Monthly UST Inspection

				Product and tank number	1
Inspection Date					
Owner Name		KS. Owner ID No.			
Owner Address		Phone Number			
City, State, Zip code					
Site Name		KS. Facility ID			
Site Address					
City, State, Zip code					
Site A/B Operator		A/B Number			

Automatic Tank Gauge (ATG), Statistical Inventory Reconciliation (SIR), Interstitial Monitoring (IM), Vapor Monitoring (VM), Inventory Control (IC), Annual Line Tightness Test (ALTT), Electronic Line Leak Detector (ELLD), Mechanical Line Leak Detector (MLLD), Safe Suction (SS)	ATG	SIR	IM	VM	IC	ALTT	ELLD	MLLD	SS
Put a check (√) in the box under the type of tank and/or line leak detection used									

Instructions: Mark each tank where no problem is observed with a checkmark: "√" If certain equipment is not required and or not present, mark checklist in the N/A column. If a defect is found, mark the checklist with an "X," describe the problem in the "DEFICIENCIES" section, and notify the appropriate person. If unable to get reports, or access to equipment mark with a "U", describe the issue in the "NOTE" section the information you need or why unable to inspect

Previous Month Inspection	Deficiencies have been corrected									
Leak Detection Equipment Check		N/A	1	2	3	4	5	6	7	8
Automatic Tank Gauge (ATG)	Power is on									
	No warning or alarm lights blinking									
	There is a liquid measurement for each tank and the reading appears accurate									
	Printer has paper and is in working condition									
Electronic Line Leak Detector	Power is on									
	No warning or alarm lights blinking									
Mechanical Line Leak Detector	No customers have complained about slow flow									
Interstitial Monitoring	For steel and fiberglass tanks: vacuum level is within tolerances									
Leak Detection Test and Reports		N/A	1	2	3	4	5	6	7	8
Automatic Tank Gauge (ATG)	Passing tank test report printed and properly filed									
	Annual KDHE ATG summary filled in to date									
Continuous Interstitial Monitoring (CIM)	Sensor status report printed and properly filed									
	Annual KDHE IM summary filled in to date									
Statistical Inventory Reconciliation (SIR)	This month's inventory submitted									
	last month's results passed and available for inspection									
	Annual KDHE SIR summary filled in to date if not done by vendor									
Inventory Control (IC)	Inventory reconciled and within the regulatory standard									
	Annual KDHE IC summary filled in to date if not done by vendor									
Ground Water (GWM) or Soil-Vapor Monitoring (SVM)	Wells Sampled, Passing report properly filed									
	Annual KDHE GWM or VM summary report filled in to date									
Electronic Line Leak Detector	Passing line test report printed or recorded and properly filed									
	Annual KDHE LLD summary filled in to date									
Water Check	Water checked monthly, logged and filed									
	Water check meets regulatory standards for product in tank									
Rectifier	Rectifier log and has an entry at least every 60 days									
	Volt and amp readings, readings consistent with previous reading									

Inspection Date	KS. Facility ID									2
Impressed Current Cathodic Protection	Rectifier is on									
	Amps									
	Volts									
	Hours									
Gauge Stick	Gauge stick can clearly be read, is not warped or broken									
Tank Fill Area		N/A	1	2	3	4	5	6	7	8
GWM or SVM	Test points clearly marked									
Grade-Level Covers	All covers present, in good condition, and seated firmly									
Fill Cover	Fill covers or fill ports are identified by color and/or product tag located on the correct tank									
	If Color code is used color key is posted in fill area									
Fill Port Spill-Containment	No dirt, trash, water, or product in the spill-containment									
	No cracks, bulges or holes in the spill-containment									
	Drin valve in spill containment in good condition									
Fill Pipe	Fill cap is in good condition, seals tightly									
	No obstruction inside the fill pipe									
Drop Tube	Standard drop tube smooth, no ragged edges									
	Drop tube is present and appears to extends 6 to 12 in. from bottom of tank									
	Top edge of coaxial drop tube smooth, round, slightly below the top edge of the fill pipe									
Two-Point (Dual-Point) Vapor Recovery	Cover colored orange,									
	Containment area is present, no dirt, trash, water, or product in it									
	If spill-containment is present , no cracks, bulges, or holes									
	Vapor recovery cap present and seals tightly									
	Poppet of vapor recovery adaptor, seals tightly									
Manual Interstitial Monitoring (MIMP)	Tank Top Sump is dry									
	Steel tank: interstitial space checked and found dry									
	Fiberglass tank: interstitial space checked and found dry									
	Fiberglass tank: level of monitoring fluid within normal range									
Tank Vents	Vent pipes are at least 12 feet above grade level and in a clear area away from eves, openings and secured									
	Vent pipe caps for moisture and/or vapor are present									
Dispenser										
Dispenser	All hoses have a break a way									
	Hoses are not showing any sign of wear, cracks or bulges									
	Nozzles all shut off automatically and none have failed									
	Under the dispenser there are no leaks									
	Contained sump: No dirt, trash, water, or product in sump									
	No contained sump: No trash, or product under dispenser									
	Contained sump: No cracks, bulges or holes									

Inspection Date		KS. Facility ID			3
Site A/B Operator		A/B Number			

DESCRIBE ANY DEFICIENCIES HERE:

If a defect is found, and checklist is marked with an "X," describe the problem in the "DEFICIENCIES" area below, and notify the appropriate person to address the issue.

NOTE

If unable to get reports, or access to equipment mark with a "U", describe the issue in the "NOTE" section below. Describe the information you need and why you were unable to inspect or review

Inspection Date		KS. Facility ID			4
Site A/B Operator		A/B Number			

When the DEFICIENCIES are corrected, in the space below state the deficiency, date it was corrected, name of person or company that fixed, replaced or updated it, attach copy of required documents.

NOTE