ALASKA DEPARTMENT OF ENVIRONMENTAL CONSERVATION
UNDERGROUND STORAGE TANK

Operations Inspection Report 2014

Instructions: Only a person currently licensed by the State of Alaska in UST Inspection may complete this form. Detailed instructions are in the ADEC *UST Operations Inspector Reference Handbook*, available at ADEC or online at these links: http://www.dec.state.ak.us/spar/ipp/docs/manual1.pdf and http://www.dec.state.ak.us/spar/ipp/docs/manual2.pdf

SECTION 1: GENERAL INFORMATION

FACILITY NAME:	**OWNER NAME:**
Location Address:	Mailing Address:
City:	City, State, Zip:
Phone:	Phone: Fax:
UST OPERATOR NAME:	**MAILING ADDRESS** FOR **COMPLIANCE TAG DECALS:**
Phone:	Name:
Fax:	Address:
E-mail:	City, State, Zip:

ADEC Facility Number	Inspection Date	UST Inspector License #	UST Inspector Name	Are all the UST systems registered? ☐Yes ☐ No	Are the current Compliance Tag(s) visible to the fuel transfer operator? ☐Yes ☐No

Are the current Class A, B and C Operator Training Certificate(s) on hand? ☐Yes ☐No
If "No," Explain:

Print the ADEC *Facility Tank Summary* if corrections are necessary. *Highlight and make corrections and attach.* **Use the ADEC Tank number system on the first line and the Compliance Tag # on the second line.** Please number compartmented tanks, for example, as *"1A"* and *"1B."* Inspect each compartment as if it were an individual tank. ***Double-wall piping** *only* refers to the outer wall being factory-made and designed to be installed as double-wall, or as a "petroleum-compatible material that is swage-locked or welded on each end of the outer wall."

ADEC TANK NUMBER:	TANK #	TANK #	TANK #	TANK #
COMPLIANCE TAG NUMBER:	TAG #	TAG #	TAG #	TAG #
C-TAG EXPIRATION YEAR:				
Owner Tank number, *if different*	#	#	#	#
Status (*Active* or *Taken Out of Service*)				
Capacity (*Volume in Gallons*)				
Product (*specify type of petroleum*)				
Tank Construction Material				
Compartment Tank (*Yes* or *No*)				
Double-Wall Tank (*Yes* or *No*)				
Piping Type *(Suction or Pressurized)*				
Pipe Outer-Wall Construction Material				
Double–Wall Piping* (*Yes* or *No*)				
Multiple Pipe Runs per tank (*Yes* or *No*) Show all pipe runs on map, *page 2*				
Emergency Power Generator (*Yes* or *No*)				

QUESTIONS? Contact the ADEC UST technician: **907-269-7679** *fax:907-269-7687* CHERYL.PAIGE@ALASKA.GOV http://www.dec.state.ak.us/spar/ipp/tanks.htm

The inspector must submit this report to the owner/operator for review, initials and signature, then submit the ORIGINAL *within 30 days no later than September 30* of this inspection year to:

ADEC - Underground Storage Tanks **555 Cordova St** Anchorage, 99501-2617

SKETCH: Draw a basic layout of the UST SYSTEM(s). **Indicate North.** Indicate landmarks.

LEGEND KEY

- ❑ **(T)** Tank, include **ADEC Tank #** (and identify all compartments)
- ❑ **(P)** Product piping
- ❑ **(PS)** Piping sumps
- ❑ **(ATG)** Automatic Tank Gauge or Monitor
- ❑ **(SP)** Spill Bucket(s)
- ❑ **(OP)** Overfill Alarm(s) or Ball Float Valve(s)
- ❑ **(IM)** Tank Interstitial Monitoring Access
- ❑ **(MG)** Tank Manual-Gauging Access
- ❑ **(RCT)** Rectifiers
- ❑ **(AN)** Impressed Current Anodes
- ❑ **(S)** Structure Contact Points for CP
- ❑ **(R)** Reference cell locations for CP
- ❑ **(V)** Vent(s)
- ❑ **(D)** Dispensers
- ❑ Indicate ↑ **North** Arrow
- ❑ Add GPS Coordinates ***OR***
- ❑ Add Street(s) or Building landmarks

SECTION 2: TANK TEMPORARILY CLOSED OR TAKEN-OUT-OF-SERVICE

Fill out this section for any tank that is "temporarily closed" (contains product but is out of service for three months or less) ***or*** is "taken out-of-service" (is empty *and* out of service). A complete inspection of these tanks is required. This section does not apply to a tank that is currently in use, *or* permanently closed ***within ADEC regulations***. *Note:* A tank that is not in compliance with Title 18 Alaska Administrative Code 78 *Underground Storage Tank* regulations and industry standards is defined as ***substandard*** and must be permanently closed *within 12 months of the determination.*

ANSWER *YES* OR *NO*	TANK #	TANK #	TANK #	TANK #
Tank contains less than one inch of product				
Tank is vented and fill pipe is locked or secured to prevent access				
Date tank was "temporarily closed" or "taken out-of-service" (MONTH/YEAR)				

SECTION 3: RELEASE DETECTION SUMMARY

OPERATION AND MAINTENANCE SYSTEM REPAIR Since the last inspection…	TANK#	PIPE#	TANK#	PIPE#	TANK#	PIPE#	TANK#	PIPE#
has tank or piping been repaired? ***(YES*** OR ***NO)***								
was the UST system tightness tested or internally inspected within 30 days of repair? ***(YES*** OR ***NO)***								
SUSPECTED RELEASE NOTIFICATION								
Is the UST system monitored monthly?								
Leak Detection Results: has tank and/or piping had two *consecutive* months of non-passing (fail, inconclusive, invalid, etc.) results? ***(YES*** OR ***NO)***								
If yes, was it reported to ADEC as a suspected release and investigated? ***(YES*** OR ***NO)***								

This section indicates the ***P****RIMARY* and ***S****ECONDARY* methods of release detection present. Proceed to the section noted in the right-hand column to complete the details of the primary method. Exemptions from methods: ***Only*** (1) if ADEC has a written notice of "tank taken out of service" (TOS) ***and the tank is empty,*** or (2) it is an Emergency Generator (EG).

TANK METHOD	Indicate primary *(P)* method and, the secondary (S) method for each tank TANK#	TANK#	TANK#	TANK#	Using primary method, proceed to section:
Automatic Tank Gauging					***3.A.***
Continuous System Leak Detect (CSLD)					***3.B.***
Interstitial Monitoring					***3.C.*** *(includes piping)*
Inventory Control and Tightness Testing					***3.D.*** (page 7) and ***3.E.***
Statistical Inventory Reconciliation					***3.D.*** (pages 7-8)
Manual Tank Gauging (2,000 gal or less)					Refer to 18 AAC 78.065(c)
None needed ***(EXPLAIN: TOS OR EG)***					NA

PIPE METHOD FILL OUT FOR EACH SEPARATE PIPE RUN	Indicate primary (P) method and, if applicable, secondary (S) method for each pipe run PIPE #	PIPE #	PIPE #	PIPE #	Using primary method, proceed to section:
Pressurized piping only *[stand-alone sump sensors not allowed per 18 AAC 78.070(b)]*					
Automatic line leak detector (ALLD, 3 gph) ***and*** double-wall pipe with liquid sump sensor					***3.C.*** and ***3.H.***
ALLD (3 gph) ***and*** double-wall pipe with manual Interstitial Monitoring					***3.C.*** and ***3.H.***
ALLD (3 gph) ***with*** monthly SIR					***3.D.*** and ***3.H.***
ALLD (3 gph) *and* **annual** tightness test on ***single-wall**** pressurized lines					***3.E.*** and ***3.H.***
ALLD 3 gph continuous plus 0.2 gph/month					***3.G.*** and ***3.H.***
Other combination ***(EXPLAIN)***					as applicable
Non-pressurized piping only					
Interstitial monitoring, electronic or manual					***3.C.***
Statistical Inventory Reconciliation (SIR)					***3.D.***
Line tightness test every 3 years					***3.E.***
and type of Suction					***3.F.***
None needed ***(EXPLAIN: TOS OR EG)***					

☐ **APPLICABLE**
☐ **NOT APPLICABLE**

SECTION 3.A. AUTOMATIC TANK GAUGING (TANK ONLY)

FILL OUT BLOCKS 1-3, AND 15. **BLOCKS 4-14: ANSWER *YES* OR *NO***		TANK #	TANK #	TANK #	TANK #
1	Console Make and Model				
2	Probe Type Model Number for each tank				
3	Frequency: How often does ATG perform test? [Daily – Weekly – Monthly]				
4	Device is calibrated, operated, and maintained per manufacturer's instructions (example: frequency of service checks, etc.) including limitations listed on evaluation summary of *NWGLDE* list.				
5	Review system setup. Settings for ATG and probe are according to manufacturer's instructions.				
6	Verify that all probes are functioning.				
7	Monitoring panel or control box is present, functional and operating.				
8	Diameter of tank _____ inches Tank is filled to sufficient capacity **(_____ inches or percent)** and tests run for proper duration of time (_____ **hours**) in accordance with manufacturer's instructions.				
9	Sufficient wait time after delivery, and quiet time after dispensing, before testing.				
10	Owner's manual for console and probe is available to the operator at the site.				
11	Verify the console and probe are third-party approved [on the *NWGLDE* list].*				
12	Existing release detection results show no evidence of a release.				
13	ATG is checking the portion of the tank that routinely contains product, in accordance with manufacturer's instructions.				
14	Monthly release detection records are **available for last 12 months** [ATG** records must show that the past 12 months have a passing test, without two consecutive months of inconclusive results.]				
15	***NUMBER OF PASSING MONTHS:***				
ATG passes inspection if blocks 4 through 14 are all ***YES.*** If Block 15 is **less than 12 months**, then put tank on **LEAK DETECTION PROBATION**** *>PAGE 13*					

Note: If the answer to any question is No, please explain below. List problems noted during inspection. Note corrections on Addendum
"Automatic Tank Gauge" commonly refers to any UST system monitor, regardless if it tests for 0.1 gph leak rate.
*If ***NO***, see ADEC *Certification of Performance for UST Leak Detection Equipment Fact Sheet.*
** See *Leak Detection Recordkeeping Fact Sheet* >>> **Owner or Operator** must sign on bottom right of page 13.

DEFICIENCIES: _____

FURTHER RECOMMENDATIONS: _____

☐ **APPLICABLE**
☐ **NOT APPLICABLE**

SECTION 3.B. CONTINUOUS SYSTEM LEAK DETECTION (CSLD) (IN-TANK ONLY)

FILL OUT BLOCKS 1, 2 AND 13. BLOCKS 4 THROUGH 12: *YES* OR *NO*		TANK #	TANK #	TANK #	TANK #
1	Console Make and Model				
2	Probe Model Number for each tank.				
3	Device is calibrated, operated, and maintained per manufacturer's instructions (example: frequency of service checks, etc.) including limitations listed on evaluation summary (*NWGLDE*)				
4	Review system setup. Settings are in accordance with manufacturer's instructions.				
5	Verify that all probes are functioning.				
6	Monitoring panel or control box is present and working.				
7	Owner's manual for console and probes is available at site.				
8	Verify that console and probe are third-party approved, on the *NWGLDE* list for CLDS.*				
9	CLDS meets minimum performance standards and is set up for the 99% operating mode.				
10	Existing release detection results show no evidence of a release.				
11	CLDS is checking the portion of the tank that routinely contains product, in accordance with manufacturer's instructions.				
12	Monthly release detection records are **available for last 12 months.** CLDS** records must show that the past 12 months have a passing test, without *any* months of inconclusive results (all 12 passing).				
13	***NUMBER OF PASSING MONTHS:***				
CLDS passes inspection. Blocks 3 through 12 are all ***YES***. If Block 13 is **less than 12 months**, then the tank is on **LEAK DETECTION PROBATION****					

Note: If the answer to any question is NO, please explain below. List any problems noted during inspection. Note corrections on Addendum
*If ***NO***, see ADEC *Certification of Performance for UST Leak Detection Equipment Fact Sheet.*
** See *Leak Detection Recordkeeping Fact Sheet*

DEFICIENCIES: _____

FURTHER RECOMMENDATIONS: _____

☐ **APPLICABLE**
☐ **NOT APPLICABLE**

SECTION 3.C. INTERSTITIAL MONITORING (TANK AND PIPING)

	FILL OUT EACH BLOCK FOR EACH TANK AND EACH PIPE	**TANK#**	**PIPE #**	**TANK #**	**PIPE #**	**TANK #**	**PIPE #**	**TANK #**	**PIPE #**
	MANUAL SYSTEM ONLY								
1	Interstitial Space is filled with **Liquid** (Brine) or **Gas** (Dry)								
2	Equipment (correct calibrated stick) is accessible and written log is complete.								
3	Interstitial space is monitored in appropriate location***								
4	Evidence of liquid is in sump or interstitial space of an **air-filled** system. *[NA if Brine filled]*								
5	Evidence of loss or gain of brine is in a **brine-filled** system. *[NA if air-filled]*								
6	Operation of **partial-vacuum** or **over-pressure system** is within the manufacture design specifications and instructions.								
7	Complete monthly leak detection log shows no evidence of anomaly or release.								
8	Visual inspection indicates secondary containment has no noticeable leaks or holes.								
	ELECTRONIC SYSTEM ONLY								
9	Interstitial Space is filled with Liquid **(Brine) or** Gas **(Dry)**								
10	Type of interstitial sensor **(i.e., Liquid, Discriminating, Pressure)**								
11	Console *make and model*								
12	Sensor *make and model*								
13	Console and sensor are on the *NWGLDE* list*								
14	Monitoring console is operational.								
15	Interstitial sensor visually inspected, functionally tested, and confirmed operational.	DATE	DATE	DATE	DATE	DATE	DATE	DATE	DATE
16	Sensor monitors the interstitial space in the appropriate position***								
17	Device is calibrated, operated, and maintained per manufacturer's instructions (example: frequency of service checks, etc.) including limitations listed on evaluation summary (*NWGLDE*) list								
	SUMMARY								
18	Monthly release detection records are **available for the last 12 months** ***[YES OR NO]***. Interstitial Monitoring must show 12 months passing with *no more than two consecutive* "inconclusive" or "fail" records.								
19	***NUMBER OF PASSING MONTHS:***								
	Interstitial Monitoring passes inspection if Blocks 2, 3, 6-8, and 18 are ***YES*** **for Manual, *OR*** Blocks 13-18 are ***YES*** **for Electronic**. If Block 19 is **less than 12 months**, then put the tank and/or piping on **LEAK DETECTION PROBATION****								

*Note: If the answer to any question is **NO**, please explain below. List any problems noted during inspection. Note corrections on Addendum.*
* If not, see *Certification of Performance Standards for UST Leak Detection Equipment Fact Sheet*.
** See *Leak Detection Recordkeeping Fact Sheet.*
***Monitor in the interstitial space is at the lowest point of secondary containment for gas-filled sensors, or at the highest point of secondary containment for brine-filled sensors, and positioned so that other equipment will not interfere with its proper operation. See manufacture specifications and *NWGLDE* list of limitations for **continual-partial vacuum** or **overpressure-interstitial monitoring.**

DEFICIENCIES: _____

_____

FURTHER RECOMMENDATIONS: _____

_____

☐ **APPLICABLE**
☐ **NOT APPLICABLE**

SECTION 3.D.1. INVENTORY CONTROL (TANK ONLY) MANUAL, AND/OR STATISTICAL INVENTORY RECONCILIATION (TANK AND PIPING)

FILL OUT THIS SECTION *IF* **INVENTORY CONTROL [TANKS LESS THAN 2,000 GALLONS]** *OR* **INVENTORY CONTROL COMBINED WITH STATISTICAL INVENTORY RECONCILIATION (SIR) IS USED.**		**TANK #**	**TANK #**	**TANK #**	**TANK #**
1	Readings are recorded daily when operating.				
2	Inventory records are reconciled monthly.				
3	Appropriate calibration chart is used for calculating volume to nearest 1/8 inch.				
4	Stick readings are logged **before** each delivery.				
5	Stick readings are logged **after** each delivery.				
6	Gauge stick is marked to determine product level to the nearest 1/8 inch.				
7	Gauge stick can measure to full height of tank.				
8	Monthly water readings are checked to the nearest 1/8 inch and used to calculate inventory balances. If water intrusion is noted, list in "Deficiencies."				
9	***FILL DROP TUBE IS INSTALLED AND FUNCTIONAL.***				
10	Total monthly overages [or shortages] are less than 130 gallons plus one percent of tank's flow-through (sales) volume for the last 12 months.				
11	Tank larger than 1,000 gallons has Tank Tightness Test ***[ATTACH RESULTS SECTION 3.E]***				
12	Monthly release detection records are **available for the last 12 months** for tanks 1,001 gallons or larger. [Monitoring must show no more than two consecutive months of inconclusive results.]				
13	***NUMBER OF PASSING MONTHS:***				
Inventory Control Passes Inspection. Blocks 1 through 12 are ***YES***. If Block 13 is **less than 12 months**, then tank is on **LEAK DETECTION PROBATION****					
If using *Statistical Inventory Reconciliation* (SIR), also fill ***SECTION 3.D.*** on page 8 If using *Manual Tank Gauging* only, complete the Tightness Testing ***SECTION 3.E.*** on page 8					

Note: If the answer to any question is No, please explain below. List any problems noted during inspection. Note corrections on Addendum.
** See *Leak Detection Recordkeeping Fact Sheet.*

DEFICIENCIES: _____

_____

_____

_____

FURTHER RECOMMENDATIONS: _____

_____

SPECIAL NOTE FOR TANKS WITH MANUAL TANK GAUGING AS THE SOLE SOURCE OF RELEASE DETECTION:
Manual Tank Gauging inventory control is allowed for UST systems less than 1,000 gallons. UST systems 1,001 to 2,000 gallons must use Tightness Testing together with Manual Tank Gauging Inventory Control. UST systems greater than 2,000 gallons may not use Manual Tank Gauging. Use Statistical Inventory Control, Interstitial Monitoring, or Automatic Tank Gauging.

☐ APPLICABLE
☐ NOT APPLICABLE

SECTION 3.D.2. STATISTICAL INVENTORY RECONCILIATION (TANK AND PIPING)

FILL OUT THIS SECTION IF THE TANK AND/OR PIPE USES STATISTICAL INVENTORY RECONCILIATION (SIR) *[YES OR NO]*		TANK #	PIPE #	TANK #	PIPE #	TANK #	PIPE #	TANK #	PIPE #
1	Is there evidence of a release in the existing release detection results?								
2	SIR method is on *NWGLDE* list. METHOD NAME:								
3	If applicable, SIR method is approved for piping on evaluation summary (*NWGLDE* list.)	*NA*		*NA*		*NA*		*NA*	
4	SIR results are received by owner from vendor within 30 days of submitting data.								
5	SIR results indicate sufficient amount of data was used to perform leak check.								
6	The last 12 months reports *prior to the inspection* have passing results?** Explain below if ***NO***.								
7	***NUMBER OF PASSING MONTHS:***								
8	Were there two or more *consecutive "inconclusive"* results in the last 12 months** Explain below if ***YES***.								
Statistical Inventory Reconciliation (SIR) passes inspection if Block 1 is ***NO*** and Blocks 2 through 6 are all ***YES***.									
If Block 7 is less than 12 months or if Block 8 is ***YES,*** then put the tank on **LEAK DETECTION PROBATION.**** **If Block 1 is *YES*, then report it as a suspected release to ADEC: 907-269-7679**									

Note: If any answer in Blocks 2-6 is NO, please explain below. List any problems noted during inspection. Note corrections on Addendum.

** See the *Leak Detection Recordkeeping Fact Sheet.*

DEFICIENCIES: _____

_____

FURTHER RECOMMENDATIONS: _____

☐ APPLICABLE
☐ NOT APPLICABLE

SECTION 3.E. TIGHTNESS TESTING (TANKS AND PIPING)

Fill out this section if tank and/or or single-wall pressurized pipe uses periodic tightness testing

	FILL OUT EACH BLOCK FOR EACH TANK AND PIPE *(YES* OR *NO)*	TANK #	PIPE #	TANK#	PIPE #	TANK #	PIPE #	TANK#	PIPE #
1	Test method is on *NWGLDE* list as a 0.1gph tightness test. METHOD NAME:								
2	Tightness test performed by Alaska-certified Worker *LICENSE#* *NAME:*								
3	Last tightness-test results available and passed. (Shows no evidence of a potential release.) ***ATTACH A COPY***								
4	Tightness testing is conducted within specified time frames for method: every 5 years for tanks using Inventory Control; **annually for pressurized piping;** every 3 years for non-exempt suction piping.								
5	UST is still eligible for combination of Inventory Control and TTT. ***EXPIRATION DATE IS:***								
Tightness Testing passes inspection. Blocks 1, and 3 through 5 are all ***YES.*** ***ATTACH COPY OF TIGHTNESS TEST.***									

Note: If the answer to any question is NO, please explain below. List any problems noted during inspection. Note corrections on Addendum.

DEFICIENCIES: _____

_____

FURTHER RECOMMENDATIONS: _____

_____

☐ **APPLICABLE**
☐ **NOT APPLICABLE**

SECTION 3.F. SAFE SUCTION (SUCTION PIPING ONLY)

Fill out this section to verify that the suction piping system does not require release detection.

	FILL OUT FOR EACH PIPE (*YES* OR *NO*)	PIPE #	PIPE #	PIPE #	PIPE #
1	The piping slope is back to the tank and operates under atmospheric pressure or less.				
2	Only **one** check valve is used.				
3	The check valve is directly under the dispensing pump.				
4	Check valve is not at the pump, or more than one is in line [line-tightness test is required]. **Complete Section 3.E.**				
Safe Suction passes inspection. Blocks 1, 2 and 3 are ***YES.***					
Unsafe Suction passes inspection. Blocks 1 and 4 are ***YES.***					

Note: If the answer for 1, 2, ***or*** 3 is ***NO***, another type of line release detection must be used and inspected; complete the applicable section (for example, monthly sump sensor monitoring may be used instead of triennial line leak detection, with department approval).
List any discrepancies noted during inspection. Deficiency corrections and/or repairs must be listed in ***SECTION 8 - ADDENDUM.***

DEFICIENCIES: _____
FURTHER RECOMMENDATIONS: _____

☐ **APPLICABLE**
☐ **NOT APPLICABLE**

SECTION 3.G. LINE LEAK DETECTOR TEST RESULTS

	FILL OUT EACH BLOCK FOR EACH PIPE	PIPE #	PIPE #	PIPE #	PIPE #
1	Console make-and-model number.				
2	Line leak detector make-and-model number.				
3	Automatic Shut-Off Device (**S-O**) Restrictor (**R**) Audible or Visible Alarm (**A**)				
4	Is the equipment on the *NWGLDE* list?* ***(YES OR NO)***				
5a	Device is performing and operational at 3.0 gph @ 10 psi. Complete *Section 3.H.* for this line leak detector.				
5b	Device is performing and operational at 0.2 gph @ 10 psi.				
5c	Device is performing and operational at 0.1 gph @ 10 psi.				
6	Device is calibrated, operated, and maintained per manufacturer's instructions (example: frequency of service checks, etc.) including the limitations listed on evaluation summary *(NWGLDE)* list. ***(YES OR NO)***				
7	**Equipment used to perform annual functional test:**				
8	Single-wall piping has an annual tightness test or has results of 0.1 gph test by ATG **in 2014** ***(YES*** or ***NO)***	*DATE*	*DATE*	*DATE*	*DATE*
9	Monthly release detection records are **available for the last 12 months.** ***(YES OR NO)***				
10	The last 12 months have a passing record without two consecutive months of inconclusive, invalid or failing results. ***(YES OR NO)***				
11	Evidence of release is shown by the Line Leak Detection Monitor records ***(YES OR NO)***				
12	***NUMBER OF PASSING MONTHS:***				
Monthly Line Leak Detector Passes inspection if: Blocks 4, 5a, (5b for 0.2 gph) 6 and 8 through 10 are ***YES*** and Block 11 is ***NO.*** If Block 12 is **less than 12 months**, then put the UST on **LEAK DETECTION PROBATION****					

Note: If the answer to any question is NO, please explain below. List problems noted during inspection. Note corrections on Addendum
*National Working Group Leak Detection Equipment (NWGLDE) List – If Block 4 is ***NO***, see the ADEC *Certification of Performance for UST Leak Detection Equipment Fact Sheet.* ** See *Leak Detection Recordkeeping Fact Sheet.*

DEFICIENCIES: _____

FURTHER RECOMMENDATIONS: _____

☐ APPLICABLE

SECTION 3.H. AUTOMATIC LINE LEAK DETECTORS (PRESSURIZED PIPING ONLY) ☐ NOT APPLICABLE

	CHECK TYPE AND FUNCTION OF AUTOMATIC LINE LEAK DETECTOR [ALLD]	PIPE #	PIPE #	PIPE #	PIPE #
1	Mechanical (PLLD) or Electronic (ELLD)				
2	Make and Model				
3	Automatic Shut-Off Device (**SO**) Restrictor (**R**) Audible or Visible Alarm (**A**)				
4	ALLD device is performing and operational at 3.0 gph @ 10 psi ***(YES** or **NO)***				
5	Is the ALLD equipment on the *NWGLDE* list?*				
6	ALLD device is calibrated, operated, and maintained per manufacturer's instructions (ex: frequency of service checks) including third-party certification limitations (*NWGLDE**) ***(YES** or **NO)***				
7	The entire piping system is covered by the ALLD ***(YES** or **NO)***				
8	Single-wall pressurized piping has an annual tightness test (by TTT or ATG 0.1gph) ***(YES** or **NO)***	DATE	DATE	DATE	DATE
9	Line Tightness Tester License #: Name:				
10	All ALLDs **must** have an **annual functional test** (not a self-test). This is to assure it is properly installed, not tampered with, or bypassed [Tester must be certified by the manufacturer of the equipment.] ***ATTACH A COPY OF THE TESTS***	Dates passed: 2012 2013	Dates passed: 2012 2013	Dates passed: 2012 2013	Dates passed: 2012 2013
11	ALLD passed an annual functional test **during this inspection** or **2014** calendar year ***(YES** or **NO)***				
12	**Equipment used to perform the functional test:**				
13	Self-testing electronic ALLD shows the last record of a passing 3.0 gph @ 10 psi test result, for each pipe, is within the last 72 hours. ***ATTACH A COPY OF THE TEST.*** ***(YES** or **NO)***				
14	ALLD shows evidence of a release ***(YES** or **NO)***				
	Automatic Line Leak Detection Passed Inspection: Blocks 4 – 8, 11 and 13 are ***YES***. Block 14 is ***NO***.				

Note: If the answer to any question in Blocks 4 – 8, 11 or 13 is NO, please explain below. List any problems noted during inspection. Note your upgrades, replacements, fixes and/or repairs on page 14, Section 8 - Addendum

*National Working Group Leak Detection Equipment (NWGLDE) List

If Block 5 is *No*, see ADEC *Certification of Performance for UST Leak Detection Equipment Fact Sheet*

DEFICIENCIES: _____

_____

_____

FURTHER RECOMMENDATIONS: _____

_____

REPORT ALL KNOWN OR POTENTIAL SPILLS OR LEAKS TO THE ADEC UST PREVENTION MANAGER: 907-269-3055 *FAX: 269-7687*

and Call your local ADEC Spill Response Office:

Area	Phone	FAX
Central (Anchorage)	269-3063	269-7648
Northern (Fairbanks)	451-2121	451-2362
Southeast (Juneau)	465-5340	465-2237

http://www.dec.state.ak.us/spar/spillreport.htm

1-800-478-9300 after business hours

SECTION 4: SPILL AND OVERFILL PREVENTION

4.A. SPILL PREVENTION DEVICE

	ANSWER *YES* OR *NO* FOR EACH TANK	TANK #	TANK #	TANK #	TANK #
1	Equipped with spill bucket or other approved device				
2	Spill bucket is clean and free of debris and water				
3	Spill bucket is free of cracks, gaps or holes				
4	Fill Pipe has a drop tube, and it is installed free of abnormalities (rusty, bent, cracks or holes) especially at connections to tank and/or spill bucket				
5	Spill device not required. *Tank that receives less than 25 gallons of petroleum per delivery is not required to have a spill device.*				
Spill device passes inspection. Blocks 1 through 4 are ***YES*** (***or*** Block 5 is ***YES***).					

Note: If any answer to Blocks 1 through 4 is NO, explain below. List any problems noted during inspection. Note corrections on Addendum.

4.B. OVERFILL DEVICE

	DESCRIBE TYPE OF EQUIPMENT PRESENT BLOCKS 3-8 ANSWER *YES* OR *NO*	TANK #	TANK #	TANK #	TANK #
1	Overfill device present *(list all):* Automatic Shutoff (**AS**), Ball Float Valve (**BFV**), High Level Alarm (**HLA**), Other				
2	Indicate delivery method (gravity or metered flow)				
3	Owner/operator ensures releases due to spilling or overfilling do not occur, for example, product is measured prior to each delivery to ensure enough room in tank for delivery. All fuel deliveries are monitored by operator *and* distributor.				
4a	Visually observed overfill housing; device is present				
4b	Documentation of installation provided ***OR*** service provider has certified that overfill device operates and is functional.				
	AUTOMATIC SHUT-OFF ONLY				
5	Visual observation indicates the drop tube is unobstructed (anything that would render the shut-off device ineffective)				
	BALL FLOAT VALVE AND VENT RESTRICTOR				
6	BFV and/or vent restrictor material is compatible with UST system configuration, product, delivery, and use.*****				
	EXTERNAL HIGH LEVEL ALARM ONLY				
7	Alarm is tested and is functioning properly at 90%, and is audible or visible to the driver at the point of transfer.				
	OVERFILL DEVICE NOT REQUIRED				
8	Tank receives less than 25 gallons of petroleum per delivery (is not required to have an overfill device).				
Overfill device passes inspection. Blocks 3 through 7 (as applicable) are ***YES*** ***(or*** *Block 8, overfill device is not required).*					

Note: If the answer to any question is NO, explain below. List any problems noted during inspection. Note corrections on Addendum.

******** Ball float valves must be removed to pass inspection if the conditions listed in Title 18 Alaska Administrative Code 78.040(e) exist:***

Title 18 AAC 78.040(e) If a UST system has one or more of the following, the owner or operator of the system shall not use a ball float valve or a vent restrictor shut-off device on that system: (1) a tank that receives a pumped delivery; (2) suction piping with air eliminators; (3) remote fill pipes and gauge openings; (4) an emergency generator.

DEFICIENCIES: _____

_____

_____

FURTHER RECOMMENDATIONS: _____

_____

SECTION 5: CORROSION PREVENTION

Complete this section even if the tank or piping is made of non-metallic construction material.
Buried metal tank and piping (which includes fittings, flex-connectors, etc.,) must be isolated from soil or cathodically protected.

CHECK TYPE OF CORROSION PROTECTION FOR EACH TANK AND PIPE, AND ANSWER *YES, NO,* OR *NA*		TANK #	TANK #	TANK #	TANK #
☐ **GALVANIC CATHODIC PROTECTION (TANK AND PIPING)** *COMPLETE APPENDIX K**					
1	Tank passed test in accordance with NACE Standard RP-0285. (Attach completed CP Test Form)				
2	Pipe passed test in accordance with NACE Standard RP-0285. (Attach completed CP Test Form)				
3	Record of last two cathodic protection tests on file with Owner or Operator. CP tests performed by Alaska-certified Worker ***LICENSE #*** ***NAME:***				
4	Cathodic Protection system was tested and inspected within six months of repair of UST system.				
	Galvanic Cathodic Protection passes inspection. Blocks 1 and 2 are ***YES***.				
☐ **IMPRESSED CURRENT CATHODIC PROTECTION (TANK AND PIPING)** *COMPLETE APPENDIX K**					
5	System has power and it is turned on.				
6	60-day log is present and filled out properly. **				
7	Tank passed test in accordance with NACE Standard RP-0285. (Attach completed CP Test form)				
8	Pipe passed test in accordance with NACE Standard RP-0285. (Attach completed CP Test form)				
9	Record of last two cathodic protection tests on file with Owner or Operator. Tests performed by Alaska-certified Worker: ***LICENSE #*** ***NAME:***				
10	Cathodic Protection system tested and inspected within six months of repair of UST system.				
	Impressed Current Cathodic Protection passes inspection. Blocks 5 through 8 are **Yes**.				
APPENDIX K** IS THE CP SURVEY EVALUATION FORM OF THE *"ADEC GUIDELINES FOR THE EVALUATION OF CATHODIC PROTECTION SYSTEMS."* ***Note: If the answer in any Block is NO, explain in Appendix K. **60-DAY LOG, USE **APPENDIX M**					

IF TANK *OR* PIPE HAS CATHODIC PROTECTION: THE COMPLETED CP TEST FORM IS ATTACHED ☐

☐ **INTERNALLY LINED (ONLY FOR TANKS WITH NO OTHER CORROSION PREVENTION):**					
11	Internal liner passed required periodic inspection. (Tank has liner only with no cathodic protection) ***ATTACH REPORT***				
12	Date liner installed (MONTH/YEAR)				
13	Date last inspection due. (MONTH/YEAR)				
14	Next Inspection due date. (MONTH/YEAR) *(Tank has liner only with no cathodic protection)*				
☐ **NON-METAL CONSTRUCTION MATERIAL (TANK MEETS CORROSION PREVENTION):**					
15	**Tank:** Outer wall made of non-metallic material such as fiberglass or fiberglass clad steel. ***YES*** OR ***NO***				
16	**Pipe:** Outer wall made of non-metallic material such as fiberglass or corrugated plastic. ***YES*** OR ***NO***				
17	Were any of the following conditions observed in flexible piping: swelling, elongation, kinking, wrinkling, blistering, delaminating, softness, mold growth, or other abnormalities? **If so, please attach digital photographs and describe.**				
☐ **PHOTOGRAPHIC RECORD INCLUDED [YES *OR* NO]**					
1	Please include a digital record of each tank's components: piping, sumps, manual tank gauge access, interstitial access, fill risers, overfill devices, spill buckets, vents, tags, ATG or tank monitor, etc., and a site overview.				

SECTION 6: GENERAL COMMENTS

Use this section to list any comments not listed in the previous pages. Attach an additional sheet if necessary.

Inspectors are required to report unusual operating conditions on tanks, piping or ancillary equipment to ADEC *within ten days* of the inspection *(18 AAC 78.017(k)(3).* **Comments:**_____

_____

_____

SECTION 7: CERTIFICATION

COMPLETE THE FOLLOWING:	TANK #	TANK #	TANK #	TANK #
Use these codes: P = Pass Inspection, **F** = Fail Inspection, **NA** = Not Applicable.				
Release Detection (Tank only)				
Release Detection (Piping only)				
Spill Device (Tank only)				
Overfill Device (Tank only)				
Corrosion Protection (Tank only)				
Corrosion Protection (Piping only)				
Tank Release Detection Record Keeping enter number of months with passing records **				
Piping Release Detection Record Keeping enter number of months with passing records **				
Passes Inspection **(Pass/Fail only)**				

The department's Underground Storage Tank database will be updated with information listed in this UST Operations Inspection Report and the attached Facility Tank Summary printout.

I, the Certified Inspector, have performed this UST Inspection and believe the contents of this report to be true and accurate at the time of inspection. I also have no significant financial interest with this UST facility.

Facility #_____

Print Name: _____

Signature: _____

E-Mail: _____

Phone: _____

Inspector ID #: _____ Date: _____

I, the Owner/Operator *(circle one)*, have read this Inspection Report and have been told the condition of my UST facility, including all deficiencies, corrections and recommendations.

*√All applicable pages are **initialed** and included.*

Print Name: _____

Signature: _____

E-Mail: _____

Phone:_____ Date:_____

If less than 12 months of passing records, the tank and/or piping is on ***LEAK DETECTION PROBATION***. The Owner/Operator signs the *Leak Detection Probation Agreement* (below) with the Inspector. ** Review *Leak Detection Record Keeping Fact Sheet.*

Leak Detection Probation Agreement:

I have been hired to perform leak detection probation inspector duties listed on the *Leak Detection Record Keeping Fact Sheet* as applicable.

Probation Due Date:_____

Initial/Date_____

If different Certified Inspector (than above) identify:

Inspector Name/ID #: _____

Signature/Date:_____

Leak Detection Probation Agreement:

I agree to comply with leak detection monitoring as described on the *Leak Detection Record Keeping Fact Sheet* and as applicable to this facility.

Signature: _____

Date: _____

Please return this ORIGINAL REPORT, signed and initialed, *no later than* September 30 of this inspection year to:

ADEC Underground Storage Tanks
555 Cordova Street
Anchorage, Alaska 99501-2617
or email: CherylPaige@alaska.gov or fax:907-269-7687

SECTION 8: ADDENDUM

FACILITY #	FACILITY NAME:

Use this section to note any deficiency corrections or repairs that were made ***after the initial inspection***. The UST third-party *Operations Inspection* should be a 'snapshot' completed prior to any repairs or adjustments that would affect whether or not a UST would *pass* or *fail*. List each corrected item separately (but tanks can be listed together). If you have any questions, please call the UST office at ADEC, at **907-269-7679** *or* **907-269-3055**. Use additional copies of this page if necessary. Fax completed form to **907-269-7687**, or email it to Cheryl.Paige@alaska.gov.

Item 1.

Date of Work: _____ Tank ***and/or*** Pipe #: _____ is now: ***PASS*** ☐ OR ***FAIL*** ☐ the Inspection

Description of Repair or Deficiency Correction: _____

_____

_____

_____

_____

UST Worker Name: _____ Alaska UST Worker **License #** _____

UST Worker Signature: _____ Date _____

Item 2.

Date of Work: _____ Tank ***and/or*** Pipe #: _____ is now: ***PASS*** ☐ OR ***FAIL*** ☐ the Inspection

Description of Repair or Deficiency Correction: _____

_____

_____

_____

_____

UST Worker Name: _____ Alaska UST Worker **License #** _____

UST Worker Signature: _____ Date _____

Item 3.

Date of Work: _____ Tank ***and/or*** Pipe #: _____ is now: ***PASS*** ☐ OR ***FAIL*** ☐ the Inspection

Description of Repair or Deficiency Correction: _____

_____

_____

_____

_____

UST Worker Name: _____ Alaska UST Worker **License #** _____

UST Worker Signature: _____ Date _____

Item 4.

Date of Work: _____ Tank ***and/or*** Pipe #: _____ is now: ***PASS*** ☐ OR ***FAIL*** ☐ the Inspection

Description of Repair or Deficiency Correction: _____

_____

_____

_____

_____

UST Worker Name: _____ Alaska UST Worker **License #** _____

UST Worker Signature: _____ Date _____

Please send the original *Addendum* to ADEC *no later than thirty days* after the UST work to correct the deficiency is completed to:	ADEC Underground Storage Tanks 555 Cordova Street Anchorage, Alaska 99501-2617
QUESTIONS? Contact the UST office:	Larry.Brinkerhoff@alaska.gov **907-269-3055** ***fax: 907-269-7687*** Cheryl.Paige@alaska.gov **907-269-7679** Internet: **http://www.dec.state.ak.us/spar/ipp/tanks.htm**