

**From:** Brian Derge  
**To:** [commentletters](#)  
**Subject:** "Comment Letter – Proposed Underground Storage Tank Regulations."  
**Date:** Wednesday, April 11, 2018 10:57:58 AM  
**Attachments:** [image001.png](#)  
[highlights---CA---fed\\_rec\\_regs\\_mod\\_text - Title 23 Draft copy\[11\].copy.pdf](#)

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Comments embedded into the document.

Additional comments:

- I believe it is a huge mistake to remove a standardization of all test result reporting. The individual CUPAs will not be able to translate all the various reporting possibilities. Other states have moved to the “old” CA model and it assists in standardization and consistency in enforcement. I would believe there would be a tremendous amount of NTC’s written that were not valid due to this.
- To second this, all forms have had the results removed yet have increased (by # of pages) dramatically. In addition you are requesting a copy of all certs(typically checked on site by inspector) and a copy of the test procedure. The current files are often 20-30 pages, with the changes you are looking at 2-4x this. In a paperless environment, this seems very wasteful.
- Most items will not change without construction(tank, line, sumps, atg, spill bucket), I would believe the standard procedures are better housed in the DO binder – not sent with every test.
- 5 gallons spill bucket verification – this is not part of any manufacturer or industry test procedure. If SWRCB wants to validate this, it should be a one-time validation, not something done annually. You are invalidating a means to do a vacuum test(an industry standard) and creating waste water needlessly in a water restricted environment
- Formatting improvements recommended, drop down list to reduce real estate on each page, suggest keeping legacy and ab2481 reports separate and apart, etc.

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**UNDERGROUND STORAGE TANK  
MONITORING SYSTEM CERTIFICATION FORM (Page 1 of 6)**

This form must be used to document testing and servicing of underground storage tank (UST) monitoring equipment. A copy of this form must be provided to the UST owner or operator. The owner or operator must submit a copy of this form to the local agency regulating the USTs within 30 days of the date of the monitoring system certification.

**I. FACILITY INFORMATION**

<u>CERS ID</u>		<u>Date of Monitoring System Certification</u>	
<u>Business Name (Same as Facility Name or DBA – Doing Business As.)</u>			<u>Building #</u>
<u>Business Site Address</u>	<u>City</u>	<u>ZIP Code</u>	

**II. UNDERGROUND STORAGE TANK SERVICE TECHNICIAN INFORMATION**

<u>Name of Company Performing the Certification</u>		<u>Phone #</u> ( )
<u>Mailing Address</u>		
<u>Name of UST Service Technician Performing the Certification (Print as shown on the ICC Certification.)</u>		
<u>Contractor/Tank Tester License #</u>	<u>ICC Certification #</u>	<u>ICC Certification Expiration Date</u>
<u>Monitoring System Training and Certifications (List all applicable certifications.)</u>		<u>Expiration Date</u>

**III. RESULTS OF TESTING/SERVICING**

<u>Indicate and attach the following reports if the monitoring equipment is capable of generating either.</u>			<u>Y</u>	<u>N</u>	<u>NA</u>
<input type="checkbox"/> <u>Monitoring System Set-up</u>	<input type="checkbox"/> <u>Alarm History Report</u>				
<u>Was any monitoring equipment replaced? (If "Yes," identify the specific devices replaced and list the manufacturer and model for all replacement parts in section IV. below.)</u>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<u>Was damage, debris, or liquid found inside any secondary containment systems? (If "Yes," describe what was found in section IV below.)</u>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<u>Is all monitoring equipment operational per manufacturer's specifications? (If "No," describe why in section IV below.)</u>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**IV. COMMENTS**

If directed to use this section, describe how and when the issues were or will be corrected.

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**V. CERTIFICATION BY UST SERVICE TECHNICIAN CONDUCTING THIS TESTING**

I hereby certify that the equipment identified in this document was inspected/serviced in accordance with California Code of Regulations, title 23, division 3, chapter 16, section 2638 and all information contained herein is true and accurate. Attached to this certification is information (e.g., manufacturers' checklists, monitoring system set-up, alarm history report, etc.) necessary to verify that this information and the site plan showing the layout of UST system is complete and accurate.

UST Service Technician Signature

**UNDERGROUND STORAGE TANK  
MONITORING SYSTEM CERTIFICATION FORM (Page 2 of 6)**

**VI. INVENTORY OF EQUIPMENT CERTIFIED**

*A separate Monitoring System Certification Form must be prepared for each monitoring system control panel.*

Make of Monitoring System Control Panel	Model of Monitoring System Control Panel	Software Version Installed
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*Check the appropriate boxes to indicate specific equipment inspected/serviced.*

Monitoring Device Used	Device Model #	Monitoring Device Used	Device Model #
<b>Tank ID:</b> <i>(By tank number, stored product, etc.)</i>		<b>Tank ID:</b> <i>(By tank number, stored product, etc.)</i>	
<input type="checkbox"/> In-tank Gauging (SW Tank)	WOULD SUGGEST THE P/F HERE AS YOU DO WITH VPH	<input type="checkbox"/> In-tank Gauging (SW Tank)	
<input type="checkbox"/> Annular Space or Vault Sensor		<input type="checkbox"/> Annular Space or Vault Sensor	
<input type="checkbox"/> VPH Sensor		<input type="checkbox"/> VPH Sensor	
<b>Product Piping</b>		<b>PRODUCT PIPING</b>	
<input type="checkbox"/> Mechanical LLD		<input type="checkbox"/> Mechanical LLD	
<input type="checkbox"/> Electronic LLD		<input type="checkbox"/> Electronic LLD	
<input type="checkbox"/> VPH Sensor (Piping)		<input type="checkbox"/> VPH Sensor (Piping)	
<input type="checkbox"/> Sump Sensor		<input type="checkbox"/> Sump Sensor	
<input type="checkbox"/> VPH Sensor (Sump)	LACKS INFO FOR DW BRING SUMP - VPH MISPLACED	<input type="checkbox"/> VPH Sensor (Sump)	
<b>Fill Piping</b>		<b>FILL PIPING</b>	
<input type="checkbox"/> VPH Sensor (Piping)		<input type="checkbox"/> VPH Sensor (Piping)	
<input type="checkbox"/> Sump Sensor		<input type="checkbox"/> Sump Sensor	
<input type="checkbox"/> VPH Sensor (Sump)		<input type="checkbox"/> VPH Sensor (Sump)	
<del><b>Vent Piping</b></del>		<del><b>VENT PIPING</b></del>	
<del><input type="checkbox"/> VPH Sensor (Piping)</del>	<del>POOR POSITION FOR THIS INFORMATION</del>	<del><input type="checkbox"/> VPH Sensor (Piping)</del>	
<del><input type="checkbox"/> Sump Sensor</del>		<del><input type="checkbox"/> Sump Sensor</del>	
<del><input type="checkbox"/> VPH Sensor (Sump)</del>		<del><input type="checkbox"/> VPH Sensor (Sump)</del>	
<del><b>Vapor Recovery Piping</b></del>		<del><b>Vapor Recovery Piping</b></del>	
<del><input type="checkbox"/> VPH Sensor (Piping)</del>		<del><input type="checkbox"/> VPH Sensor (Piping)</del>	
<del><input type="checkbox"/> Sump Sensor</del>		<del><input type="checkbox"/> Sump Sensor</del>	
<del><input type="checkbox"/> VPH Sensor (Sump)</del>		<del><input type="checkbox"/> VPH Sensor (Sump)</del>	
Monitoring Device Used	Device Model #	Monitoring Device Used	Device Model #
<b>Tank ID:</b> <i>(By tank number, stored product, etc.)</i>		<b>Tank ID:</b> <i>(By tank number, stored product, etc.)</i>	
<input type="checkbox"/> In-tank Gauging (SW Tank)		<input type="checkbox"/> In-tank Gauging (SW Tank)	
<input type="checkbox"/> Annular Space or Vault Sensor		<input type="checkbox"/> Annular Space or Vault Sensor	
<input type="checkbox"/> VPH Sensor		<input type="checkbox"/> VPH Sensor	
<b>Product Piping</b>		<b>PRODUCT PIPING</b>	
<input type="checkbox"/> Mechanical LLD		<input type="checkbox"/> Mechanical LLD	
<input type="checkbox"/> Electronic LLD		<input type="checkbox"/> Electronic LLD	
<input type="checkbox"/> VPH Sensor (Piping)		<input type="checkbox"/> VPH Sensor (Piping)	
<input type="checkbox"/> Sump Sensor		<input type="checkbox"/> Sump Sensor	
<input type="checkbox"/> VPH Sensor (Sump)		<input type="checkbox"/> VPH Sensor (Sump)	
<b>Fill Piping</b>		<b>FILL PIPING</b>	
<input type="checkbox"/> VPH Sensor (Piping)		<input type="checkbox"/> VPH Sensor (Piping)	
<input type="checkbox"/> Sump Sensor		<input type="checkbox"/> Sump Sensor	
<input type="checkbox"/> VPH Sensor (Sump)		<input type="checkbox"/> VPH Sensor (Sump)	
<b>Vent Piping</b>		<b>VENT PIPING</b>	
<input type="checkbox"/> VPH Sensor (Piping)		<input type="checkbox"/> VPH Sensor (Piping)	
<input type="checkbox"/> Sump Sensor		<input type="checkbox"/> Sump Sensor	
<input type="checkbox"/> VPH Sensor (Sump)		<input type="checkbox"/> VPH Sensor (Sump)	
<b>Vapor Recovery Piping</b>		<b>Vapor Recovery Piping</b>	
<input type="checkbox"/> VPH Sensor (Piping)		<input type="checkbox"/> VPH Sensor (Piping)	
<input type="checkbox"/> Sump Sensor		<input type="checkbox"/> Sump Sensor	
<input type="checkbox"/> VPH Sensor (Sump)		<input type="checkbox"/> VPH Sensor (Sump)	

**UNDERGROUND STORAGE TANK  
MONITORING SYSTEM CERTIFICATION FORM (Page 3 of 6)**

<u>Monitoring Device Used</u>	<u>Device Model #</u>	<u>Monitoring Device Used</u>	<u>Device Model #</u>
<u>Vent/Transition Sump ID:</u>		<u>Vent/Transition Sump ID:</u>	
<input type="checkbox"/> Sump Sensor		<input type="checkbox"/> Sump Sensor	
<input type="checkbox"/> VPH Sensor		<input type="checkbox"/> VPH Sensor	
<u>UDC ID:</u>		<u>UDC ID:</u>	
<input type="checkbox"/> Electronic Sensor		<input type="checkbox"/> Electronic Sensor	
<input type="checkbox"/> Mechanical Device		<input type="checkbox"/> Mechanical Device	
<input type="checkbox"/> VPH Sensor		<input type="checkbox"/> VPH Sensor	
<u>UDC ID:</u>		<u>UDC ID:</u>	
<input type="checkbox"/> Electronic Sensor		<input type="checkbox"/> Electronic Sensor	
<input type="checkbox"/> Mechanical Device		<input type="checkbox"/> Mechanical Device	
<input type="checkbox"/> VPH Sensor		<input type="checkbox"/> VPH Sensor	
<u>UDC ID:</u>		<u>UDC ID:</u>	
<input type="checkbox"/> Electronic Sensor		<input type="checkbox"/> Electronic Sensor	
<input type="checkbox"/> Mechanical Device		<input type="checkbox"/> Mechanical Device	
<input type="checkbox"/> VPH Sensor		<input type="checkbox"/> VPH Sensor	
<u>UDC ID:</u>		<u>UDC ID:</u>	
<input type="checkbox"/> Electronic Sensor		<input type="checkbox"/> Electronic Sensor	
<input type="checkbox"/> Mechanical Device		<input type="checkbox"/> Mechanical Device	
<input type="checkbox"/> VPH Sensor		<input type="checkbox"/> VPH Sensor	
<u>UDC ID:</u>		<u>UDC ID:</u>	
<input type="checkbox"/> Electronic Sensor	DW UDC WITH BRINE SENSOR	<input type="checkbox"/> Electronic Sensor	
<input type="checkbox"/> Mechanical Device		<input type="checkbox"/> Mechanical Device	
<input type="checkbox"/> VPH Sensor		<input type="checkbox"/> VPH Sensor	
<u>Other Monitored Component ID:</u>		<u>Other Monitored Component ID:</u>	
<input type="checkbox"/> Other (Specify in section VII.)		<input type="checkbox"/> Other (Specify in section VII.)	
<u>Other Monitored Component ID:</u>		<u>Other Monitored Component ID:</u>	
<input type="checkbox"/> Other (Specify in section VII.)		<input type="checkbox"/> Other (Specify in section VII.)	
<u>Other Monitored Component ID:</u>		<u>Other Monitored Component ID:</u>	
<input type="checkbox"/> Other (Specify in section VII.)		<input type="checkbox"/> Other (Specify in section VII.)	

*Include information for every underground storage tank component monitored by this monitoring system control panel. If the monitoring system control panel monitors more components than this form accommodates, additional copies of these pages may be attached.*

**VII. COMMENTS**

*Use this section to provide any additional comments about the inventory of the equipment certified.*

MAKING AN ELECTRONIC FORM, THESE SHOULD BE DROP  
DOWN ITEMS TO SELECTED - PRINTED THIS TAKES UP WAY  
TO MAKE REAL ESTATE AND WASTES PAPER - AS  
REQUIRED TO BE ON SITE AND PRINTED OUT

**UNDERGROUND STORAGE TANK  
MONITORING SYSTEM CERTIFICATION FORM (Page 4 of 6)**

**VIII. MONITORING SYSTEM AND PROGRAMMING**

<i><b>This section must be completed if a monitoring panel is used to perform leak detection monitoring.</b></i>	<b>Y</b>	<b>N</b>	<b>NA</b>
Are the visual and audible alarms operational?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Were all sensors visually inspected for kinks and breaks in the cables and for residual buildup to ensure that floats move freely, functionally tested, and confirmed operational?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Were all sensors installed at lowest point of secondary containment and positioned so that other equipment will not interfere with their proper operation?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was monitoring system set-up reviewed to ensure proper settings?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was the monitoring panel's backup battery visually inspected, functionally tested, and confirmed operational?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Does the flow of fuel stop at the dispenser if a leak is detected in the under-dispenser containment?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Does the turbine automatically shut down if the piping secondary containment monitoring system fails to operate or is electrically disconnected?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Does the turbine automatically shut down if the piping secondary containment monitoring system detects a leak?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Which sensors initiate positive shut down? (Check all that apply.) <input type="checkbox"/> Sump <input type="checkbox"/> Under-dispenser containment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If alarms are relayed to a remote monitoring station, is all communications equipment (e.g. modem) operational?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

***For any answer of "N" above, describe in section IX. how and when these deficiencies were or will be corrected.***

**IX. COMMENTS**

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**X. IN-TANK GAUGING TESTING**

<input type="checkbox"/> Check this box if tank gauging is used only for inventory control. (Do not complete this section.)			
<input type="checkbox"/> Check this box if NO tank gauging equipment is installed. (Do not complete this section.)			
<i><b>This section must be completed if in-tank gauging is used to perform leak detection monitoring.</b></i>	<b>Y</b>	<b>N</b>	<b>NA</b>
Has all input wiring been inspected for kinks and breaks in the cables and for proper entry and termination, including testing for ground faults?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Were all in-tank gauging probes visually inspected for damage and residue buildup to ensure that floats move freely, functionally tested, and confirmed operational?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was accuracy of system's product level readings tested?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was accuracy of system's water level readings tested?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Were all probes reinstalled properly?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Were all items on the equipment manufacturer's maintenance checklist completed?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

***For any answer of "N" above, describe in section XI. how and when these deficiencies were or will be corrected.***

**XI. COMMENTS**

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**UNDERGROUND STORAGE TANK  
MONITORING SYSTEM CERTIFICATION FORM (Page 5 of 6)**

**XII. LINE LEAK DETECTOR TESTING**

Check this box if line leak detectors (LLD) are **NOT** installed. *(Do not complete this section.)*

<b><u>This section must be completed if LLDs are installed.</u></b>	<b><u>Y</u></b>	<b><u>N</u></b>	<b><u>NA</u></b>
Was a leak simulated to verify LLD performance? <i>(Check all that apply.)</i> Simulated leak rate verified: <input type="checkbox"/> 3 GPH <input type="checkbox"/> 0.1 GPH <input type="checkbox"/> 0.2 GPH	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was the testing apparatus properly calibrated?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
For emergency generator tank systems, does the LLD create an audible and visual alarm when a leak is detected?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
For mechanical LLDs, does the LLD restrict the flow through the pipe when a leak is detected?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
For electronic LLDs, does the turbine automatically shut off when a leak is detected?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
For electronic LLDs, does the turbine automatically shut off if any portion of the monitoring system is disabled or disconnected?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
For electronic LLDs, does the turbine automatically shut off if any portion of the monitoring system malfunctions or fails a test?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
For electronic LLDs, have all accessible wiring connections been visually inspected for kinks and breaks?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Were all items on the equipment manufacturer's maintenance checklist completed?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Were all LLDs confirmed operational within regulatory requirements?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

***For any answer of "N" above, describe in section XIII. how and when these issues were or will be corrected.***

**XIII. COMMENTS**

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**XIV. VACUUM / PRESSURE/ HYDROSTATIC MONITORING EQUIPMENT TESTING**

Check this box if VPH monitoring is **NOT** used. *(Do not complete this section.)*

***This section must be completed if VPH monitoring is used to perform leak detection monitoring.***

System Type (Mark all that apply.)  Vacuum  Pressure  Hydrostatic

<u>Sensor ID</u>	<u>Component(s) Monitored by this Sensor</u>	<u>Sensor Functionality Test</u>		<u>Interstitial Communication Test</u>	
		<input type="checkbox"/> Pass	<input type="checkbox"/> Fail	<input type="checkbox"/> Pass	<input type="checkbox"/> Fail
	<p align="center"><b>I WOULD RECOMMEND ALL VPH EQUIPMENT SHOULD BE HERE AND NOT INCLUDED IN THE ABOVE - YOU INDICATE ON THE SUMMARY/PAGE 1 IF THE SITE IS AB2481 OR NOT AND REDUCE CLUTTER ON THE FORM AND WASTE OF PAPER</b></p>	<input type="checkbox"/> Pass	<input type="checkbox"/> Fail	<input type="checkbox"/> Pass	<input type="checkbox"/> Fail
		<input type="checkbox"/> Pass	<input type="checkbox"/> Fail	<input type="checkbox"/> Pass	<input type="checkbox"/> Fail
		<input type="checkbox"/> Pass	<input type="checkbox"/> Fail	<input type="checkbox"/> Pass	<input type="checkbox"/> Fail
		<input type="checkbox"/> Pass	<input type="checkbox"/> Fail	<input type="checkbox"/> Pass	<input type="checkbox"/> Fail
		<input type="checkbox"/> Pass	<input type="checkbox"/> Fail	<input type="checkbox"/> Pass	<input type="checkbox"/> Fail
		<input type="checkbox"/> Pass	<input type="checkbox"/> Fail	<input type="checkbox"/> Pass	<input type="checkbox"/> Fail
		<input type="checkbox"/> Pass	<input type="checkbox"/> Fail	<input type="checkbox"/> Pass	<input type="checkbox"/> Fail
		<input type="checkbox"/> Pass	<input type="checkbox"/> Fail	<input type="checkbox"/> Pass	<input type="checkbox"/> Fail
		<input type="checkbox"/> Pass	<input type="checkbox"/> Fail	<input type="checkbox"/> Pass	<input type="checkbox"/> Fail
		<input type="checkbox"/> Pass	<input type="checkbox"/> Fail	<input type="checkbox"/> Pass	<input type="checkbox"/> Fail

How was interstitial communication verified?  Simulated leak at far ends of the interstitial space.  Visual Inspection

Other *(Describe the method in section XV. below.)*  Gauge

Was the vacuum or pressure restored to operating levels in all interstitial spaces?  Yes  No *(Describe the reason in section XV. below.)*

***For any answer of "FAIL" above, describe in section XV. how and when these issues were or will be corrected.***

**XV. COMMENTS**

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**UNDERGROUND STORAGE TANK  
SECONDARY CONTAINMENT TESTING REPORT FORM (Page 1 of 6)**

Type of Action     Installation Test                       Repair Test                       Six Month Test                       36 Month Test

**I. FACILITY INFORMATION**

<u>CERS ID</u>		<u>Date of Secondary Containment Test</u>	
<u>Business Name (Same as Facility Name or DBA-Doing Business As)</u>			
<u>Business Site Address</u>		<u>City</u>	<u>ZIP Code</u>

**II. UNDERGROUND STORAGE TANK SERVICE TECHNICIAN INFORMATION**

<u>Name of UST Service Technician Performing the Test (Print as shown on the ICC Certification.)</u>		<u>Phone #</u> (    )
<u>Contractor/Tank Tester License #</u>	<u>ICC Certification #</u>	<u>ICC Certification Expiration Date</u>

**III. SUMMARY OF SECONDARY CONTAINMENT TESTING RESULTS**

<u>Tank ID: (By tank number, stored product, etc.)</u>	<u>A</u>	<u>B</u>	<u>C</u>	<u>D</u>
<b><u>Tank Containment</u></b>				
<u>Tightness Test Result</u>	<input type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> NA	<input type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> NA	<input type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> NA	<input type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> NA
<b><u>Product Piping Containment</u></b>				
<u>Tightness Test Result</u>	<input type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> NA	<input type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> NA	<input type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> NA	<input type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> NA
<u>Communication Test Result</u>	<input type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> NA	<input type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> NA	<input type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> NA	<input type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> NA
<b><u>Remote Fill Piping Containment</u></b> <small>THIS SEEMS TO BE MORE A SELDOM USED FIELD - POSSIBLY OTHER</small>				
<u>Tightness Test Result</u>	<input type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> NA	<input type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> NA	<input type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> NA	<input type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> NA
<u>Communication Test Result</u>	<input type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> NA	<input type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> NA	<input type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> NA	<input type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> NA
<b><u>Vent Piping Containment</u></b>				
<u>Tightness Test Result</u>	<input type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> NA	<input type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> NA	<input type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> NA	<input type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> NA
<u>Communication Test Result</u>	<input type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> NA	<input type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> NA	<input type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> NA	<input type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> NA
<b><u>Vapor Recovery Piping Containment</u></b>				
<u>Tightness Test Result</u>	<input type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> NA	<input type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> NA	<input type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> NA	<input type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> NA
<u>Communication Test Result</u>	<input type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> NA	<input type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> NA	<input type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> NA	<input type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> NA
<b><u>Turbine / Product Piping Sump</u></b>				
<u>Tightness Test Result</u>	<input type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> NA	<input type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> NA	<input type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> NA	<input type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> NA
<b><u>Fill Riser Sump</u></b>				
<u>Tightness Test Result</u>	<input type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> NA	<input type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> NA	<input type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> NA	<input type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> NA
<b><u>Vent / Transition Sump ID:</u></b>	<u>a</u>	<u>b</u>	<u>c</u>	<u>d</u>
<u>Tightness Test Result</u> <small>NOT ALWAYS ATTACHED TO A TANK</small>	<input type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> NA	<input type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> NA	<input type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> NA	<input type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> NA
<b><u>UDC ID:</u></b>	<u>1</u>	<u>2</u>	<u>3</u>	<u>4</u>
<u>Tightness Test Result</u>	<input type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> NA	<input type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> NA	<input type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> NA	<input type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> NA
<b><u>UDC ID:</u></b>	<u>5</u>	<u>6</u>	<u>7</u>	<u>8</u>
<u>Tightness Test Result</u>	<input type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> NA	<input type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> NA	<input type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> NA	<input type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> NA
<b><u>UDC ID:</u></b>	<u>9</u>	<u>10</u>	<u>11</u>	<u>12</u>
<u>Tightness Test Result</u>	<input type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> NA	<input type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> NA	<input type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> NA	<input type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> NA

*All items marked "Fail" or "N/A" must be explained in their respective "COMMENTS" section.*

**IV. CERTIFICATION BY UST SERVICE TECHNICIAN CONDUCTING THIS TESTING**

**I hereby certify that the secondary containment was tested in accordance with California Code of Regulations, title 23, division 3, chapter 16, section 2637 and all the information contained herein is true and accurate.**

UST Service Technician Signature

**UNDERGROUND STORAGE TANK  
SECONDARY CONTAINMENT TESTING REPORT FORM (Page 2 of 6)**

**V. TANK CONTAINMENT TESTING INFORMATION**

<u>Manufacturer:</u>	<u>Identify Tank ID from Section III for each Manufacturer</u>			
SEVERAL TANK MANUFACTURERS ARE OUT OF BUSINESS, WOULD INDUSTRY STANDARD RAINING APPLY HERE IE IF FOLLOWING RP 1200, THAT PEI CERT WITH PROPER ICC WOULD SUFFICE	<u>A</u> <input type="checkbox"/>	<u>B</u> <input type="checkbox"/>	<u>C</u> <input type="checkbox"/>	<u>D</u> <input type="checkbox"/>
	<u>A</u> <input type="checkbox"/>	<u>B</u> <input type="checkbox"/>	<u>C</u> <input type="checkbox"/>	<u>D</u> <input type="checkbox"/>
<u>Test Method Used:</u> <input type="checkbox"/> <u>Manufacturer Guidelines:</u> (Specify) _____ <input type="checkbox"/> <u>Industry Code or Engineering Standard:</u> _____ <input type="checkbox"/> <u>Engineered Method:</u> (Specify) _____				
<b><u>Attach the testing procedures and all documentation required to determine the results.</u></b>				<u># of Attached Pages</u>
<u>Tank Containment Testing Training and Certifications (List applicable certifications.)</u>				<u>Expiration Date</u>

**VI. COMMENTS**

*Provide any additional comments here.*

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**VII. PRODUCT PIPING CONTAINMENT TESTING INFORMATION**

<u>Manufacturer:</u>	<u>Identify Tank ID from Section III for each Manufacturer</u>			
SEVERAL TANK MANUFACTURERS ARE OUT OF BUSINESS, WOULD INDUSTRY STANDARD RAINING APPLY HERE IE IF FOLLOWING RP 1200, THAT PEI CERT WITH PROPER ICC WOULD SUFFICE	<u>A</u> <input type="checkbox"/>	<u>B</u> <input type="checkbox"/>	<u>C</u> <input type="checkbox"/>	<u>D</u> <input type="checkbox"/>
	<u>A</u> <input type="checkbox"/>	<u>B</u> <input type="checkbox"/>	<u>C</u> <input type="checkbox"/>	<u>D</u> <input type="checkbox"/>
<u>Test Method Used:</u> <input type="checkbox"/> <u>Manufacturer Guidelines:</u> (Specify) _____ <input type="checkbox"/> <u>Industry Code or Engineering Standard:</u> _____ <input type="checkbox"/> <u>Engineered Method:</u> (Specify) _____				
<b><u>Attach the testing procedures and all documentation required to determine the results.</u></b>				<u># of Attached Pages</u>
<u>Product Piping Containment Testing Training and Certifications (List applicable certifications.)</u>				<u>Expiration Date</u>

Interstitial Communication Verification Method Used:

**VIII. COMMENTS**

*Provide any additional comments here.*

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**UNDERGROUND STORAGE TANK  
SECONDARY CONTAINMENT TESTING REPORT FORM (Page 3 of 6)**

**IX. REMOTE FILL PIPING CONTAINMENT TESTING INFORMATION**

<u>Manufacturer</u>	<u>Identify Tank ID from Section III for each Manufacturer</u>			
	<u>A</u> <input type="checkbox"/>	<u>B</u> <input type="checkbox"/>	<u>C</u> <input type="checkbox"/>	<u>D</u> <input type="checkbox"/>
	<u>A</u> <input type="checkbox"/>	<u>B</u> <input type="checkbox"/>	<u>C</u> <input type="checkbox"/>	<u>D</u> <input type="checkbox"/>

Test Method Used:

Manufacturer Guidelines: (Specify) \_\_\_\_\_

Industry Code or Engineering Standard: (Specify) \_\_\_\_\_

Engineered Method: (Specify) \_\_\_\_\_

**Attach the testing procedures and all documentation required to determine the results.** # of Attached Pages

Remote Fill Piping Containment Testing Training and Certifications (List applicable certifications.) Expiration Date


Interstitial Communication Verification Method Used:

**X. COMMENTS**

Provide any additional comments here.

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**XI. VENT PIPING CONTAINMENT TESTING INFORMATION**

<u>Manufacturer</u>	<u>Identify Tank ID from Section III for each Manufacturer</u>			
	<u>A</u> <input type="checkbox"/>	<u>B</u> <input type="checkbox"/>	<u>C</u> <input type="checkbox"/>	<u>D</u> <input type="checkbox"/>
	<u>A</u> <input type="checkbox"/>	<u>B</u> <input type="checkbox"/>	<u>C</u> <input type="checkbox"/>	<u>D</u> <input type="checkbox"/>

Test Method Used:

Manufacturer Guidelines: (Specify) \_\_\_\_\_

Industry Code or Engineering Standard: (Specify) \_\_\_\_\_

Engineered Method: (Specify) \_\_\_\_\_

**Attach the testing procedures and all documentation required to determine the results.** # of Attached Pages

Vent Piping Containment Testing Training and Certifications (List applicable certifications.) Expiration Date


Interstitial Communication Verification Method Used:

**XII. COMMENTS**

Provide any additional comments here.

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**UNDERGROUND STORAGE TANK  
SECONDARY CONTAINMENT TESTING REPORT FORM (Page 4 of 6)**

**XIII. VAPOR RECOVERY PIPING CONTAINMENT TESTING INFORMATION**

<u>Manufacturer:</u>	<u>Identify Tank ID from Section III for each Manufacturer</u>			
	<u>A</u> <input type="checkbox"/>	<u>B</u> <input type="checkbox"/>	<u>C</u> <input type="checkbox"/>	<u>D</u> <input type="checkbox"/>
	<u>A</u> <input type="checkbox"/>	<u>B</u> <input type="checkbox"/>	<u>C</u> <input type="checkbox"/>	<u>D</u> <input type="checkbox"/>

Test Method Used:

Manufacturer Guidelines:  
(Specify) \_\_\_\_\_

Industry Code or Engineering Standard:  
\_\_\_\_\_

Engineered Method:  
(Specify) \_\_\_\_\_

<b><u>Attach the testing procedures and all documentation required to determine the results.</u></b>	<u># of Attached Pages</u>
<u>Vapor Recovery Piping Containment Testing Training and Certifications (List applicable certifications.)</u>	<u>Expiration Date</u>

Interstitial Communication Verification Method Used:

**XIV. COMMENTS**

Provide any additional comments here.

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**XV. TURBINE / PRODUCT PIPING SUMP TESTING INFORMATION**

<u>Manufacturer:</u>	<u>Identify Tank ID from Section III for each Manufacturer</u>			
	<u>A</u> <input type="checkbox"/>	<u>B</u> <input type="checkbox"/>	<u>C</u> <input type="checkbox"/>	<u>D</u> <input type="checkbox"/>
	<u>A</u> <input type="checkbox"/>	<u>B</u> <input type="checkbox"/>	<u>C</u> <input type="checkbox"/>	<u>D</u> <input type="checkbox"/>

Test Method Used:

Manufacturer Guidelines:  
(Specify) \_\_\_\_\_

Industry Code or Engineering Standard:  
(Specify) \_\_\_\_\_

Engineered Method:  
(Specify) \_\_\_\_\_

<b><u>Attach the testing procedures and all documentation required to determine the results.</u></b>	<u># of Attached Pages</u>
<u>Turbine / Product Piping Sump Testing Training and Certifications (List applicable certifications.)</u>	<u>Expiration Date</u>

**XVI. COMMENTS**

Provide any additional comments here.

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**UNDERGROUND STORAGE TANK  
SECONDARY CONTAINMENT TESTING REPORT FORM (Page 5 of 6)**

**XVII. FILL RISER SUMP TESTING INFORMATION**

<u>Manufacturer</u>	<u>Identify Tank ID from Section III for each Manufacturer</u>			
	<u>A</u> <input type="checkbox"/>	<u>B</u> <input type="checkbox"/>	<u>C</u> <input type="checkbox"/>	<u>D</u> <input type="checkbox"/>
	<u>A</u> <input type="checkbox"/>	<u>B</u> <input type="checkbox"/>	<u>C</u> <input type="checkbox"/>	<u>D</u> <input type="checkbox"/>
<u>Test Method Used:</u>				
<input type="checkbox"/> <u>Manufacturer Guidelines: (Specify)</u> _____				
<input type="checkbox"/> <u>Industry Code or Engineering Standard: (Specify)</u> _____				
<input type="checkbox"/> <u>Engineered Method: (Specify)</u> _____				
<b><i>Attach the testing procedures and all documentation required to determine the results.</i></b>				<u># of Attached Pages</u>
<u>Fill Riser Sump Testing Training and Certifications (List applicable certifications.)</u>				<u>Expiration Date</u>

**XVIII. COMMENTS**

Provide any additional comments here.

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**XIX. VENT / TRANSITION PIPING SUMP TESTING INFORMATION**

<u>Manufacturer</u>	<u>Identify Vent / Transition Sump ID from Section III for each Manufacturer</u>			
	<u>a</u> <input type="checkbox"/>	<u>b</u> <input type="checkbox"/>	<u>c</u> <input type="checkbox"/>	<u>d</u> <input type="checkbox"/>
	<u>a</u> <input type="checkbox"/>	<u>b</u> <input type="checkbox"/>	<u>c</u> <input type="checkbox"/>	<u>d</u> <input type="checkbox"/>
<u>Test Method Used:</u>				
<input type="checkbox"/> <u>Manufacturer Guidelines: (Specify)</u> _____				
<input type="checkbox"/> <u>Industry Code or Engineering Standard: (Specify)</u> _____				
<input type="checkbox"/> <u>Engineered Method: (Specify)</u> _____				
<b><i>Attach the testing procedures and all documentation required to determine the results.</i></b>				<u># of Attached Pages</u>
<u>Vent / Transition Piping Sump Testing Training and Certifications (List applicable certifications.)</u>				<u>Expiration Date</u>

**XX. COMMENTS**

Provide any additional comments.

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**UNDERGROUND STORAGE TANK  
SECONDARY CONTAINMENT TESTING REPORT FORM (Page 6 of 6)**

**XXI. UNDER-DISPENSER CONTAINMENT TESTING INFORMATION**

<u>Manufacturer(s):</u>	<u>Identify UDC ID from Section III for each Manufacturer</u>					
	<u>1</u> <input type="checkbox"/>	<u>2</u> <input type="checkbox"/>	<u>3</u> <input type="checkbox"/>	<u>4</u> <input type="checkbox"/>	<u>5</u> <input type="checkbox"/>	<u>6</u> <input type="checkbox"/>
	<u>7</u> <input type="checkbox"/>	<u>8</u> <input type="checkbox"/>	<u>9</u> <input type="checkbox"/>	<u>10</u> <input type="checkbox"/>	<u>11</u> <input type="checkbox"/>	<u>12</u> <input type="checkbox"/>
	<u>1</u> <input type="checkbox"/>	<u>2</u> <input type="checkbox"/>	<u>3</u> <input type="checkbox"/>	<u>4</u> <input type="checkbox"/>	<u>5</u> <input type="checkbox"/>	<u>6</u> <input type="checkbox"/>
	<u>7</u> <input type="checkbox"/>	<u>8</u> <input type="checkbox"/>	<u>9</u> <input type="checkbox"/>	<u>10</u> <input type="checkbox"/>	<u>11</u> <input type="checkbox"/>	<u>12</u> <input type="checkbox"/>

Test Method Used:

Manufacturer Guidelines:  
(Specify) \_\_\_\_\_

Industry Code or Engineering Standard:  
(Specify) \_\_\_\_\_

Engineered Method:  
(Specify) \_\_\_\_\_

<u>Attach the testing procedures and all documentation required to determine the results.</u>	<u># of Attached Pages</u>
<u>UDC Testing Training and Certifications (List applicable certifications.)</u>	<u>Expiration Date</u>

**XXII. COMMENTS**

Provide any additional comments here.

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*If the facility has more components than this form accommodates, additional copies of these pages may be attached.*

**UNDERGROUND STORAGE TANK  
SPILL CONTAINER TESTING REPORT FORM (Page 1 of 1)**

Type of Action       Installation Test       Repair Test       12 Month Test

**I. FACILITY INFORMATION**

CERS ID \_\_\_\_\_ Date of Spill Container Test \_\_\_\_\_

Business Name (Same as Facility Name or DBA-Doing Business As.) \_\_\_\_\_

Business Site Address \_\_\_\_\_ City \_\_\_\_\_ ZIP Code \_\_\_\_\_

**II. UNDERGROUND STORAGE TANK SERVICE TECHNICIAN INFORMATION**

Name of UST Service Technician Performing the Test (Print as shown on the ICC Certification.) \_\_\_\_\_ Phone # \_\_\_\_\_

Contractor/Tank Tester License # \_\_\_\_\_ ICC Certification # \_\_\_\_\_ ICC Certification Expiration Date \_\_\_\_\_

Spill Container Testing Training and Certifications (List applicable certifications.) \_\_\_\_\_

**III. SPILL CONTAINER TESTING INFORMATION**

Test Method Used:

Manufacturer Guidelines: (Specify) \_\_\_\_\_

Industry Code or Engineering Standard: (Specify) \_\_\_\_\_

Engineered Method: (Specify) \_\_\_\_\_

**Attach the testing procedures and all documentation required to determine the results.** # of Attached Pages \_\_\_\_\_

Tank ID: (By tank number, stored product, etc.)				
Spill Container Manufacturer:				
Method of Cathodic Protection	<input type="checkbox"/> Non-Metallic <input type="checkbox"/> Isolation <input type="checkbox"/> Other (Specify in section V.)	<input type="checkbox"/> Non-Metallic <input type="checkbox"/> Isolation <input type="checkbox"/> Other (Specify in section V.)	<input type="checkbox"/> Non-Metallic <input type="checkbox"/> Isolation <input type="checkbox"/> Other (Specify in section V.)	<input type="checkbox"/> Non-Metallic <input type="checkbox"/> Isolation <input type="checkbox"/> Other (Specify in section V.)
Inside Diameter of Spill Container: (Inches)				
Depth of Spill Container: (Inches)				
Does the spill container have a 5 gallon capacity?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Method to Keep Spill Container Empty	<input type="checkbox"/> Drain Valve <input type="checkbox"/> Onsite Pump <input type="checkbox"/> Other (Specify in section V.)	<input type="checkbox"/> Drain Valve <input type="checkbox"/> Onsite Pump <input type="checkbox"/> Other (Specify in section V.)	<input type="checkbox"/> Drain Valve <input type="checkbox"/> Onsite Pump <input type="checkbox"/> Other (Specify in section V.)	<input type="checkbox"/> Drain Valve <input type="checkbox"/> Onsite Pump <input type="checkbox"/> Other (Specify in section V.)

**IV. SUMMARY OF TESTING RESULTS**

Spill Container Test Results       Pass    Fail       Pass    Fail       Pass    Fail       Pass    Fail

**V. COMMENTS**

All items marked "Fail" above must be explained in this section. Any additional comments may also be provide here.

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**VI. CERTIFICATION BY UST SERVICE TECHNICIAN CONDUCTING THIS TEST**

I hereby certify that the spill containers were tested in accordance with California Code of Regulations, title 23, division 3, chapter 16, section 2637.1 and all the information contained herein is true and accurate.

UST Service Technician Signature \_\_\_\_\_

*If the facility has more components than this form accommodates, additional copies of this page may be attached.*

**UNDERGROUND STORAGE TANK**

**OVERFILL PREVENTION EQUIPMENT INSPECTION REPORT FORM (Page 1 of 1)**

Type of Action       Installation Inspection                       Repair Inspection                       36 Month Inspection

**VII. FACILITY INFORMATION**

CERS ID \_\_\_\_\_ Date of Overfill Prevention Equipment Inspection \_\_\_\_\_

Business Name (Same as Facility Name or DBA-Doing Business As.) \_\_\_\_\_

Business Site Address \_\_\_\_\_ City \_\_\_\_\_ ZIP Code \_\_\_\_\_

**VIII. UNDERGROUND STORAGE TANK SERVICE TECHNICIAN INFORMATION**

Name of UST Service Technician Performing the Inspection (Print as shown on the ICC Certification.) \_\_\_\_\_ Phone # \_\_\_\_\_

Contractor/Tank Tester License # \_\_\_\_\_ ICC Certification # \_\_\_\_\_ Contractor/Tank Tester License # \_\_\_\_\_

Overfill Prevention Equipment Inspection Training and Certifications (List applicable certifications.) \_\_\_\_\_

**IX. OVERFILL PREVENTION EQUIPMENT INSPECTION INFORMATION**

Test Method Used:       Manufacturer Guidelines (Specify) \_\_\_\_\_  
 Industry Code or Engineering Standard (Specify) \_\_\_\_\_  
 Engineered Method (Specify) \_\_\_\_\_

Attach the inspection procedures and all documentation required to determine the results. \_\_\_\_\_ # of Attached Pages \_\_\_\_\_

<u>TANK ID (By tank number, stored product, etc.)</u>				
<u>What is the tank inside diameter? (Inches)</u>				
<u>Is the fill piping secondarily contained?</u>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
<u>Is the vent piping secondarily contained?</u>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
<u>Overfill Prevention Equipment Manufacturer(s)</u>				
<u>What is the overfill prevention equipment response when activated? (Check all that apply.)</u>	<input type="checkbox"/> Shuts Off Flow <input type="checkbox"/> Restricts Flow <input type="checkbox"/> A/V Alarm	<input type="checkbox"/> Shuts Off Flow <input type="checkbox"/> Restricts Flow <input type="checkbox"/> A/V Alarm	<input type="checkbox"/> Shuts Off Flow <input type="checkbox"/> Restricts Flow <input type="checkbox"/> A/V Alarm	<input type="checkbox"/> Shuts Off Flow <input type="checkbox"/> Restricts Flow <input type="checkbox"/> A/V Alarm
<u>Are flow restrictors installed on vent piping?</u>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
<u>At what level in the tank is the overfill prevention set to activate? (Inches from bottom of tank.)</u>				
<u>What is the percent capacity of the tank at which the overfill prevention equipment activates?</u>				
<u>Is the overfill prevention in proper operating condition to respond when the substance reaches the appropriate level?</u>	<input type="checkbox"/> Yes <input type="checkbox"/> No (Specify in section V.)	<input type="checkbox"/> Yes <input type="checkbox"/> No (Specify in section V.)	<input type="checkbox"/> Yes <input type="checkbox"/> No (Specify in section V.)	<input type="checkbox"/> Yes <input type="checkbox"/> No (Specify in section V.)

**X. SUMMARY OF INSPECTION RESULTS**

Overfill Prevention Inspection Results       Pass     Fail       Pass     Fail       Pass     Fail       Pass     Fail

**XI. COMMENTS**

All items marked "Fail" must be explained in this section. Any additional comments may also be provide here.

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**XII. CERTIFICATION BY UST SERVICE TECHNICIAN CONDUCTING THIS INSPECTION**

I hereby certify that the overfill prevention equipment was inspected in accordance with California Code of Regulations, title 23, division 3, chapter 16, section 2637.2 and all the information contained herein is true and accurate.

UST Service Technician Signature \_\_\_\_\_

*If the facility has more components than this form accommodates, additional copies of this page may be attached.*