

Facility Name:

Facility ID#:

INSTRUCTIONS: This page must be a **stand-alone summary page**. List deficiencies and what must be done to correct the deficiency. Also provide a recommendation and what should be done to correct them. List testing forms and dates. Submit copies of **all testing forms** with inspection. All testing forms must be pre-approved by the UST Program (C1-C11, etc).

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(Inspector Initial)

(Date)

(Owner/Operator Initial)

(Date)