2	0.1 0.2	0.1 0.2	0.1 0.2	0.1 0.2
5	Is the equipment capable of disabling the pumping apparatus?					
6	**If question # 5 is marked "YES",** is the console set to temporarily disable the pumping apparatus after a failed 0.2gph leak test?					
7	Are monthly passing leak detection records available for the past twelve months? (Do not accept history printouts)					
8	**If question # 7 is marked "NO",** select the months in which passing 0.2 gph leak test are **NOT** available**.** **1 = Jan, 2 = Feb, etc.**					
9	**If question #7 is "NO",** does the ATG history show results from all 12 months in the last year with the last 2 months having passing results?					

1	2	3
4	5	6
7	8	9
10	11	12

Comments:

Inspector Initial)	(Date)	(Owner/Operator Initial)	(Date)

Interstitial Monitoring for Double Walled Tanks

Facility Name:	**Facility ID#:**

INTERSTITIAL MONITORING for TANKS (ISM) must be conducted at least once a month. If the interstitial space on a tank is monitored continuously, then no additional leak detection is required.
Use this page for liquid probes/sensors AND manual methods (sticking or visual)

Make of monitor (required):	**Model of monitor (required):**

	UST Information: If a question does not apply, leave it blank.	**TAG #**	**TAG #**	**TAG #**	**TAG #**	**TAG #**
1	Is ISM used as the primary method of leak detection for the double-walled tank?					
2	Is the tank's interstitial space monitored on a continuous basis?					
3	Are console operational checks documented for the past twelve months?					
4	**If question #3 is marked "NO",** select the months in which operational checks are **NOT** documented? **1 = Jan, 2 = Feb, etc.**					
5	If equipment is capable, is the console set to temporarily disable the pumping apparatus after a failed test (liquid alarm)?					
6	Is the tank's interstitial space monitored manually on a monthly basis?					
7	Are leak detection records available for the past twelve months?					
8	**If question #7 is marked "NO",** select the months in which leak detection test records are **NOT** available. **1 = Jan, 2 = Feb, etc.**					
9	Is the tank excavation lined with an approved impervious artificial membrane for secondary containment?					
10	If monitoring the tank excavation, are the wells clearly marked and secured?					
11	Are passing tank excavation leak detection records available for the past twelve months?					
12	**If question #11 is marked "NO",** select the months in which passing leak detection test records are **NOT** available. **1 = Jan, 2 = Feb, etc.**					
13	Is equipment used accessible and functional?					
14	Are maintenance and calibration records available to indicate appropriate maintenance procedures have been conducted?					

1	2	3
4	5	6
7	8	9
10	11	12

Comments:

(Inspector Initial)	(Date)	(Owner/Operator Initial)	(Date)

Leak Detection for Piping

Facility Name:	**Facility ID#:**

Pressurized piping systems require two **methods of leak detection; at least one method from Set 1 and one method from Set 2.**

UST Information: Answer yes or no to all questions that apply.

	SET 1- Choose one. Catastrophic (≥ 3.0 gph) product pipe leak detection.	**TAG #**	**TAG #**	**TAG #**	**TAG #**	**TAG #**
1	Is a MLLD (Mechanical Line Leak Detector) operational? **Make and Model:**					
2	Is an in-line (ELLD) present and operational? **Make and Model:**					
3	Has the MLLD or ELLD been tested for functionality at least annually or as instructed by manufacturer? **Date of Test:**					
4	If equipment is capable, is the ELLD programmed to disable the pumping apparatus for **any** failed leak test?					
5	Is interstitial monitoring used to satisfy catastrophic 3.0 gph leak detection?					
6	If the facility is not attended when a 3-gph leak is detected does the: **TSD** – Turbine shut down; **OR** – Offsite Responder is alerted (auto dialer); **LOA** – Loud Outdoor Alarm (not console alarm); **RF** – Restrict Flow	☐ TSD ☐ OR ☐ LOA ☐ RF	☐ TSD ☐ OR ☐ LOA ☐ RF	☐ TSD ☐ OR ☐ LOA ☐ RF	☐ TSD ☐ OR ☐ LOA ☐ RF	☐ TSD ☐ OR ☐ LOA ☐ RF
	SET 2 – Choose one. Precision test or monthly method.					
7	Is an annual precision 0.1 gph Line Tightness Test (LTT) conducted?					
8	Is the precision 0.1 gph LTT conducted by the ELLD?					
9	Is the precision 0.1 gph LTT conducted using an NWGLDE approved method?					
10	Date and results of the most recent test. Please supply a copy of the results with the inspection.					
11	Are monthly 0.2 gph electronic LLD tests conducted?					
12	**If question #11 is YES,** are passing 0.2-gph ELLD tests available for the past 12 months? (Do not accept history records)					
13	**If question #12 is marked "NO"**, select the months in which passing LD tests **are NOT available**. **1=Jan, 2=Feb, etc.**	1 2 3 4 5 6 7 8 9 10 11 12	1 2 3 4 5 6 7 8 9 10 11 12	1 2 3 4 5 6 7 8 9 10 11 12	1 2 3 4 5 6 7 8 9 10 11 12	1 2 3 4 5 6 7 8 9 10 11 12
14	Does the history show records from all 12 months in the last year with the last 2 months having passing results?					
15	**If questions #7 and #11 are NO**, check what monthly method is used. Complete the appropriate inspection page. **VM**=Vapor monitoring **SIR** = Statistical Inventory Reconciliation **GWM =** Groundwater monitoring **ISM**= Interstitial Monitoring	☐ VM ☐ GWM ☐ SIR ☐ ISM	☐ VM ☐ GWM ☐ SIR ☐ ISM	☐ VM ☐ GWM ☐ SIR ☐ ISM	☐ VM ☐ GWM ☐ SIR ☐ ISM	☐ VM ☐ GWM ☐ SIR ☐ ISM
	Suction Piping Systems: "European" style suction has only one check valve, which is at the dispenser, and the piping slopes back to the tank.					
16	Does product piping qualify as European (safe) suction?					
17	Does any part of the underground piping go lower in elevation than the top of the tank?					
18	Does product piping qualify as US Suction?					
19	Is a precision 0.1 Line Tightness Test conducted every three years? (Date and results of most recent test.)					
20	**If question #19 is "NO", check** what monthly method is used? Complete the appropriate compliance page.	☐ VM ☐ GWM ☐ SIR ☐ ISM	☐ VM ☐ GWM ☐ SIR ☐ ISM	☐ VM ☐ GWM ☐ SIR ☐ ISM	☐ VM ☐ GWM ☐ SIR ☐ ISM	☐ VM ☐ GWM ☐ SIR ☐ ISM

Comments:

(Inspector Initial)	(Date)	(Owner/Operator Initial)	(Date)

Interstitial Monitoring for Double Walled Pipes

Facility Name: | **Facility ID#:**

INTERSTITIAL MONITORING for PIPES must be conducted and recorded at least once a month.
Use this page for liquid probes/sensors AND manual methods (sticking or visual).

Make of monitor (required): | Model of monitor (required):

	UST Information: If a question does not apply, leave it blank.	**TAG #**	**TAG #**	**TAG #**	**TAG #**	**TAG #**
1	Is ISM used as the primary method of leak detection for the double-walled product pipe?					
2	If yes, have the containment sumps been tested for liquid tight status in the last 3 years? **Date of Test:**					
3	Is the product pipe's interstitial space monitored on a continuous basis?					
4	Are console operational checks documented for the past twelve months?					
5	**If question #4 is marked "NO",** select the months in which operational checks are **NOT documented?** **1 = Jan, 2 = Feb, etc.**					
6	Are all sensors positioned to detect a 3 gph leak within an hour? (Sensor at low point on sump)					
7	Are records available showing each sensor has been tested annually for operability?					
8	If equipment is capable, is the console set to disable the pumping apparatus for any failed leak test (liquid alarm)?					
9	Is the product pipe's interstitial space monitored manually on a monthly basis?					
10	Do any of the monitor results indicate liquid in the interstice? If yes, please identify the month(s) and tank.					
11	Are product pipe leak detection records available for the past twelve months?					
12	**If question # 11 is marked "NO",** select the months in which leak detection test records are **NOT** available? **1 = Jan, 2 = Feb, etc.**					
13	Is the product pipe trench lined with an approved impervious artificial membrane to achieve secondary containment?					
14	If monitoring the product pipe trench, are the wells clearly marked and secured?					
15	Are product pipeline leak detection records available for the past 12 months?					
16	**If question # 15 is marked "NO",** select the months in which leak detection records are **NOT** available. **1 = Jan, 2 = Feb, etc.**					
17	Is product pipe leak detection equipment accessible and functional?					
18	Do any containment sumps have product in them?					
19	Do any containment sumps have water in them such that leak detection is impacted?					

1	2	3
4	5	6
7	8	9
10	11	12

(Inspector Initial)	(Date)	(Owner/Operator Initial)	(Date)

Vapor Monitoring

Facility Name:	**Facility ID#:**
Make of sensor (required):	Model of sensor (required):

	UST Information: If a question does not apply, leave it blank.	**TAG #**	**TAG #**	**TAG #**	**TAG #**	**TAG #**
1	Is VM used as the primary method of **tank** leak detection?					
2	Is VM used as the primary method of **line** leak detection?					
3	Is the well secured to prevent unauthorized access/tampering?					
4	Is the well clearly marked with a black equilateral triangle on a white background and with a suitable warning?					
5	Are well caps tight? This is to allow vapors to accumulate in the well to the same level that they are present in the surrounding soil.					
6	Is the well constructed properly so that the monitoring device will not be rendered inoperative by moisture or other interferences? (Surface concrete slopes up to a concreted surface can over a 12”-24” bentonite seal, cap at bottom of well.)					
7	Is the well casing factory slotted schedule 40 PVC piping with 0.020-inch opening and top 12”-24” solid pipe (no slots)?					
8	Is the well free of debris or are there other indications that it has been checked recently?					
9	**Is the monitoring system automatic?**					
10	Is the power box accessible and power light on?					
11	If the equipment is capable, is the console set to temporarily disable the pumping apparatus after a failed leak test?					
12	**Is the system monitored manually?**					
13	Is the equipment used to take readings accessible and functional?					
14	If electronic, has the vapor monitoring equipment been calibrated within the last year, or according to the manufacturers’ recommendations?					
15	Are leak detection records available for the past 12 months?					
16	**If question #15 is marked “NO”,** select the months in which LD tests are **NOT** available. **1 = Jan, 2 = Feb, etc.**					
17	What is the vapor reading from the most recent month in ppm?					
18	Does the owner/operator have records that the UST excavation zone was assessed and proper background readings were established during the UST installation in order to confirm a petroleum release? ☐ YES ☐ NO					

Comments:

(Inspector Initial)	(Date)	(Owner/Operator Initial)	(Date)

Groundwater Monitoring

Facility Name:	**Facility ID#:**
If applicable, make of sensor:	If applicable, model of sensor:

	UST Information: If a question does not apply, leave it blank.	**TAG #**	**TAG #**	**TAG #**	**TAG #**	**TAG #**
1	Is GWM used as the primary method of **tank** leak detection?					
2	Is GWM used as the primary method of **line** leak detection?					
3	Is the well secured to prevent unauthorized access/tampering?					
4	Is the well clearly marked with a black equilateral triangle on a white background and with a suitable warning?					
5	Is groundwater within 20 feet of the ground surface?					
6	Can the monitoring method used detect the presence of free product floating on the groundwater?					
7	Is the well constructed properly? (0.020-inch factory slot PVC piping from above the water level to bottom of well. Surface concrete slopes up to a concreted surface can with a 12”-24” bentonite seal.)					
8	**Is the monitoring system automatic?**					
9	Is the power box accessible and power light on?					
10	If the equipment is capable, is the console set to temporarily disable the pumping apparatus after a failed leak test?					
11	**Is the system monitored monthly?**					
12	What method is used? **(Check One)** **B- Bailer; P- Paste; S- Stick; T- Tape; E- Electronic**	☐ B ☐ P ☐ S ☐ T ☐ E	☐ B ☐ P ☐ S ☐ T ☐ E	☐ B ☐ P ☐ S ☐ T ☐ E	☐ B ☐ P ☐ S ☐ T ☐ E	☐ B ☐ P ☐ S ☐ T ☐ E
13	If electronic, has the groundwater monitoring equipment been calibrated within the last year, or according to the manufacturers’ recommendations?					
14	Are leak detection records available for the past twelve months?					
15	**If question #14 is marked “NO”,** select the months in which LD tests are **NOT** available. **1 = Jan, 2 = Feb, etc.**					
16	Does the owner/operator have records that the UST excavation zone was assessed and proper background readings were established during the UST installation in order to confirm a petroleum release? ☐ YES ☐ NO					

Comments:

(Inspector Initial)	(Date)	(Owner/Operator Initial)	(Date)

Statistical Inventory Reconciliation

Facility Name:	**Facility ID#:**

SIR data is obtained by an ATG or daily stick readings, dispenser totalizer readings, and monthly water level checks.
A "fail", "inconclusive", "investigative gains/losses," or similar terminology means that the SIR system did not provide leak detection for that month.

Name of SIR Vendor:	**SIR Version:**

	UST Information: If a question does not apply, leave it blank.	**TAG #**	**TAG #**	**TAG #**	**TAG #**	**TAG #**
1	Is SIR used as the primary method of **tank** leak detection?					
2	Is SIR used as the primary method of **line** leak detection?					
3	Does the SIR method meet the minimum standards of 0.2 gph with a 95/5 Pd/Pfa? (Per the NWGLDE's "List of Leak Detection Evaluations")					
4	Is the drop tube installed in the fill pipe, extending to within one foot of the tank bottom?					
5	Does the SIR Method require Meter Calibration (Per NWGLD)?					
6	If yes, date of last Meter Calibration:					
7	Is ☐ **gauge stick or** ☐ **ATG** reading recorded each operating day?					
8	Are meter totalizer readings recorded each operating day?					
9	Is the water level measured and recorded at least monthly?					
10	Can the ☐ **gauge stick** or ☐ **ATG** measure the level of product over the full range of the tank to the nearest 1/8 of an inch? (Stick must be legible and not worn down or damaged at the end.)					
11	Is the product level measured with a ☐ **gauge stick** or ☐ **ATG** before and after a delivery AND, are these measurements used in the SIR detection?					
12	Are **passing SIRS reports** available for the last 12 months?					
13	**If question #12 is marked "NO",** select the months in which passing LD test are **NOT** available and mark box dates with **F = Fail** **I = Inclusive N = No record**					
14	Has a SIR report, which indicated a "fail", "inconclusive", or related wording been reported to the DEQ/PTC as a suspect release?					
15	Are SIR results reviewed promptly each month? (Are envelopes from SIR vendor opened?)					

1	2	3
4	5	6
7	8	9
10	11	12

Comments:

(Inspector Initial)	(Date)	(Owner/Operator Initial)	(Date)

Corrosion Protection (CP)

Facility Name:	**Facility ID#:**

*All metal components in contact with the soil that contain product **(excluding vents and tank risers)** must have CP.

	UST Information: If a question does not apply, leave it blank.	**TAG #**	**TAG #**	**TAG #**	**TAG #**	**TAG #**
1	Is the tank constructed of ☐ **FRP,** ☐ **clad with FRP**, or ☐ **jacketed with HDPE** so that cathodic protection is not required?					
2	Is the tank a STI-P 3 type tank or protected by a sacrificial anode?					
3	Has impressed current cathodic protection been added to the tank?					
4	**Does the product pipe meet corrosion performance standards according to any of the criteria in 4a-4b?**					
a	Is the product pipe constructed of ☐ **FRP or** ☐ **flexible pipe** so that cathodic protection is not required?					
b	Does a ☐ **sacrificial anode** or an ☐ **impressed current** system protect the product pipe?					
5	**Do flex connectors at turbine or dispenser meet corrosion performance standards according to any of the criteria 5a-5c?** — **TURBINE**					
	DISPENSER					
a	Are flex connectors protected by a ☐ **sacrificial anode** or an ☐ **impressed current** system?					
b	Are flex connectors completely inside sumps or boxes so they are not in contact with the soil?					
c	Are flex connectors protected by ☐ **watertight shrink sleeves** or ☐ **watertight boots**?					
6	Has the sacrificial or impressed current system been given a comprehensive soil potential survey by a licensed CP tester within ☐ **3 years** (Or within ☐ **6 months, if new or repaired)?**					
a	**What was the date of the last CP test; please supply a copy with the inspection. (Required field)**					
7	Does the **tank** pass the –850 mv or the 100-mv shift requirements?					
8	Does the **product pipe** pass the –850 mv or the 100-mv shift requirements?					
9	Do the **flex connectors** pass the –850 mv or the 100-mv shift requirements?					
10	Are records available for 2 of the last 3 60-day rectifier inspections?					

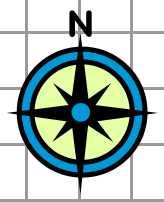
Comments:

(Inspector Initial)	(Date)	(Owner/Operator Initial)	(Date)

General Site Plan

Facility Name:	Facility ID#:

INSTRUCTIONS: Show location of tanks, piping (if known), fill pipes, risers, dispensers, vents, cathodic protection monitoring points, location of monitoring wells, solenoid valves, anti-siphon valves, and buildings on property site. Clearly label these items and provide tag number and product contents for each tank.



(Inspector Initial)	(Date)	(Owner/Operator Initial)	(Date)

Field Inspection Report

Facility Name:	**Facility ID#:**

INSTRUCTIONS: This page must be a **stand-alone summary page**. List code deficiencies and what must be done to correct the deficiency.

Also provide a recommendation and what should be done to correct them.

(Inspector Initial)	(Date)	(Owner/Operator Initial)	(Date)