

UNDERGROUND STORAGE TANKS ADEC CHECKLIST - INTERNAL INSPECTION

- An underground storage tank (UST) system that is upgraded, reconfigured, retrofit, or repaired, must be tightness tested or internally inspected by a licensed UST worker, in accordance with Title 18 Alaska Administrative Code (AAC) 78, *Underground Storage Tanks*, using industry standards adopted by reference, or an alternate approved procedure (18 AAC 78.055(c))
 - An internal inspection must be performed by a licensed UST worker, certified in inspection (18 AAC 78.017(g) and 78.455(a)(5)) and the Steel Tank Institute (STI) SP001, or the American Petroleum Institute (API) Standard 653 with the SP001 Adjunct; the non-destructive exam (NDE) technician must be certified on the equipment used; UST Inspector must be on site throughout inspection.
 - Definition of a UST system includes the tank, piping, and related equipment, the failure of any component of which, could cause a release, or permit a release to go unnoticed or uncontained (18 AAC 78.025(f)(1)(B))
 - Internal inspection definitions are in accordance with STI SP001 and 18 AAC 78; an internal inspection does not substitute for the required triennial third-party inspection (18 AAC 78.017) but may be required in conjunction with it
 - UST systems, shop-fabricated or field-erected, if larger than 20,000 gallons, may be difficult to inspect for suitability to return-to-service using tank-tightness testing (TTT) which must meet 18 AAC 78.065(d); a licensed UST worker certified in TTT, is required (18 AAC 78.455(a)(3)); TTT equipment and method must be third-party certified for the tank type and volume, as well as determination of depth-to-groundwater and presence of petroleum in the tank-nest bedding prior to performing tests (18 AAC 78.065(k))
 - Owner responsibilities must be in compliance with fire and safety ordinances, regulatory and industry standards.
- Criteria for internal inspection (18 AAC 78.055(c)(4)) are the procedures, codes or standards of:
 - National Leak Prevention Association (NLPA) *Standard 631-Chapter C, Internal Inspection of Tanks for Retrofit of Cathodic Protection*
 - Steel Tank Institute (STI) *SP001-Standard for the Inspection of ASTs*
 - American Petroleum Institute (API) *Standard 653, Tank Inspection, Repair, Alteration, and Reconstruction.*

I. UST OWNER		II. UST FACILITY		
NAME:		FACILITY NAME:	ADEC FAC #	
ADDRESS:		PHYSICAL LOCATION:		
CITY:	STATE, ZIP:	CITY:	FACILITY PHONE:	
UST CLASS A/B OPERATOR:		PHONE/EMAIL OF A/B OPERATOR:		
III. UST INSPECTOR		IV. NDE TECHNICIAN		
NAME:		NAME:		
EXPIRY DATE OF UST CERTIFICATION	LICENSE #:	COMPANY:		
DATE OF STI SP001 CERTIFICATION	LICENSE #:	CONTACT PHONE:	EMAIL:	
DATE OF API 653 CERTIFICATION	LICENSE #:	1. NDE METHOD USED, DATE OF CERTIFICATION:		
CONTACT PHONE:	2. NDE METHOD USED, DATE OF CERTIFICATION:			
EMAIL ADDRESS:	3. NDE METHOD USED, DATE OF CERTIFICATION:			
V. TANK DETAILS				
<i>USE THE ADEC TANK NUMBER:</i>	TANK #	TANK #	TANK #	TANK #
PRODUCT:				
CAPACITY (GAL):				
TANK MATERIAL:	STEEL, FIBERGLASS, ETC.	STEEL, FIBERGLASS, ETC.	STEEL, FIBERGLASS, ETC.	STEEL, FIBERGLASS, ETC.
TANK CONFIGURATION:	DOUBLE-WALL <input type="checkbox"/> MANIFOLD/SYPHON <input type="checkbox"/> LEAK DETECTION <input type="checkbox"/> SPILL BUCKET <input type="checkbox"/> DROP TUBE <input type="checkbox"/> OVERFILL, AS OR HLA <input type="checkbox"/>	DOUBLE-WALL <input type="checkbox"/> MANIFOLD/SYPHON <input type="checkbox"/> LEAK DETECTION <input type="checkbox"/> SPILL BUCKET <input type="checkbox"/> DROP TUBE <input type="checkbox"/> OVERFILL, AS OR HLA <input type="checkbox"/>	DOUBLE-WALL <input type="checkbox"/> MANIFOLD/SYPHON <input type="checkbox"/> LEAK DETECTION <input type="checkbox"/> SPILL BUCKET <input type="checkbox"/> DROP TUBE <input type="checkbox"/> OVERFILL, AS OR HLA <input type="checkbox"/>	DOUBLE-WALL <input type="checkbox"/> MANIFOLD/SYPHON <input type="checkbox"/> LEAK DETECTION <input type="checkbox"/> SPILL BUCKET <input type="checkbox"/> DROP TUBE <input type="checkbox"/> OVERFILL, AS OR HLA <input type="checkbox"/>
CORROSION PROTECTION:	GALVANIC <input type="checkbox"/> IMPRESSED CURRENT <input type="checkbox"/> PASS? <input type="checkbox"/>	GALVANIC <input type="checkbox"/> IMPRESSED CURRENT <input type="checkbox"/> PASS? <input type="checkbox"/>	GALVANIC <input type="checkbox"/> IMPRESSED CURRENT <input type="checkbox"/> PASS? <input type="checkbox"/>	GALVANIC <input type="checkbox"/> IMPRESSED CURRENT <input type="checkbox"/> PASS? <input type="checkbox"/>
DATE OF LAST CP SURVEY:				

VI. INTERNAL INSPECTION DETAILS

DATE OF INTERNAL INSPECTION:				
DATE PRODUCT LAST STORED:				
INSPECTION CRITERIA: <i>(18 ACC 78.055(C))</i>	SPO01 <input type="checkbox"/> API 653 <input type="checkbox"/>	SPO01 <input type="checkbox"/> API 653 <input type="checkbox"/>	SPO01 <input type="checkbox"/> API 653 <input type="checkbox"/>	SPO01 <input type="checkbox"/> API 653 <input type="checkbox"/>
STI SPO01 5.4:	CATEGORY 2 <input type="checkbox"/> CATEGORY 3 <input type="checkbox"/>	CATEGORY 2 <input type="checkbox"/> CATEGORY 3 <input type="checkbox"/>	CATEGORY 2 <input type="checkbox"/> CATEGORY 3 <input type="checkbox"/>	CATEGORY 2 <input type="checkbox"/> CATEGORY 3 <input type="checkbox"/>
1. NDE METHOD, FACTORS:				
2. NDE METHOD, FACTORS:				
3. NDE METHOD, FACTORS:				
WELD INSPECTION: <i>IF NDE WAS USED, LIST METHOD:</i>	VISUAL <input type="checkbox"/> NDE <input type="checkbox"/>	VISUAL <input type="checkbox"/> NDE <input type="checkbox"/>	VISUAL <input type="checkbox"/> NDE <input type="checkbox"/>	VISUAL <input type="checkbox"/> NDE <input type="checkbox"/>
IDENTIFY CONDITION AND RECORD MECHANICAL: <i>ATTACH PHOTOGRAPHS</i>	DAMAGE <input type="checkbox"/> CRACKING <input type="checkbox"/> CORROSION <input type="checkbox"/>	DAMAGE <input type="checkbox"/> CRACKING <input type="checkbox"/> CORROSION <input type="checkbox"/>	DAMAGE <input type="checkbox"/> CRACKING <input type="checkbox"/> CORROSION <input type="checkbox"/>	DAMAGE <input type="checkbox"/> CRACKING <input type="checkbox"/> CORROSION <input type="checkbox"/>
IDENTIFY CONDITION AND RECORD INTERNAL ATTACHMENTS: <i>ATTACH PHOTOGRAPHS</i>	DAMAGE <input type="checkbox"/> CORROSION <input type="checkbox"/> DETERIORATION <input type="checkbox"/>	DAMAGE <input type="checkbox"/> CORROSION <input type="checkbox"/> DETERIORATION <input type="checkbox"/>	DAMAGE <input type="checkbox"/> CORROSION <input type="checkbox"/> DETERIORATION <input type="checkbox"/>	DAMAGE <input type="checkbox"/> CORROSION <input type="checkbox"/> DETERIORATION <input type="checkbox"/>
IDENTIFY CONDITION AND RECORD INTERNAL THICKNESS: <i>ATTACH PHOTOGRAPHS AND A WALL MATRIX OR TEST-PLOT DIAGRAM</i>	MIC DAMAGE <input type="checkbox"/> INTERNAL STRUCTURES <input type="checkbox"/> INTERNAL WALL <input type="checkbox"/> DIAGRAM ATTACHED <input type="checkbox"/>	MIC DAMAGE <input type="checkbox"/> INTERNAL STRUCTURES <input type="checkbox"/> INTERNAL WALL <input type="checkbox"/> DIAGRAM ATTACHED <input type="checkbox"/>	MIC DAMAGE <input type="checkbox"/> INTERNAL STRUCTURES <input type="checkbox"/> INTERNAL WALL <input type="checkbox"/> DIAGRAM ATTACHED <input type="checkbox"/>	MIC DAMAGE <input type="checkbox"/> INTERNAL STRUCTURES <input type="checkbox"/> INTERNAL WALL <input type="checkbox"/> DIAGRAM ATTACHED <input type="checkbox"/>
PHOTOGRAPHIC RECORD	DIGITAL ATTACHED <input type="checkbox"/>	DIGITAL ATTACHED <input type="checkbox"/>	DIGITAL ATTACHED <input type="checkbox"/>	DIGITAL ATTACHED <input type="checkbox"/>

VII. DETERMINATION OF SUITABILITY FOR CONTINUED SERVICE

MICROBIAL INDUCED CORROSION	PRESENT <input type="checkbox"/> MITIGATED <input type="checkbox"/>	PRESENT <input type="checkbox"/> MITIGATED <input type="checkbox"/>	PRESENT <input type="checkbox"/> MITIGATED <input type="checkbox"/>	PRESENT <input type="checkbox"/> MITIGATED <input type="checkbox"/>
CORROSION UNDER INSULATION	PRESENT <input type="checkbox"/> MITIGATED <input type="checkbox"/>	PRESENT <input type="checkbox"/> MITIGATED <input type="checkbox"/>	PRESENT <input type="checkbox"/> MITIGATED <input type="checkbox"/>	PRESENT <input type="checkbox"/> MITIGATED <input type="checkbox"/>
WALL THICKNESS: CATEGORY 3 Express findings as a percentage of the original wall thickness. <i>(SP001 §10.2.2)</i>	_____ PERCENT NEXT INTERNAL INSPECTION: TWO YEARS <input type="checkbox"/> FIVE YEARS <input type="checkbox"/>	_____ PERCENT NEXT INTERNAL INSPECTION: TWO YEARS <input type="checkbox"/> FIVE YEARS <input type="checkbox"/>	_____ PERCENT NEXT INTERNAL INSPECTION: TWO YEARS <input type="checkbox"/> FIVE YEARS <input type="checkbox"/>	_____ PERCENT NEXT INTERNAL INSPECTION: TWO YEARS <input type="checkbox"/> FIVE YEARS <input type="checkbox"/>
WALL THICKNESS: CATEGORY 2 1. Any three square inches of any one square foot of the tank shell is less than 75 percent of the original wall thickness; <i>or</i> 2. Remaining shell thickness is less than 50 percent of original wall thickness at any point. <i>(SP001 §10.2.3)</i>	1. THREE SQUARE INCHES IS LESS THAN 75%, <i>OR</i> <input type="checkbox"/> 2. LESS THAN 50% SHELL REMAINS AT ANY POINT <input type="checkbox"/> NEXT INTERNAL INSPECTION IS IN FIVE YEARS <input type="checkbox"/>	1. THREE SQUARE INCHES IS LESS THAN 75%, <i>OR</i> <input type="checkbox"/> 2. LESS THAN 50% SHELL REMAINS AT ANY POINT <input type="checkbox"/> NEXT INTERNAL INSPECTION IS IN FIVE YEARS <input type="checkbox"/>	1. THREE SQUARE INCHES IS LESS THAN 75%, <i>OR</i> <input type="checkbox"/> 2. LESS THAN 50% SHELL REMAINS AT ANY POINT <input type="checkbox"/> NEXT INTERNAL INSPECTION IS IN FIVE YEARS <input type="checkbox"/>	1. THREE SQUARE INCHES IS LESS THAN 75%, <i>OR</i> <input type="checkbox"/> 2. LESS THAN 50% SHELL REMAINS AT ANY POINT <input type="checkbox"/> NEXT INTERNAL INSPECTION IS IN FIVE YEARS <input type="checkbox"/>
DAMAGE TO BE REPAIRED	WELDS <input type="checkbox"/> CRACKING <input type="checkbox"/> CORROSION <input type="checkbox"/> ATTACHMENTS <input type="checkbox"/> OVERPRESSURE <input type="checkbox"/> EXCESSIVE SETTLING <input type="checkbox"/> SHIFTING <input type="checkbox"/>	WELDS <input type="checkbox"/> CRACKING <input type="checkbox"/> CORROSION <input type="checkbox"/> ATTACHMENTS <input type="checkbox"/> OVERPRESSURE <input type="checkbox"/> EXCESSIVE SETTLING <input type="checkbox"/> SHIFTING <input type="checkbox"/>	WELDS <input type="checkbox"/> CRACKING <input type="checkbox"/> CORROSION <input type="checkbox"/> ATTACHMENTS <input type="checkbox"/> OVERPRESSURE <input type="checkbox"/> EXCESSIVE SETTLING <input type="checkbox"/> SHIFTING <input type="checkbox"/>	WELDS <input type="checkbox"/> CRACKING <input type="checkbox"/> CORROSION <input type="checkbox"/> ATTACHMENTS <input type="checkbox"/> OVERPRESSURE <input type="checkbox"/> EXCESSIVE SETTLING <input type="checkbox"/> SHIFTING <input type="checkbox"/>

VIII. SITE SKETCH

⇒ Provide a basic layout of the UST SYSTEM. **Indicate North.** Reference streets or landmarks.

LEGEND KEY

- (T) Tank, include ADEC Tank # (identify all compartments)
- (PS) Piping sumps
- (SP) Spill Buckets
- (OP) Overfill Alarm
- (IM) Tank Interstitial Monitoring Access
- (MG) Tank Manual-Gauging Access
- (RCT) Rectifier
- (AN) Location of Anodes
- (R₁, R₂, etc.) Reference-cell locations for CP
- (T₁, T₂, P₁, etc.) Structure CP Contact Points
- (V) Vents
- (D) Dispensers
- Indicate ↑ North Arrow
- Add GPS Coordinates *OR*
- Add Street(s) or Building landmarks

IX. UST WORKER CERTIFICATION

UST INSPECTOR LICENSE #

DATE:

PHONE:

PRINT NAME:

SIGNATURE:

The UST Inspector who supervised the internal inspection of the UST system(s) must complete and sign this document, and provide a copy to the owner and operator (18 AAC 78.455(a)(9)). Submit the **signed original** of this document, within 30 days of the internal inspection, to the ADEC SPAR CS UST Unit.