



**ALASKA DEPARTMENT OF ENVIRONMENTAL CONSERVATION  
 UNDERGROUND STORAGE TANK  
 Operations Inspection Report  
 2016**



**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: FACILITY INFORMATION**

<b>FACILITY NAME:</b>	<b>OWNER NAME:</b>
Physical Address:	Mailing Address:
City:	City, State, Zip:
Phone:	Phone: <span style="float:right">Fax:</span>
<b>UST CLASS A/B OPERATOR:</b>	<b>MAILING ADDRESS FOR COMPLIANCE TAG DECALS:</b>
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 on site registered? <input type="checkbox"/> Yes <input type="checkbox"/> No	Compliance Tags are posted in clear visible proximity to fill risers? <input type="checkbox"/> Yes <input type="checkbox"/> No

Certificate(s) for current Class A and B Operator(s) are hand:  Yes  No *If "No," Explain:*  
 Class C Operator Certificate(s) are current (annual refresher):  Yes  No

Attach the ADEC *Facility Tank Summary* with changes or corrections noted. 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 refers to the piping material 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" installed to create a fluid-tight interstitial space.

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

**QUESTIONS? 907-269-7679 [CHERYL.PAIGE@ALASKA.GOV](mailto:CHERYL.PAIGE@ALASKA.GOV)**  
 Contact the ADEC UST technician: *fax: 907-269-7687* <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 REPORT, *within 30 days* of the inspection, but *no later than September 30* of this inspection year to:  
**ADEC - Underground Storage Tanks 555 Cordova St Anchorage, 99501-2617**

**SITE SKETCH:** a basic layout of the UST SYSTEM. **Indicate North.** Reference streets or landmarks.

### LEGEND KEY

- (T) Tank, include ADEC Tank #  
(identify all compartments)
- (P) Product piping
- (PS) Piping sumps
- (ATG) Automatic Tank Gauge or Monitor
- (SP) Spill Buckets
- (OP) Overfill Alarm or Ball Float Valves
- (IM) Tank Interstitial Monitoring Access
- (MG) Tank Manual-Gauging Access
- (RCT) Rectifiers
- (AN) Impressed Current Anodes
- (R<sub>1</sub>, R<sub>2</sub>, etc.) Reference-cell locations for CP
- (T<sub>1</sub>, T<sub>2</sub>, P<sub>1</sub>, etc.) Structure CP Contact Points
- (V) Vents
- (D) Dispensers
- Indicate ↑ North Arrow
- Add GPS Coordinates ***OR***
- Add Street(s) or Building landmarks

Inspector's Initials \_\_\_\_\_  
Date \_\_\_\_\_

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Owner/Operator's Initials: \_\_\_\_\_  
Date: \_\_\_\_\_

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

- Complete this section if a UST system is "temporarily closed" (contains product but is out-of-service less than three months) *or* is "taken out-of-service," meaning an *Empty Tank Affidavit* (ADEC Form 18-0503) is filed at ADEC. A complete inspection is required.
- *Note:* A tank not in compliance with Title 18 Alaska Administrative Code (AAC) 78 *Underground Storage Tanks* regulations and industry standards (as adopted by reference) is defined as *substandard* and must be permanently closed within 12 months (18 AAC 78.080(e)-(f)).

STATUS OF TEMPORARILY CLOSED (TC) OR TAKEN OUT OF SERVICE (TOS) TANKS	TANK #	TANK #	TANK #	TANK #
Tank contains less than one inch of product <span style="float: right;">[YES OR NO]</span>				
Tank is vented; fill riser, components, and manways are locked/secured				
Date tank was "temporarily closed" or "taken out-of-service" (MONTH/YEAR)				

## SECTION 3: RELEASE DETECTION

SYSTEM REPAIR Since the last inspection:	TANK#	PIPE#	TANK#	PIPE#	TANK#	PIPE#	TANK#	PIPE#
Has tank or piping been repaired? <span style="float: right;">[YES OR NO]</span>								
Was the UST system tightness tested or internally inspected within 30 days of repair? <span style="float: right;">[YES OR NO]</span>								
SUSPECTED RELEASE ASSESSMENT								
Is the UST system monitored monthly?								
Leak Detection Results: has any tank or piping had two <i>consecutive</i> months of non-passing (fail, inconclusive, invalid, etc.) results? <span style="float: right;">[YES OR NO]</span>								
If yes, was it reported to ADEC as a suspected release, and investigated? <span style="float: right;">[YES OR NO]</span>								

### RELEASE DETECTION NOTIFICATION

- Exemption from Leak Detection Recordkeeping if (1) the UST system supplies an Emergency Generator (through October 2018), *or* (2) ADEC has received the *Empty Tank Affidavit* with the *Notice of Tank Taken Out-of-Service* (ADEC Form 18-0502).
- Continuous Leak Detection System (CLDS) is not specific to one release detection method; the CLDS component may be combined with automated Inventory Control, Automatic Tank Gauging, or Statistical Inventory Reconciliation methods.
- Indicate *primary* or *secondary* for each release detection method. Complete section noted on the right with inspection details.

TANK METHOD	Indicate primary (P) <u>and</u> secondary (S) leak detection method for each tank				Use this section for details of each leak detection method:
	TANK#	TANK#	TANK#	TANK#	
Inventory Control (or IC + CLDS)					3.A. or 3.B.
Statistical Inventory Reconciliation					3.C.
Automatic Tank Gauge [0.2 gph leak rate]					3.D.
Interstitial Monitoring					3.E.
Tank Tightness Testing					3.G.
Other Methods (18 AAC 78.065(j))					

PIPE METHOD FILL OUT FOR EACH SEPARATE PIPE RUN	Indicate primary (P) method <u>and</u> secondary (S) leak detection method for each pipe run				Use this section for details of each method:
	PIPE#	PIPE#	PIPE#	PIPE#	
<i>Pressurized Piping Only</i> [Stand-alone sump sensors do not meet release detection per 18 AAC 78.070(b)]					
Automatic line leak detector (ALLD, 3 gph) <i>and</i> double-wall pipe with liquid sump sensor					3.F. and 3.E.
ALLD (3 gph) <i>and</i> double-wall pipe with manual Interstitial Monitoring					3.F. and 3.E.
ALLD (3 gph) with 0.2 gph leak rate test at least once each 30 days					3.F.
ALLD (3 gph) + annual 0.1 gph leak rate test					3.F. and 3.G.
ALLD (3 gph) <i>and</i> annual line-tightness test on <i>single-wall*</i> pressurized lines					3.H. and 3.F.
Other combination ( <i>EXPLAIN</i> )					as applicable
<i>Non-Pressurized (Suction) Piping Only</i>					
Interstitial Monitoring, electronic or manual					3.E.
Line Tightness Test every three years					3.G.
Must Verify Type of Suction ( <i>SAFE/UNSAFE</i> )					3.H.

Inspector's Initials \_\_\_\_\_  
Date \_\_\_\_\_

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Owner/Operator's Initials: \_\_\_\_\_  
Date: \_\_\_\_\_

**SECTION 3.A. INVENTORY CONTROL** (method is done by hand or uses automated point-of-sale data collection)

Operating procedure and recordkeeping must follow exactly the method in 18 AAC 78.065(b). Use <b>Section 3.B</b> for Inventory Control with automated data collection (uses ATG inventory probe or other CLSD equipment).		TANK #	TANK #	TANK #	TANK #
1	Tank install date _____ Last Tank Tightness Test Date: _____	TTT DATE	TTT DATE	TTT DATE	TTT DATE
2	Inventory is recorded each operating day for inputs, withdrawals, and remaining volumes.				
3	Appropriate calibration chart is used for calculating volume to nearest 1/8 inch.				
4	Gauge stick is marked to determine product level to the nearest 1/8 inch. Gauge stick can measure to full height of tank.				
5	Stick readings are logged <i>before</i> each delivery.				
6	Stick readings are logged <i>after</i> each delivery.				
7	Each fuel receipt is reconciled with <u>each</u> delivery volume, as measured before/after delivery				
8	Dispensing is metered. Metering is calibrated to state standards. Sales volume is recorded daily.				
9	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."				
10	Delivery is through a drop tube installed to within one foot of the tank bottom.				
11	Owner/operator reviews and analyzes the data generated in this method each month.				
12	Reconciliation: total monthly overages [or shortages] are less than 130 gallons plus one percent of tank's flow-through (sales) volume, each month, for the last 12 months.*				
13	Monthly release detection records are available for the last 12 months.* [YES OR NO]				
14	NUMBER OF PASSING MONTHS: _____				
Inventory Control passes inspection if Blocks 2 through 13 are <b>YES</b> . If Block 14 is less than 12 months, then tank is on <b>LEAK DETECTION PROBATION**</b>					

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

\*If **NO**: Inventory Control method: results are recorded daily and reconciled at least once every 30 days; review must show the past 12 months records are passing, without two consecutive months of failed or inconclusive results.

\*\* See Leak Detection Recordkeeping Fact Sheet ☞ Owner or Operator must sign on bottom right of page 13 ☞

**DEFICIENCIES:** \_\_\_\_\_

<p><b>POLICY NOTICE</b></p> <ul style="list-style-type: none"> <li>Inventory Control and Manual Tank Gauging were intended as temporary methods until a UST system could be upgraded to a third-party certified method listed in the National Work Group on Leak Detection Evaluations (NWGLDE) or other approved release detection method (78.065(j)).</li> <li>Inventory Control, and Manual Tank Gauging for tanks 1,001 to 2,000 gallons, must always be used in conjunction with Tank Tightness Testing, done at five and ten years. If the UST system was installed more than ten years ago, it is <u>not eligible</u> for non-automated Inventory Control (EPA Bulletin 510-B-93-004, Doing Inventory Control Right).</li> <li>Manual Tank Gauging as stand-alone leak detection is allowed <u>only</u> for tanks of 1,000 gallons or less, for the life of the UST system. The operating procedure and recordkeeping must follow <u>exactly</u> the items in 18 AAC 78.065(c)(1) and Table A. No throughput (fuel drops or dispensing) is allowed during the weekly test period, which is 36 hours for tanks 999 gallons or less; for 1,000 gallon tanks the weekly test duration depends on tank dimensions (see Table A).</li> <li>Manual Tank Gauging for tanks 1,001 to 2,000 gallons must be in conjunction with Tank Tightness Testing (78.065(d)) at years five and ten after installation (78.065(c)(2)). Operating procedure and recordkeeping must follow <u>exactly</u> the items in 18 AAC 78.065(c)(1) and Table A (weekly testing during 36 hours of no throughput). Manual Gauging is not allowed for tanks greater than 2,000 gallons.</li> <li>Inventory Control and Manual Tank Gauging does not include release detection for piping.</li> </ul>	<p><b>INVENTORY CONTROL AND MANUAL TANK GAUGING</b></p>	<p><b>POLICY NOTICE</b></p>
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**SECTION 3.B. INVENTORY CONTROL WITH AUTOMATED DATA COLLECTION (USING ATG OR CLDS)**

Complete this section if the Inventory Control method is automated with an in-tank inventory probe or other CLDS. Data collection must meet requirements of 18 AAC 78.065(b).		TANK #	TANK #	TANK #	TANK #
1	Continuous In-Tank Leak Detection System (CLDS) or ATG console: Make and Model				
2	Inventory Probe model number <i>[each tank]</i>				
3	Owner's manual for monitoring console and probe(s) is available to the operator at site.				
4	Verify the monitoring console and probe(s) are <i>NWGLDE</i> third-party certified for CLDS.				
5	Console and probe(s) are calibrated, operated, and maintained per manufacturer's instructions (e.g., frequency of service checks, etc.) including limitations listed on <i>NWGLDE</i> certification				
6	Verify probe is functioning. <i>[EACH TANK]</i>				
7	CLDS meets minimum performance standards and is set at the _____ percent operating mode, in accordance with manufacturer's instructions and <i>NWGLDE</i> third-party certification.				
8	Inventory is recorded each operating day for inputs, withdrawals, and remaining volumes.				
9	Inventory volume is logged <i>before</i> each delivery.				
10	Inventory volume is logged <i>after</i> each delivery.				
11	Each fuel receipt is reconciled with <i>each</i> delivery volume, as measured before/after delivery				
12	Dispensing is metered. Metering is calibrated to state standards. Sales volume is recorded daily.				
13	At least once a month, tank-bottom water level is checked to the nearest 1/8 inch and recorded.				
14	Delivery is through a drop tube installed to within one foot of the tank bottom.				
15	Owner/operator reviews and analyzes the data generated in this method each month.				
16	*Reconciliation: total monthly overages [or shortages] are less than 130 gallons plus one percent of tank's flow-through (sales) volume. Operator retains a record of the release detection report at least once every 30 days. <i>[YES OR NO]</i>				
17	Monthly release detection records are available for the last 12 months. [Monitoring must show no more than two consecutive months of <i>failed</i> or <i>inconclusive</i> results.]**				
18	<b>NUMBER OF PASSING MONTHS:</b>				
Inventory Control with ATG or CLDS passes inspection if Blocks 3 through 17 are <b>YES</b> . If Block 18 is less than 12 months, then tank is on <b>LEAK DETECTION PROBATION</b> **					

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

\*If NO: Inventory Control with an automated data collection method: results are recorded daily and reconciled once every 30 days; review must show the past 12 months records are passing, without two consecutive months of failed or inconclusive results.

\*\* See Leak Detection Recordkeeping Fact Sheet - Owner or Operator must sign on bottom right of page 13

**DEFICIENCIES:** \_\_\_\_\_

**FURTHER RECOMMENDATIONS:** \_\_\_\_\_

**NOTE: STATISTICAL INVENTORY RECONCILIATION (SIR).** The SIR method requires a third-party vendor to perform the statistical analysis. Data collection method must meet the same requirements as the Inventory Control method (78.065(b)), and the statistical analysis must be capable of detecting a 0.2 gallon per hour leak rate from any part of the tank that routinely contains petroleum (78.065(i)), and is NWGLDE third-party certified (EPA Bulletin 510-B-05-001).

**SECTION 3.C. STATISTICAL INVENTORY RECONCILIATION (SIR) USING THIRD-PARTY VENDOR**

Complete this section for third-party SIR vendor analysis, including hybrid methods to collect data, such as CLDS or Automatic Tank Gauge (ATG). Data collection must meet the 18 AAC 78.065(b) Inventory Control method to be valid.		TANK #	TANK #	TANK #	TANK #
1	SIR method is on NWGLDE list. [YES OR NO] METHOD NAME:				
2	NWGLDE third-party vendor for this SIR	VENDOR NAME			
3	If applicable: ATG or CLDS console and probe(s) Console model:	PROBE MODEL#	PROBE MODEL#	PROBE MODEL#	PROBE MODEL#
4	Owner's manual for this SIR method is available to the operator at site.				
5	SIR results indicate correct data was collected to perform leak detection analysis.				
6	SIR results indicate sufficient amount of data was provided (minimum of 30 days) to perform leak detection analysis.				
7	If applicable, SIR method is on NWGLDE list approved for piping leak detection.				
8	SIR results are received by owner from vendor within 30 days of submitting data.				
9	Inventory is recorded each operating day for inputs, withdrawals, and remaining volumes.				
10	Inventory volume is logged <i>before</i> each delivery.				
11	Inventory volume is logged <i>after</i> each delivery.				
12	Each fuel receipt is reconciled with each tank volume, as measured before/after delivery				
13	Dispensing is metered. Metering is calibrated to state standards. Sales volume is recorded daily.				
14	At least once a month, tank-bottom water level is checked to the nearest 1/8 inch and recorded.				
15	Delivery is through a drop tube installed to within one foot of the tank bottom.				
16	Owner/operator reviews and analyzes the data generated in this method each month.				
17	Reconciliation: total monthly overages [or shortages] are less than 130 gallons plus one percent of tank's flow-through (sales) volume, Operator retains a record of the release detection report at least once every 30 days.* [YES OR NO]				
18	Monthly release detection records are available for the last 12 months. **				
19	<b>NUMBER OF PASSING MONTHS:</b>				
Statistical Inventory Reconciliation passes inspection if Blocks 4 through 18 are YES. If Block 19 is less than 12 months, then 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.

\* Statistical Inventory Reconciliation results are recorded each operating day and reconciled once every 30 days (through third-party vendor, CLDS or ATG program); review must show the past 12 months records are passing, without two consecutive months of failed or inconclusive results.

\*\* If No: See Leak Detection Recordkeeping Fact Sheet ☞ Owner or Operator must sign on bottom right of page 13 ☞

**DEFICIENCIES:** \_\_\_\_\_

APPLICABLE  
 NOT APPLICABLE

**SECTION 3.D. AUTOMATIC TANK GAUGING [0.2 GPH LEAK RATE TEST OF TANK]**

Complete this section for an Automatic Tank Gauge (ATG) programmed to perform a monthly 0.2 gph leak rate test.		TANK #	TANK #	TANK #	TANK #
1	ATG Console: Make and Model				
2	Probe Type and Model Number [each tank]				
3	Frequency: How often does ATG perform test? [D]Daily [W]Weekly [M]Monthly [CSLD]Continuously				
4	Owner's manual for console and probe(s) is available to the operator at the site.				
5	Console is functioning. Verify the ATG and probes are NWGLDE third-party certified.				
6	Verify probe is functioning. [EACH TANK]				
7	If ATG is programmed as CSLD, verify it meets minimum performance standards of the NWGLDE third-party certification. Operating Mode is set at _____ percent.				
8	Diameter of tank is _____ inches. Tank is filled to sufficient capacity _____ (inches or percent) and tests run for proper duration of time _____ (hours) in accordance with NWGLDE certification.				
9	Verify ATG and probe(s) are programmed, calibrated, operated, and maintained per manufacturer's instructions (e.g., frequency of service checks, etc.) including limitations listed in the NWGLDE third-party certification.				
10	Verify there is sufficient wait time after delivery, and quiet time after dispensing, before the 0.2 gph leak rate test is run.				
11	ATG checks the portion of the tank that routinely contains product, in accordance with manufacturer's instructions and NWGLDE list.				
12	Operator retains a record of the release detection test at least once every 30 days.* [YES OR NO]				
13	Review of the last 12 months of leak detection records show no evidence of a release.*				
14	<b>NUMBER OF PASSING MONTHS:</b>				
ATG passes inspection if blocks 4 through 13 are all YES. If Block 14 is less than 12 months, then put tank on <b>LEAK DETECTION PROBATION**</b>					

*Note: If the answer to any question is No, please explain below. List problems noted during inspection. Note corrections on Addendum.*  
*Note: Automatic Tank Gauge (ATG) release detection method (18 AAC 78.065(e)) refers to the 0.2 gph leak rate test. 'ATG' is often used to describe any UST system monitor, but the component should, at least, be able to test the tank at 0.2 gph leak rate.*  
 \* ATG method is recorded every 30 days; review must show the past 12 months records are passing, without two consecutive months of failed or inconclusive results.

\*\* If No: 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.E. INTERSTITIAL MONITORING (TANK AND PIPING)**

Complete this section for Interstitial Monitoring methods. ☞ Alarm reports are not accepted as stand-alone records. ☞		TANK#	PIPE #	TANK #	PIPE #	TANK #	PIPE #	TANK #	PIPE #
<b>MANUAL SYSTEM ONLY</b>									
1	Interstitial Space is filled with <i>Liquid</i> (Brine) or <i>Air</i> (Dry)								
2	Access to the tank interstitial riser or the piping sump allows monitoring in the appropriate location and position.*								
3	Operator maintains a written log each 30 days.								
4	Monthly log shows no evidence of release. **								
4a	Evidence of liquid is in piping sump or air-filled tank interstitial space.								
4b	Evidence of loss or gain of fluid in a brine-filled interstitial space.								
5	Visual inspection of piping sump, tank interstitial space, or secondary containment indicates no damage, gaps, leaks or holes.								
6	Operation of <i>partial-vacuum</i> or <i>over-pressure system</i> is in accordance with manufacturer's instructions and within design specifications.								
<b>ELECTRONIC SYSTEM ONLY</b>									
7	Interstitial Space is filled with <i>Liquid</i> (Brine) or <i>Air</i> (Dry)								
8	Type of interstitial sensor (i.e., Liquid, Discriminating, or Pressure)								
9	Console <i>make and model</i>								
10	Sensor <i>make and model</i>								
11	Console and sensor are on the <i>NWGLDE</i> list. Interstitial Monitoring components are calibrated, operated, and maintained per manufacturer's instructions (e.g., frequency of service checks, etc.) including limitations listed on the <i>NWGLDE</i> third-party certification.								
12	Verify console is set up correctly and functioning.								
13	Verify interstitial sensor is visually inspected, functionally tested, and confirmed operational. <i>[This is an annual requirement.]</i>	DATE	DATE	DATE	DATE	DATE	DATE	DATE	DATE
14	Verify sensor(s) monitors the interstitial space in the appropriate location and position*								
15	Operator retains a release detection monitoring record at least once each 30 days. <i>[YES OR NO]</i>								
<b>SUMMARY</b>									
16	Monthly release detection records are available for the last 12 months** <i>[YES OR NO]</i>								
17	<b>NUMBER OF PASSING MONTHS:</b>								
<b>Interstitial Monitoring passes inspection if</b> Blocks 2-6, and 16 are <b>YES</b> for <i>Manual</i> , <b>OR</b> Blocks 11-16 are <b>YES</b> for <i>Electronic</i> . If Block 17 is <b>less than 12 months</b> , then put the tank and/or piping on <b>LEAK DETECTION PROBATION</b> **									

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

\*Interstitial Monitoring sensor is placed at the lowest point of secondary containment for air-filled spaces, or at the highest point of secondary containment for brine-filled. Sensors are 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 "over-pressure system" interstitial monitoring.

\*\*Interstitial Monitoring must show 12 months passing with no more than two consecutive "inconclusive" or "fail" records.

\*\* See *Leak Detection Recordkeeping Fact Sheet* ☞ **Owner or Operator** must sign on bottom right of page 13 ☞

**DEFICIENCIES:** \_\_\_\_\_

**FURTHER RECOMMENDATIONS:** \_\_\_\_\_

Inspector's Initials \_\_\_\_\_  
 Date \_\_\_\_\_

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Owner/Operator's Initials: \_\_\_\_\_  
 Date: \_\_\_\_\_

**SECTION 3.F. AUTOMATIC LINE LEAK DETECTORS (PRESSURIZED PIPING)**

Complete for all automatic line leak detectors [ALLD]. The functional tester must hold a <i>current certification</i> by the manufacturer on the equipment and method used to test.		PIPE #	PIPE #	PIPE #	PIPE #
1	Mechanical (M) or Electronic (E)				
2	ALLD Make and Model				
3	Automatic Shut-Off Device (SO) Restrictor (R) Audible or Visible Alarm (A)				
4	Verify ALLD has NWGLDE 3rd-party certification				
5	Verify performance and operation:				
5a	· ALLD operates at 3.0 gph @ 10 psi (required)				
5b	· ALLD operates at 0.2 gph @ 10 psi (monthly)				
5c	· ALLD operates at 0.1 gph @ 10 psi (annual)				
6	Device is calibrated, operated, and maintained per manufacturer's instructions (e.g., frequency of service checks, etc.) including limitations listed on the <i>NWGLDE</i> third-party certification. <b>[YES OR NO]</b>				
7	Verify the entire piping system is covered by the ALLD (e.g., manifolded piping, dual STP, etc.) <b>[YES OR NO]</b>				
8	Single-wall piping: line-tightness test performed within the last 12 months (annual 0.1 gph leak rate test) by a TTT or the ATG <b>[YES OR NO]</b> <b>ATTACH A COPY OF THE TESTS</b>	DATE	DATE	DATE	DATE
9	All ALLDs must have an <b>annual functional test</b> (not a self-test). This is to assure it is properly installed, not tampered with, or bypassed <i>[Tester must be certified by the manufacturer of the equipment.]</i> <b>ATTACH A COPY OF THE TESTS</b>	Dates passed:	Dates passed:	Dates passed:	Dates passed:
		2014	2014	2014	2014
		2015	2015	2015	2015
10	ALLD passed an annual functional test <b>during this inspection</b> or within the last 12 months <b>[YES OR NO]</b>	2016	2016	2016	2016
11	ALLD functional test method and equipment used:				
12	ALLD Tester's Certification #: _____ Name: _____				
13	Self-testing electronic ALLD shows the last record of a passing 3.0 gph @ 10 psi test result, for each line, is within the last 72 hours. <b>[YES OR NO]</b> <b>ATTACH A COPY OF THE TESTS</b>				
14	Operator retains a record of the monthly line leak detection reports. <b>[YES OR NO]</b>				
15	Records are available for the last 12 months. Review shows 12 months passing records* <b>[YES OR NO]</b>				
16	<b>NUMBER OF PASSING MONTHS:</b>				
Automatic Line Leak Detection passes inspection if: Blocks 4-10 and 14-15 are <b>YES</b> . If Block 16 is <b>less than 12 months</b> , then put the UST on <b>LEAK DETECTION PROBATION**</b>					

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

\*Line Leak Detection results are recorded at least once every 30 days; review must show the past 12 months records are passing, without two consecutive months of *failed* or *inconclusive* results.

\*\* If **NO**: 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.G. TIGHTNESS TESTING (0.1 GPH LEAK RATE TEST OF TANK OR PIPING)**

Complete this section if the tank, single-wall pressurized piping, or unsafe suction piping requires tightness test.		TANK#	PIPE#	TANK#	PIPE#	TANK#	PIPE#	TANK#	PIPE#
1	Tightness test performed by licensed UST worker certified in TTT <i>LICENSE# NAME:</i>								
2	Test method is third-party certified <i>NWGLDE</i> as a 0.1gph leak rate tightness test. <b>METHOD NAME:</b>								
3	Current annual tightness-test result is available; Shows no evidence of a potential leak. <b>ATTACH A COPY</b>								
4	Tightness testing is conducted within specified times:								
4a	• Single-wall pressurized piping, annually								
4b	• Unsafe suction piping, every third year								
4c	• Piping without monthly leak detection, annually								
4d	• Inventory Control and TTT <i>(78.065(b))</i> due years 5 and 10 Tank installation date:								
4e	• Manual Gauging and TTT <i>78.065(c)(2)</i> for tank volume 1000 to 2,000 gallons, due years 5 and 10 Tank installation date:								
<b>Tightness Testing passes inspection.</b> Blocks 2 through 4 are all <b>YES.</b> <b>ATTACH COPY OF TIGHTNESS TEST</b>									

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:** \_\_\_\_\_

**SECTION 3.H. SUCTION PIPING [VERIFY RELEASE DETECTION METHOD FOR SUCTION PIPING]**

SAFE SUCTION		PIPE #	PIPE #	PIPE #	PIPE #
1	Piping is installed correctly. Piping slopes down to the tank. Any bend does not arc greater than 90°. Piping operates under atmospheric pressure or less.				
2	Only <u>one</u> check valve is installed.				
3	Check valve is installed directly at the dispensing pump.				
<b>Safe Suction passes inspection</b> if Blocks 1, 2 and 3 are <b>YES.</b>					
UNSAFE SUCTION					
If any of Blocks 1, 2 or 3 is <b>NO</b> , the piping is <b>unsafe</b> suction and requires a line-tightness test (LTT) every three years, <u>or</u> operator must use an alternate method from 18 AAC 78.065. Monitoring and recordkeeping must be performed at least once each 30 days.					
4	Line-Tightness Test [Complete <b>Section 3.F.</b> ] <b>[PASS OR FAIL]</b>				
5	Alternate leak detection method used ( <i>per 18 AAC 78.065</i> ): _____ <b>[PASS OR FAIL]</b>				
6	Operator retains a leak detection record each month, i.e., the last 12 months of records are available for review. <b>[PASS OR FAIL]</b>				
7	<b>NUMBER OF PASSING MONTHS:</b>				
<b>Unsafe Suction passes inspection</b> if Blocks 4, or 5 and 6, are <b>PASS.</b> If Block 7 is <b>less than 12 months</b> , put the piping on <b>LEAK DETECTION PROBATION**</b>					

List any discrepancies noted during inspection. Corrections and/or repairs must be listed in **SECTION 8 - ADDENDUM.**

\*Release detection method must be recorded every 30 days. Review must show passing records for the last 12 months, without two consecutive months of *failed* or *inconclusive* results.

\*\* If **NO**: See *Leak Detection Recordkeeping Fact Sheet* Owner or Operator must sign on bottom right of page 13

**DEFICIENCIES:** \_\_\_\_\_

**FURTHER RECOMMENDATIONS:** \_\_\_\_\_

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Owner/Operator's Initials: \_\_\_\_\_  
Date: \_\_\_\_\_

# SECTION 4: SPILL AND OVERFILL PREVENTION

## SECTION 4.A. SPILL PREVENTION DEVICE

		TANK #	TANK #	TANK #	TANK #
1	Fill port is equipped with spill containment that meets regulatory and industry standards				
2	Spill bucket is clean and free of debris and water				
3	Spill bucket is free of cracks, gaps or holes				
4	Fill riser has a drop tube in good condition, free of abnormalities (e.g., rusty, bent, cracks, holes) especially at connections to tank and/or spill bucket				
5	Spill device not required. <i>Tank that receives less than 25 gallons of petroleum per delivery is not required to have a spill device.</i>				
Spill device passes inspection. Blocks 1 through 4 are <b>YES</b> (or Block 5 is <b>YES</b> ).					

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

## SECTION 4.B. OVERFILL DEVICE

		TANK #	TANK #	TANK #	TANK #
Automatic shutoff must be set to operate when the fuel delivery reaches 95 percent full. High Level Alarm must be set to alert at 90 percent full.					
1	Overfill device present ( <i>list all</i> ): Automatic Shutoff ( <b>AS</b> ), Ball Float Valve ( <b>BFV</b> ), High Level Alarm ( <b>HLA</b> ), or 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 <i>and</i> distributor.				
4	Verify the device is present and in good condition.				
5	Verify the overfill device is functioning and operating.				
<b>AUTOMATIC SHUT-OFF ONLY</b>					
6	Verify the drop tube is unobstructed (anything that would render the shut-off device ineffective) and not damaged.				
7	Verify the AS is set to operate at 95 percent full.				
<b>BALL FLOAT VALVE AND VENT RESTRICTOR</b>					
8	BFV and/or vent restrictor material is compatible with UST system configuration, product, delivery, and use.****				
<b>EXTERNAL HIGH LEVEL ALARM ONLY</b>					
9	Alarm is tested and is functioning properly at 90 percent. HLA is audible/visible to transfer operator at delivery point.				
<b>OVERFILL DEVICE NOT REQUIRED</b>					
10	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 9 (as applicable) are <b>YES</b> (or Block 8, <i>overfill device is not required</i> ).					

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

\*\*\*\* Ball float valves needing repair/upgrade must be replaced with an AS or HLA to pass inspection, or in the following conditions:

**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:** \_\_\_\_\_

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Owner/Operator's Initials: \_\_\_\_\_  
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## SECTION 5: CORROSION PREVENTION

Complete Appendix K or M, as applicable, of the *ADEC Guidelines for the Evaluation of UST Cathodic Protection Systems*.  
 All UST components, including piping, fittings, flex-connectors, etc., must be isolated from soil or cathodically protected.

PASS OR FAIL		TANK #	TANK #	TANK #	TANK #
<input type="checkbox"/> <b>GALVANIC CATHODIC PROTECTION (TANK AND PIPING) COMPLETE SURVEY FORM</b>					
1	Tank tested in accordance with NACE Standard RP-0285. (Attach ADEC Galvanic Cathodic Protection Survey)				
2	Piping tested in accordance with NACE Standard RP-0285				
3	Record of last two cathodic protection tests on file with Owner or Operator. CP tests performed by licensed UST worker: <i>LICENSE #      NAME:</i>				
4	CP system tested/inspected within six months of upgrade.				
Galvanic CP passes inspection if Blocks 1-2 are <b>PASS</b> .					
<input type="checkbox"/> <b>IMPRESSED CURRENT CATHODIC PROTECTION (TANK AND PIPING) COMPLETE SURVEY FORM</b>					
5	System has power and it is turned on.				
6	60-day log is present and filled out properly*				
7	Tank tested in accordance with NACE Standard RP-0285. (Attach Impressed Current CP Form with the Site Sketch)				
8	Pipe tested in accordance with NACE Standard RP-0285.				
9	Record of last two cathodic protection tests on file with Owner or Operator. Tests performed by licensed UST work: <i>LICENSE #      NAME:</i>				
10	CP system tested/inspected within six months of upgrade.				
Impressed Current CP passes inspection if Blocks 5-8 are <b>Yes</b> .					
* 60-DAY RECTIFIER LOG FORM: <i>ADEC GUIDELINES FOR THE EVALUATION OF CATHODIC PROTECTION SYSTEMS</i> .					

## SECTION 6: GENERAL COMMENTS

UST 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)).

OPERATING CONDITIONS					
1	Were any of the following conditions observed in flexible piping: swelling, elongation, kinking, wrinkling, blistering, delaminating, softness, mold growth, or other abnormalities? Attach digital photographs and describe.				
PHOTOGRAPHIC RECORD					
2	Include a digital record of each tank's components: piping, sumps, manual tank gauge access, interstitial access, fill riser, leak detection, overfill device, spill bucket, vent, compliance tag, ATG or tank monitor, etc., and a site overview.				
SPILL REPORTING					
3	Report all known or potential spills or leaks to the UST office: 907-269-7679, 907-269-3055 fax:269-7687				

### ADEC Spill Response:

Area	Phone	FAX
Central (Anchorage)	269-3063	269-7648
Northern (Fairbanks)	451-2121	451-2362
Southeast (Juneau)	465-5340	465-5245

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

1-800-478-9300 after business hours

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Owner/Operator's Initials: \_\_\_\_\_  
 Date: \_\_\_\_\_

## SECTION 7: CERTIFICATION

COMPLETE THE FOLLOWING:	TANK #	TANK #	TANK #	TANK #
Use these codes: <b>P</b> = Pass Inspection, <b>F</b> = Fail Inspection, <b>NA</b> = Not Applicable.				
<b>Release Detection (Tank only)</b>				
<b>Release Detection (Piping only)</b>				
<b>Spill Device (Tank only)</b>				
<b>Overfill Device (Tank only)</b>				
<b>Corrosion Protection (Tank only)</b>				
<b>Corrosion Protection (Piping only)</b>				
<b>Tank Release Detection Record Keeping</b> enter number of months with passing records **				
<b>Piping Release Detection Record Keeping</b> 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 any changes on an attached Facility Tank Summary printout.**

<p>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.</p> <p><b>Facility #</b> _____</p> <p>Print Name: _____</p> <p>Signature: _____</p> <p>E-Mail: _____</p> <p>Phone: _____</p> <p>Inspector ID #: _____ Date: _____</p>	<p>I, the Owner/Operator (<i>circle one</i>), have read this Inspection Report and have been told the condition of my UST facility, including all deficiencies, corrections and recommendations.</p> <p style="text-align: center;"><u>√All applicable pages are initialed and included.</u></p> <p>Print Name: _____</p> <p>Signature: _____</p> <p>E-Mail: _____</p> <p>Phone: _____ Date: _____</p>
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### LEAK DETECTION PROBATION

\*\*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 an 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: \_\_\_\_\_

### SUBMIT FOR REVIEW

**The UST inspector must submit the ORIGINAL REPORT, signed and initialed, within 30 days of the inspection (within ten days if not passing) but *no later than* September 30 of the inspection year.**

Address to:

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

*or email: CherylPaige@alaska.gov or fax: 907-269-7687*

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Date \_\_\_\_\_

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Owner/Operator's Initials: \_\_\_\_\_  
Date: \_\_\_\_\_

## 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

Cheryl.Paige@alaska.gov

Internet: <http://www.dec.state.ak.us/spar/ipp/tanks.htm>

**907-269-3055 fax: 907-269-7687**

**907-269-7679**

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