CONTRACTOR’S
SELF-INSPECTION CHECKLIST
for UST
INSTALLATION\REPLACEMENT\UPGRADE\RETOFIT\REPAIR

As part of our inter-local contract with the Nevada Division of Environmental Protection, SNHD - Environmental Health UST Program requires this document be signed by Nevada Certified UST Handler and be submitted to us during our final inspection for compliance with U.S. EPA Federal Code 40 CFR §280 - TECHNICAL STANDARDS AND CORRECTIVE ACTION FOR OWNERS AND OPERATORS OF UNDERGROUND STORAGE TANKS (USTs). This checklist does not preclude any testing requirements set up by other regulatory agencies (e.g., Air Quality, Fire Department, etc.), nationally recognized codes (e.g., PEI, API, NACE, etc.) or the component manufacturers (e.g., Veeder-Root, FE Petro, etc.).

Facility Name:_____________________________________________________________PH:____________________
Facility Address: _________________________________________________________
(include City, State & Zip)

Owner Name:_____________________________________________________________PH:____________________
Owner Mailing Address: ____________________________________________________
(include City, State & Zip)

Contractor Name: _________________________________________________________PH:____________________
Contractor Mailing Address: ________________________________________________
(include City, State & Zip)

UST Handler Name:________________________________________________________PH:____________________
UST Handler Address: ______________________________________________________
(include City, State & Zip)

Tank Tester Name:_________________________________________________________PH:____________________
Certification Number:_____________________________ Expiration Date:____________________
Tank Tester Address________________________________________________________________________________
(include City, State & Zip)

PLEASE CHECK THE FOLLOWING THAT APPLY:

☐ New UST Installation - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - -- -   Number of Tanks ___________
☐ Tank Replacement - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - Number of Tanks ___________
☐ Piping Replacement
☐ Dispenser Replacement
☐ Leak Containment Sump install @ Dispensers
☐ Leak Containment Sump install @ Turbines
☐ Tank Gauge & Monitor Replacement
☐ UST System Upgrade (for US EPA 1998 requirements for Corrosion, Spill, Overfill, Leak Detection)
   Summarize work to be done:___________________________________________________________________
   ______________________________________________________________________________________
   ______________________________________________________________________________________
☐ UST Equipment Retrofit
   Summarize work to be done:___________________________________________________________________
   ______________________________________________________________________________________
   ______________________________________________________________________________________
☐ UST System Repair
   Summarize work to be done:___________________________________________________________________
   ______________________________________________________________________________________
   ______________________________________________________________________________________
CERTIFICATION STATEMENT

I certify that all work performed on this UST system meets manufacturer’s specifications and all devices installed meet federal performance requirements. I further agree to hold the District harmless from all claims, defense and legal cost, judgments for damages, or other relief against the District as a result of acts of omissions, by me or my representatives, in the performance of any activities permitted hereunder, whether the condition giving rise to the claim or judgment was created in whole, or in part, by me or my representative.

The foregoing statement is true to the best of my knowledge.

(SIGNATURE: UST Handler) __________ DATE
(Please Print Name) __________ (Company Name)

PETROLEUM ENVIRONMENTAL CONTAMINATION STATEMENT

I certify that during the construction, upgrade, retro-fit or repair of this UST system that:

☐ No petroleum environmental contamination was encountered; or
☐ Petroleum environmental contamination less than the Nevada Reportable Quantities and less than the UST “Soil Action Level” was encountered and effectively remediated; or
☐ Petroleum environmental contamination above the Nevada Reportable Quantities and/or the UST Action Level, was encountered and appropriately reported to the Nevada Division of Environmental Protection and Southern Nevada Health District - Environmental Health - UST Program. Corrective Action is in progress or completed.

(SIGNATURE: UST Handler/CEM) __________ DATE
(Please Print Name) __________ (Expiration Date)

Nevada Division of Environmental Protection (NDEP) Water Pollution Control has regulations (NAC 445A.347 and 40 CFR §302) for reporting spills of certain substances once the quantity has exceeded certain limits. For Petroleum, the “reportable quantity” is greater than 25 gallons or three cubic yards of petroleum contaminated soil. 40 CFR §280 Subpart E - Release Reporting, Investigation, and Confirmation requires that spills less than 25 gallons be clean-up within 24 hours or otherwise be reported to the implementing agency. For petroleum spills greater than 25 gallons, the code requires reporting within 24 hours and corrective action in accordance with 40 CFR §280-Subpart F - Release Response and Corrective Action for UST Systems... (NAC 459.993 - Compliance with Federal Regulations mandates that UST owners and operators comply with the requirements of 40 CFR §280 Subpart E and F).

The NDEP Underground Storage Tank Regulations (NAC 459.9973) identifies the presence of petroleum in soil in excess of 100 milligrams per kilogram (measured by using laboratory analytical method 8015 modified for petroleum hydrocarbons) as the “soil action level.” If the soil exceeds the “soil action level,” NDEP may require the UST owner or operator to take corrective action. SNHD does not oversee leaking UST corrective action and defers all decisions for corrective action to NDEP. SNHD does send a letter to inform the UST owner/operator to follow the requirements of 40 CFR §280 Subpart E and F and contact NDEP for further guidance when petroleum contamination in soil has exceeded the “soil action level.” If petroleum or petroleum additives are suspected to have contaminated ground water, the UST owner or operator shall install at least one monitoring well (NAC 459.9975).
U.S. EPA Form 7530-1, Notification of Underground Storage Tanks, must be submitted to SNHD (759-0603) within 30 days of bringing the UST into use. This form, in turn will be forwarded to the Nevada Division of Environmental Protection - UST Petroleum Claims Office as application for the Nevada Petroleum Fund - Spill/Release Clean-up Reimbursement Insurance. UST owners and operators must comply with the Financial Responsibility requirements of the U.S. EPA UST Code 40 CFR §280 - Subpart H for cleaning up spills and leaks and for compensating third party injury and property damage.

All tanks and piping must be properly installed in accordance with a code of practice developed by a nationally recognized association (e.g., American Petroleum Institute, Petroleum Equipment Institute, etc.); independent laboratory (e.g., Underwriter Laboratories); or the manufacturer’s instructions (e.g., XERXES). Please identify Code:_______________________________, Laboratory:___________________________________________, or Manufacturer’s Name:___________________________ used for this UST System installation.

Please complete all of the “NEW UST INSTALLATION CHECKLIST “by circling YES or NO as appropriate. Please fill in all “blanks” with the requested information.

**PEI/RP 100-2000 Recommended Practices for Installation of Underground Liquid Storage Systems**

<table>
<thead>
<tr>
<th>Section reviewed &amp; followed</th>
<th>YES/NO</th>
</tr>
</thead>
<tbody>
<tr>
<td>Introduction - Chapter 1</td>
<td></td>
</tr>
<tr>
<td>Material Handling - Chapter 2</td>
<td></td>
</tr>
<tr>
<td>Excavating - Chapter 3</td>
<td></td>
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<tr>
<td>Backfilling - Chapter 4</td>
<td></td>
</tr>
<tr>
<td>Supports &amp; Anchorage - Chapter 5</td>
<td></td>
</tr>
<tr>
<td>Spill Containment &amp; Overfill Prevention - Chapter 6</td>
<td></td>
</tr>
<tr>
<td>Secondary Containment - Chapter 7</td>
<td></td>
</tr>
<tr>
<td>Release Detection - Chapter 8</td>
<td></td>
</tr>
<tr>
<td>Piping, Valves &amp; Fittings - Chapter 9</td>
<td></td>
</tr>
<tr>
<td>Cathodic Protection Systems - Chapter 10</td>
<td></td>
</tr>
<tr>
<td>Electrical Installation - Chapter 11</td>
<td></td>
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<tr>
<td>Testing - Chapter 12</td>
<td></td>
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<tr>
<td>Documentation &amp; Training - Chapter 13</td>
<td></td>
</tr>
<tr>
<td>Float-out &amp; Anchorage Calculation - Appendix A</td>
<td></td>
</tr>
<tr>
<td>Background: Cathodic Protection - Appendix B</td>
<td></td>
</tr>
</tbody>
</table>

**SAFETY**

<table>
<thead>
<tr>
<th>Site Safety Plan available</th>
<th>YES/NO</th>
<th>Site personnel reviewed plan</th>
<th>YES/NO</th>
</tr>
</thead>
<tbody>
<tr>
<td>Potential Hazards Identified</td>
<td>YES/NO</td>
<td>Potential Hazards Abated</td>
<td>YES/NO</td>
</tr>
<tr>
<td>Personal Protective Equipment Available</td>
<td>YES/NO</td>
<td>Fire Extinguishers available</td>
<td>YES/NO</td>
</tr>
<tr>
<td>Spill Kit available</td>
<td>YES/NO</td>
<td>Absorbent material available</td>
<td>YES/NO</td>
</tr>
<tr>
<td>Combustible gas meter available</td>
<td>YES/NO</td>
<td>Oxygen deficiency meter available</td>
<td>YES/NO</td>
</tr>
<tr>
<td>Personnel OSHA trained</td>
<td>YES/NO</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**TANKS(U.S. EPA Code Corrosion Control requirements)**

<table>
<thead>
<tr>
<th>Tank Manufacturer:</th>
<th>Tank #1</th>
<th>Tank #2</th>
<th>Tank #3</th>
<th>Tank #4</th>
<th>Tank #5</th>
<th>Tank #6</th>
<th>Tank #7</th>
<th>Tank #8</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of tanks being installed:</td>
<td>YES/NO</td>
<td>gallons</td>
<td>product</td>
<td>gallons</td>
<td>product</td>
<td>gallons</td>
<td>product</td>
<td>gallons</td>
</tr>
<tr>
<td>Single walled</td>
<td>YES/NO</td>
<td>Tank #1</td>
<td>Tank #2</td>
<td>Tank #3</td>
<td>Tank #4</td>
<td>Tank #5</td>
<td>Tank #6</td>
<td>Tank #7</td>
</tr>
<tr>
<td>Tank #1</td>
<td>gallons</td>
<td>product</td>
<td>Tank #2</td>
<td>gallons</td>
<td>product</td>
<td>Tank #3</td>
<td>gallons</td>
<td>product</td>
</tr>
</tbody>
</table>

**Corrosion Protection (check all that apply):**

- Tanks made of a non-corrosive material (e.g., fiberglass)
- Steel tank coated with (or enclosed in) non-corrosive material (e.g., epoxy)
- Steel tanks coated with non-corrosive material & has cathodic protection (e.g., STI/P3)
- Un-coated steel tanks with cathodic protection (e.g., impressed current)
- Un-coated steel tanks with interior lining with non-corrosive material
- Un-coated steel tanks with interior lining & cathodic protection
### PIPING (U.S. EPA Code Corrosion Control Requirements)

**Piping Manufacturer:**

<table>
<thead>
<tr>
<th>Single walled</th>
<th>YES/NO</th>
<th>Tank #</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Pressurized</th>
<th>YES/NO</th>
<th>Tank #</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Corrosion Protection (Check all that apply)</th>
</tr>
</thead>
<tbody>
<tr>
<td>___ Piping made of non-corrosive material</td>
</tr>
<tr>
<td>___ Un-coated metal piping &amp; flex lines not in direct contact with soil</td>
</tr>
<tr>
<td>___ Booting for un-coated metal piping &amp; flex lines (taping is unacceptable)</td>
</tr>
<tr>
<td>___ Impressed Current Cathodic Protection for un-coated metal piping</td>
</tr>
<tr>
<td>___ Galvanic (sacrificial anode) protection for un-coated metal piping</td>
</tr>
</tbody>
</table>

If Impressed Current or galvanic corrosion systems are used, the following is required:

1. Diagram of system with equipment list (e.g., rectifier, anodes, packing, wiring, test stations, etc.)
2. Corrosion survey/site assessment results
3. Name of nationally recognized code or independent laboratory used for design
4. Name of designer (corrosion expert), credentials, company, address & phone
5. Name of system tester, credentials, company, address & phone

If interior lining is provided, the following is required:

1. Name of nationally recognized code or independent laboratory used for design
2. Name of designer (coatings expert), credentials, company, address & phone
3. Interior inspection/survey results

### TANK LEAK DETECTION SYSTEM

**Automatic Tank Gauge Manufacturer**

(Circle leak check method) 0.2 gph CSLD Annular SIR Inv Ctr Manual Gauging

Monitor accessible & protected from damage YES/NO Printer OK YES/NO

Manifolded Tank YES/NO Tank capacity < 15,000 gal YES/NO

Double-walled tank monitoring (a.k.a. interstitial or annular)

Sensors properly installed YES/NO Portal is leak tight YES/NO

Sensor Type Manufacturer:

Sensor is compatible with Tank Monitor YES/NO Audible & Visual Alarm YES/NO

Monitor is accessible & protected form damage YES/NO Alarm in close proximity YES/NO

Groundwater or Soil Vapor monitoring installed YES/NO Manufacturer:

Site assessment conducted YES/NO 40 CFR §280.43(e)&(f) criteria met YES/NO

### PIPING LEAK DETECTION

- Product piping runs less than 75 ft. YES/NO
- Proper Slope YES/NO
- Large elevation changes (e.g. Marinas, Building, etc) YES/NO
- Solenoids YES/NO
- Major topographical changes YES/NO
- Nevada Certified Tank Tester used YES/NO

- Single wall piping

  Tightness Test conducted YES/NO
  Pressurized piping YES/NO
  Electric LLD Vapor or Pressure YES/NO

  Test results @ monitor available YES/NO
  (Circle tests conducted) 0.1gph 0.2gph 3gph

  Suction piping YES/NO
  All metal components corrosion resistant or adequately protected YES/NO

  Was Cathodic Protection system used YES/NO
  Operational survey report rec'd YES/NO

Class I (Ignitable Gases & Vapors) National Electrical Code requirements followed YES/NO

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**Electrician’s Name:**

**Credentials:**

**Company:**

**PH:**

**Address:**
PIPING LEAK DETECTION (continued)

- Double-walled piping
- Continuously leak monitored: YES/NO
- Initial & Annual tightness test required: YES/NO
- Tightness Test conducted: YES/NO
- Nevada Certified Tank Tester used: YES/NO
- Leak Containment @ Turbine: YES/NO
- Sump tested: YES/NO
- Method: ____________
- Water Tight Riser Lid: YES/NO
- Sumps are protected from outside rain or wash water: YES/NO
- Initial & Annual tightness test required: YES/NO
- Tightness Test conducted: YES/NO
- Nevada Certified Tank Tester used: YES/NO
- Leak Containment @ Dispenser: YES/NO
- Sump tested: YES/NO
- Method: ____________
- Curbs or dikes provided: YES/NO
- Sumps are protected from outside rain or wash water: YES/NO
- Water Tight Riser Lid: YES/NO
- Leak Sensor @ Turbine: YES/NO
- Leak Sensor @ Disp. Sump: YES/NO
- Nevadas Certified Tank Tester used: YES/NO
- Leak Sensor Type: ___________________ Manufacturer: _____________________
- Sensor Tested: YES/NO
- Audible & Visual Alarm: YES/NO
- Piping slopes to turbine sump: YES/NO
- Piping drains to turbine leak sensor: YES/NO
- Pressurized Piping: YES/NO
- Electric or Mechanical (mechanical receives annual test): YES/NO
- Line leak detector: YES/NO
- Auto Shut-off @ 3gph: YES/NO
- Electric LLD Vapor or Pressure: YES/NO
- Test results @ monitor available: YES/NO
- Circle tests conducted: ____________
- Suction piping: YES/NO
- Proper Slope: YES/NO
- Check Valve @ Disp: YES/NO
- Electric LLD Vapor or Pressure: YES/NO
- Test results @ monitor available: YES/NO
- Circle tests conducted: ____________
- All components corrosion resistant or adequately protected: YES/NO
- Was Cathodic Protection system used: YES/NO
- Operational survey report received: YES/NO
- Class I (Ignitable Gases & Vapors) National Electrical Code requirements followed: YES/NO

Electrician's Name: ___________________________ Credentials: _____________________________ PH: __________________________
Company: ____________________________________________ Address: ____________________________________________________________________________________

FILL TUBE SPILL CATCHMENT BASIN (SPILL BUCKET) - Installed into riser sump from tank: YES/NO

- Fill Tube Catchment Basin capacity __________ gallons Manufacturer: ____________________________
- Leak tested: YES/NO
- Method: ____________
- Sumps are protected from outside rain or wash water: YES/NO
- Basis sealed to grade: YES/NO
- Flexible assembly: YES/NO
- Sumps are protected from outside rain or wash water: YES/NO
- Water Tight Lid: YES/NO
- Drain or Pump Installed: YES/NO
- Overfill will not contaminate soil: YES/NO
- Labeled to alert fuel delivery of overfill device: YES/NO
- Fill tube locked: YES/NO

OVERFILL PREVENTION DEVICE (ref. 40 CFR §280.20(c)) Check all that are installed & operational

- Auto Shut Off Device: YES/NO
- Type (e.g., flapper): ___________________________
- Manufacturer: _____________________________ Manufacturer's instructions followed: YES/NO
- Appropriate chart used for distance below tank top: YES/NO @ ______ inches Tank Diameter ______ inches
- Gravity fill: YES/NO
- Float operates properly: YES/NO
- No obstructions in fill tube: YES/NO
- Operationally tested: YES/NO
- Shuts off @ 95% capacity: YES/NO
- Signs or labels posted to notify delivery person: YES/NO
- Air tight fill connection: YES/NO
- Ball Float with vapor recovery system: YES/NO
- Extractable for maintenance: YES/NO
- Manufacturer: _____________________________ Manufacturer's instructions followed: YES/NO
- Appropriate chart used for distance below tank top: YES/NO @ ______ inches Tank Diameter ______ inches
- Operationally tested: YES/NO
- Air escapes from other opening of tank (e.g. tank gauge): YES/NO
- Ball cage intact: YES/NO
- Ball moves freely: YES/NO
- Ball seals tightly to air opening: YES/NO
- Air hole open: YES/NO
- Restricts flow @ 90% capacity: YES/NO or YES/NO
- Restricts flow 30 minutes before overfill: YES/NO
- Suction Piping (or other air eliminators installed): YES/NO
- Pressurized Delivery: YES/NO
- Coaxial Stage 1 Vapor Recovery: YES/NO
- Remote fill: YES/NO
- Gauge openings: YES/NO
- Emergency Power Generator UST: YES/NO
- Air tight fill connection: YES/NO
- Signs or labels posted to notify delivery person of the type of overfill device: YES/NO
- Manufacturer: _____________________________ Manufacturer's instructions followed: YES/NO
- Overfill Alarm: _____________________________
- Operationally tested: YES/NO
- Manufacturer: _____________________________ Manufacturer's instructions followed: YES/NO
- Alerts at 90% capacity: YES/NO or YES/NO
- 1 minute before overfill: YES/NO
- Alarm can be heard and seen by delivery person: YES/NO
- “Tank Overfill Alarm” sign posted: YES/NO
- Fill tube labeled to notify delivery person of the type of overfill device: YES/NO
BOOTING
installed on flex lines Manufacturer: ________________________________
@ turbines YES/NO off turbine sump YES/NO @ dispensers YES/NO
under dispenser pans YES/NO water tight YES/NO clamped/sealed @ both ends YES/NO

CATHODIC PROTECTION - (ref. 40 CFR §280.20 , .21 & .30)
☐ Sacrificial (galvanic) anodes On Tanks YES/NO On Piping YES/NO
Anode Manufacturer: ________________________________
Material ___________________________________________ Size ______ lbs. Est. life ______ yrs.
No. of Anodes ______ Packaging Removed YES/NO Anodes Wetted YES/NO
Adequate accessory materials (e.g. wire) YES/NO Wire gauge __________________________
Adequate electrical welds or connections YES/NO Type of weld or connector _______________
Adequate installation YES/NO Test Stations installed YES/NO
Materials protected are electrically isolated from pump, vent, fill, conduit, etc. YES/NO
As-built diagram provided YES/NO Nat’l Code followed or Third Party Eval YES/NO
Identify Design Code or Third Party ________________________________
Designer: ________________________________ Credentials: ________________________________
Initial Operational Survey Conducted YES/NO Nat’l Code Test followed __________________
Qualified Tester Name: ________________________________
Operational Survey Report provided YES/NO Laboratory or Code Criteria Met YES/NO

☐ Impressed Current For Tanks YES/NO For piping YES/NO Both tank & piping YES/NO
Rectifier Manufacturer: ________________________________ Accessible & Protected YES/NO
Amp/Volt Meter on Rectifier YES/NO Amp/Volt Meter readings satisfactory YES/NO
Anode Manufacturer: ________________________________
Anode Packing Material ____________________________ Depth of Anode _____ ft. No. of Anodes Installed ______
As-built diagram provided YES/NO Nat’l Code followed or Third Party Eval YES/NO
Identify Design Code or Third Party ________________________________
Designer: ________________________________ Credentials: ________________________________
Initial Operational Survey Conducted YES/NO Laboratory or Nat’l Code Test followed ______________
Qualified Tester: ________________________________
Operational survey report provided YES/NO Laboratory or Code Criteria Met YES/NO

TANK LINING (ref. 40 CFR §280.21)
No. of Tanks Lined __________________________ Contents ________________________________
Rec’d Design Specifications YES/NO Lining Material ________________________________
Designer: ________________________________ Credentials: ________________________________
Lining material compatible with gasoline YES/NO compatible w/ additives YES/NO
Internal coating inspected YES/NO Inspection Report Rec’d YES/NO
Inspection Criteria Used ________________________________ Passed Criteria YES/NO
Coating Inspector: ________________________________ Credentials: ________________________________

TANK REPAIRS (ref. 40 CFR §280.33)
Tank repaired YES/NO Tank Manufacturer: ________________________________
Tank # ______ Material __________________________ Size ______ gal. Contents __________________________
Tank # ______ Material __________________________ Size ______ gal. Contents __________________________
Tank # ______ Material __________________________ Size ______ gal. Contents __________________________
Tightness Test Required YES/NO Conducted YES/NO Report Received
Monthly Tank Monitoring Method ________________________________
Internal Inspection Required YES/NO Conducted YES/NO Report Received
Inspector: ________________________________ Credentials: ________________________________

Repairs conducted in accordance with:
1. Nationally Recognized Code YES/NO Code Name: ________________________________
2. Independent Testing Laboratory YES/NO Name: ________________________________
   Address: ________________________________ PH: ________________________________
3. Manufacturer’s Representative YES/NO Name: ________________________________
   Address: ________________________________ PH: ________________________________
EXISTING UST SYSTEM UPGRADE, RETROFIT, REPAIR, or REPLACEMENT - Page 1

U.S. EPA Form 7530-1, Notification of Underground Storage Tanks (UST), must be submitted to SNHD (759-0603) whenever construction, retrofit, replacement (or address; or ownership), etc. effects a change in the original data maintained by the Nevada Division of Environmental Protection (NDEP) - Petroleum Claims office. UST owners and operators must comply with the Financial Responsibility requirements of the U.S. EPA Code 40 CFR §280 - Subpart H for cleaning up spills and leaks and for compensating third party injury and damage.

All tanks and piping must be properly installed in accordance with a code of practice developed by a nationally recognized association (e.g., American Petroleum Institute, Petroleum Equipment Institute, etc.); independent laboratory (e.g., Underwriter Laboratories); or the manufacturer's instructions (e.g., XERXES). Please identify Code: ________________________, Laboratory: ________________________, or Manufacturer’s Name: ________________________ used for this UST construction project.

PEI/RP 100-2000 Recommended Practices for Installation of Underground Liquid Storage System
Check appropriate PEI/RP sections used for this UST construction project and circle YES for verification:

- Introduction - Chapter 1
- Material Handling - Chapter 2
- Excavating - Chapter 3
- Backfilling - Chapter 4
- Supports & Anchorage - Chapter 5
- Spill Containment & Overfill Prevention - Chapter 6
- Secondary Containment - Chapter 7
- Release Detection - Chapter 8
- Piping, Valves & Fittings - Chapter 9
- Cathodic Protection Systems - Chapter 10
- Electrical Installation - Chapter 11
- Testing - Chapter 12
- Documentation & Training - Chapter 13
- Float-out & Anchorage Calculation - Appendix A
- Background: Cathodic Protection - Appendix B

Please complete applicable checklist(s) by circling YES or NO as appropriate and provide information as requested.

☐ SAFETY
Site Safety Plan available YES/NO Site personnel reviewed plan YES/NO
Potential Hazards Identified YES/NO
Personal Protective Equipment Available YES/NO Fire Extinguishers available YES/NO
Spill Kit available YES/NO Absorbent material available YES/NO
Combustible gas meter available YES/NO
Oxygen deficiency meter available YES/NO
Personnel OSHA trained YES/NO

☐ TANK REPAIRS (ref. 40 CFR §280.33)
Tank Manufacturer:
Tank # ______ Material______________________ Size______________________ gal. Contents______________________
Tank # ______ Material______________________ Size______________________ gal. Contents______________________
Tank # ______ Material______________________ Size______________________ gal. Contents______________________
Tightness Test Required YES/NO Conducted YES/NO Report Received YES/NO
Monthly Tank Monitoring Method
Internal Inspection Required YES/NO Conducted YES/NO Report Received YES/NO
Inspector: ___________________________________________________ Credentials: ____________________________

Repairs conducted in accordance with:
1. Nationally Recognized Code YES/NO Code Name: __________________________
2. Independent Testing Laboratory YES/NO Name: __________________________
   Address: ___________________________________________________ PH: __________________________
   Contact: ___________________________________________________ PH: __________________________
3. Manufacturer’s Representative YES/NO Name: __________________________
   Address: ___________________________________________________ PH: __________________________
### EXISTING UST SYSTEM UPGRADE, RETROFIT, REPAIR, or REPLACEMENT - Page 2

#### TANK LINING (ref. 40 CFR §280.21)

<table>
<thead>
<tr>
<th>Tank Manufacturer:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tank #</td>
</tr>
<tr>
<td>Tank #</td>
</tr>
<tr>
<td>Tank #</td>
</tr>
</tbody>
</table>

| Tank internally pre-inspected | YES/NO | Pre-inspection Report Received | YES/NO |
| Received Design Specifications | YES/NO | Lining Material | |
| Designer: | | Credentials: | |
| Lining material compatible w/ gasoline | YES/NO | w/ additives | YES/NO |
| Internal coating inspected | YES/NO | Inspection Report Received | YES/NO |
| Inspection Criteria Used | | Passed Criteria | YES/NO |
| Coating Inspector: | | Credentials: | |

#### CATHODIC PROTECTION - (ref. 40 CFR §280.20 ,.21 & .30)

| Sacrificial (galvanic) anodes | On Tanks | YES/NO | On Piping | YES/NO | Both tanks and piping | YES/NO |
| Anode Manufacturer: | | | | | |
| Material | | | | | |
| No. of Anodes | Packaging Removed | YES/NO | Anodes Wetted | YES/NO |
| Adequate accessory materials (e.g. wire) | YES/NO | Wire gauge | |
| Adequate electrical welds or connections | YES/NO | Type of weld or connector | |
| Adequate installation | YES/NO | Test Stations installed | YES/NO |
| Materials protected are electrically isolated from pump, vent, fill, conduit, etc. | | | |
| As-built diagram provided | YES/NO | Nat’l Code followed or Third Party Eval | YES/NO |
| Identify Design Code or Third Party | | | |
| Initial Operational Survey Conducted | YES/NO | Nat’l Code Test followed | |
| Qualified Tester: | | | Credentials: | |
| Operational Survey Report provided | YES/NO | Laboratory or Code Criteria Met | YES/NO |
| Impressed Current | For Tanks | YES/NO | For piping | YES/NO | Both tank & piping | YES/NO |
| Tank Assessment Required | YES/NO | Received | YES/NO | Passed laboratory or code criteria | YES/NO |
| Laboratory or code criteria used for assessment | | | | |
| Tank Inspector: | | | Credentials: | |
| Rectifier Manufacturer: | | Accessible & Protected | YES/NO |
| Amp/Volt Meter on Rectifier | YES/NO | Amp/Volt Meter readings satisfactory | YES/NO |
| Anode Manufacturer: | | Material | |
| Anode Packing Material | Depth of Anode | ft. | No. of Anodes Installed | |
| As-built diagram provided | YES/NO | |
| Identify Design Code or Third Party | | |
| Initial Operational Survey Conducted | YES/NO | Laboratory or Nat’l Code Test followed | |
| Qualified Tester: | | | Credentials: | |
| Operational survey report provided | YES/NO | Laboratory or Code Criteria Met | YES/NO |

#### TANK LEAK DETECTION SYSTEM

| Automatic Tank Gauge installed/replaced-Manufacturer: | 0.2 gp | CSLD | Annular | SIR | Inv Ctr | Manual Gauging |
| Monitor accessible & protected from damage | YES/NO | | | | | |
| Manifolded Tanks | YES/NO | | | | | |
| Double walled tank monitoring (a.k.a. interstitial or annular) | | | | | | |
| Sensors properly installed | YES/NO | | | | | |
| Sensor Type | Manufacturer | | | | | |
| Sensor is compatible with Tank Monitor | YES/NO | | | | | |
| Monitor is accessible & protected form damage | YES/NO | | | | | |
| Groundwater or Soil Vapor monitoring installed | YES/NO | Manufacturer: | 40 CFR §280.43(e)&(f) criteria met | YES/NO |
| Site assessment conducted | YES/NO | | | | | |
_EXISTING UST SYSTEM UPGRADE, RETROFIT, REPAIR, or REPLACEMENT - Page 3

**PIPING REPLACEMENT**
- Product piping runs less than 75 ft.  YES/NO
- Proper Slope  YES/NO
- Large elevation changes (e.g. Marinas, Building, etc)  YES/NO
- Solenoids  YES/NO
- Major topographical changes  YES/NO
- **Single wall piping**
  - Tightness Test conducted  YES/NO
  - Line Leak Detector  YES/NO
  - Nevada Certified Tank Tester used  YES/NO
- **Pressurized piping**
- Electric LD.  Vapor or Pressure  YES/NO
- Test results @ monitor available  YES/NO
- (Circle tests conducted)  0.1gph  0.2gph  3gph
- Suction  YES/NO
- Proper Slope  YES/NO
- Check Valve @Disp  YES/NO
- All metal components corrosion resistant or adequately protected  YES/NO
- Was Cathodic Protection system used  YES/NO
- Class I (Ignitable Gases & Vapors) National Electrical Code requirements followed  YES/NO

**Double walled piping**
- Continuously leak monitored  YES/NO
- Initial & Annual tightness test required  YES/NO
- Tightness Test conducted  YES/NO
- Nevada Certified Tank Tester used  YES/NO
- Leak Containment @ Turbine Sump  YES/NO
- Leak tested sump  YES/NO
- Method___________________________
- Sumps are protected from outside rain or wash water  YES/NO
- Water tight sump cover (@ surface)  YES/NO
- Leak Containment @ Dispenser Sump  YES/NO
- Leak tested sump  YES/NO
- Method___________________________
- Sumps are protected from outside rain or wash water  YES/NO
- Curbs or dikes provided  YES/NO
- Leak Sensor Type_____________________  Manufacturer_________________________________________________
- Sensor Tested  YES/NO
- Audible & Visual Alarm  YES/NO
- Piping slopes to turbine sump  YES/NO
- Piping drains to turbine leak sensor  YES/NO
- Pressurized Piping  YES/NO
- Line leak detector  YES/NO
- Electric or Mechanical  (mechanical receives annual test)
- Electric LD.  Vapor or Pressure  YES/NO
- Test results @ monitor available  YES/NO
- (Circle tests conducted)  0.1gph  0.2gph  3gph
- Suction  YES/NO
- Proper Slope  YES/NO
- Check Valve @Disp  YES/NO
- All components corrosion resistant or adequately protected  YES/NO
- Was Cathodic Protection system used  YES/NO
- Class I (Ignitable Gases & Vapors) National Electrical Code requirements followed  YES/NO

**Electrician's Name:**_________________________  **Credentials:**_________________________  **PH:**_________________________

**Company:**_____________________________________________________  **Address:**___________________________________________________________________________________

**FILL TUBE SPILL CATCHMENT BASIN (SPILL BUCKET)**
- Fill Tube Catchment Basin capacity_____ gallons  Manufacturer:_________________________
- Leak tested basin  YES/NO
- Method___________________________
- Sumps are protected from outside rain or wash water  YES/NO
- Water Tight Riser Lid  YES/NO
- Raised concrete, curbing or diking  YES/NO
- Basin sealed to grade  YES/NO
- Flexible assembly  YES/NO
- Drain or Pump Installed  YES/NO
- Operational  YES/NO
- Overfill will not contaminate soil  YES/NO
- Labeled to alert fuel delivery of overfill device  YES/NO
- Installed into riser sump on tank  YES/NO

**OVERFILL PREVENTION DEVICE**  (ref. 40 CFR §280.20(c))  **Check all that are installed and operational**
- **Auto Shut Off Device**
- Type(e.g.,flapper)___________________________
- Mnfctr’s instructions followed  YES/NO
- Manufacturer:___________________________
- Appropriate chart used for distance below tank top  YES/NO
- Tank Diameter _____inches
- Gravity fill  YES/NO
- Float operates properly  YES/NO
- No obstructions in fill tube  YES/NO
- Operationally tested  YES/NO
- Shuts off @95% capacity  YES/NO
- Signs or labels posted to notify delivery perso  YES/NO
- Air tight fill connection  YES/NO
### OVERFILL PREVENTION DEVICE (continued)

- **Ball Float with vapor recovery system**
  - Extractable for maintenance: [YES/NO]
  - Mnfctr's instructions followed: [YES/NO]
- **Appropriate chart used for distance below tank top**
  - YES/NO @ ___ inches
  - Tank Diameter: ___ inches
- **Operationally tested**
  - YES/NO
- **Air escapes from other opening of tank (e.g. tank gauge)**
  - YES/NO
- **Ball cage intact**
  - YES/NO
- **Ball moves freely**
  - YES/NO
- **Restricts flow @ 90% capacity**
  - YES/NO
- **Restricts flow 30 minutes before overfill**
  - YES/NO
- **Coaxial Stage 1 Vapor Recovery**
  - YES/NO
- **Remote fill**
  - YES/NO
- **Gauge openings**
  - YES/NO
- **Emergency Power Generator UST**
  - YES/NO
- **Air tight fill connection**
  - YES/NO
- **Signs or labels posted to notify delivery person of the type of overfill device**
  - YES/NO

### Overfill Alarm

- **Manufacturer:** ________________________________
  - Mnfctr’s instructions followed: [YES/NO]
- **Operationally tested**
  - YES/NO
- **Probe operating properly**
  - YES/NO
- **Alerts at 90% capacity**
  - YES/NO
- **1 minute before overfill**
  - YES/NO
- **Alarm can be heard and seen by delivery person**
  - YES/NO
  - “Tank Overfill Alarm” sign posted: YES/NO
- **Fill tube labeled to notify delivery person of the type of overfill device**
  - YES/NO

### BOOTING installed on flex lines

- **Manufacturer:** ________________________________
  - YES/NO
- **@ turbines**
  - YES/NO
  - off turbine sump: YES/NO
- **@ dispensers**
  - YES/NO
  - under dispenser pans: YES/NO
- **Water tight**
  - YES/NO
  - Clamped/sealed @ both ends: YES/NO

### LEAK CONTAINMENT SUMP INSTALLATION

#### Turbine Sump

- **Manufacturer:** ________________________________
  - YES/NO
- **Leak tested sump**
  - YES/NO
- **Leak test method**
  - Tight Lid: YES/NO
- **Single walled piping**
  - YES/NO
- **Double-walled piping**
  - YES/NO
- **Piping Tightness Test Required**
  - YES/NO
- **Piping tightness test received**
  - YES/NO
- **Nevada Certified Tank Tester**
  - YES/NO
  - Name: __________________________________________
- **Piping continuously leak monitored**
  - YES/NO
- **Leak Sensor Type**
  - Manufacturer: ________________________________
  - Leak sensors in sump: YES/NO
- **Sensor Tested**
  - YES/NO/NA
  - Audible & Visual Alarm: YES/NO/NA
- **Piping slopes to turbine sump**
  - YES/NO
  - Piping drains to leak sensor: YES/NO
- **All components corrosion resistant or adequately protected**
  - YES/NO
- **Was Cathodic Protection system effected**
  - YES/NO
  - Re-survey report received: YES/NO
- **Qualified Cathodic Tester used**
  - YES/NO
  - Electric LD. Vapor or Pressure: YES/NO
  - Prints results @ monitor: YES/NO
  - Auto Shut off: YES/NO
  - (机械接收年检测试)

### Dispenser Sump

- **Manufacturer:** ________________________________
  - YES/NO
- **Leak tested sump**
  - YES/NO
- **Leak test method**
  - YES/NO
- **Leak Sensor Type**
  - Manufacturer: ________________________________
  - Audible & Visual Alarm: YES/NO/NA
- **Sensor Tested**
  - YES/NO/NA
  - YES/NO/NA
- **Sump drains to double wall piping**
  - YES/NO
  - Dispensers on Curbs: YES/NO
- **All components corrosion resistant or adequately protected**
  - YES/NO
- **Was Cathodic Protection system effected**
  - YES/NO
  - Re-survey report received: YES/NO
- **Qualified Cathodic Tester used**
  - YES/NO
- **Class I (Ignitable Gases & Vapors) National Electrical Code requirements followed**
  - YES/NO

### Electrician’s Name:

- Credentials: ______________________________________
  - Address: ____________________________________________________________________________

### Dispenser Sump Manufacturer:

- **Leak test method**
  - YES/NO
- **Leak Sensor Type**
  - Manufacturer: ________________________________
  - Audible & Visual Alarm: YES/NO/NA
- **Sensor Tested**
  - YES/NO/NA
  - YES/NO/NA
- **Sump drains to double wall piping**
  - YES/NO
  - Dispensers on Curbs: YES/NO
- **All components corrosion resistant or adequately protected**
  - YES/NO
- **Was Cathodic Protection system effected**
  - YES/NO
  - Re-survey report received: YES/NO
- **Qualified Cathodic Tester used**
  - YES/NO
- **Class I (Ignitable Gases & Vapors) National Electrical Code requirements followed**
  - YES/NO

### Electrician’s Name:

- Credentials: ______________________________________
  - Address: ____________________________________________________________________________