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| **Agency Code:**  | **Reporting Period:**  |
| **Agency Name** |  |
| **Person Completing Form** |  |
| **Phone Number** |  |
| **Email Address** |  |

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|  | **Status or Activity** | **Column A**Total: Previous Reporting Period | **Column B**Total: Current Reporting Period |
| 1 | Regulated UST Facilities  |   |   |
| 2 | **Active Petroleum UST Systems at end of period** |   |   |
| 2B |  Number of Field Constructed USTs at end of period |  |   |
| 2C |  Number of Airport Hydrant Systems at end of period |  |  |
| 3 | Petroleum UST Systems permanently closed during period |  |   |
| 4 | Petroleum Systems reclassified as TIUGA under APSA |  |   |
| 5 | **Active Non- Petroleum UST Systems at end of period** |   |   |
| 6 | Non-Petroleum UST Systems permanently closed during period |  |   |
| 7 | Non-Petroleum Systems reclassified as TIUGA under APSA |  |   |

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|  | **Technical Compliance Rate** | Total: Current Reporting Period |
| 8 | Routine UST facility inspections performed this reporting period |   |
| 9 | Facilities in compliance with Spill Prevention (USEPATCR 9a) |   |
| 10 | Facilities in compliance with Overfill Prevention (USEPATCR 9b) |   |
| 11 | Facilities in compliance with Corrosion Protection (USEPATCR 9c) |   |
| 12 | Facilities in compliance with Release Detection (USEPATCR 9d) |   |
| 13 | Facilities in compliance with USEPATCR 9a, 9b, 9c and 9d (USEPATCR 9e) |   |
|  | **UST Compliance Performance Measures** | Total: Current Reporting Period |
| 14 | Facilities in compliance with Designated Operator Training (USEPATCR 10) |   |
| 15 | Facilities in compliance with Financial Responsibility (USEPATCR 11) |   |
| 16 | Facilities in compliance with Designated Operator Inspections (USEPATCR 12) |   |

**Corrections to Column A, please explain here:**

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| **Agency Code:**  | **Reporting Period:**  |

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| **Check if NO Red Tags issued this reporting period** |[ ]
| **Check if NO Abandoned USTs this reporting period** |[ ]
| **Check if NO Temporary Closed USTs this reporting period** |[ ]

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| Specific information regarding red tags issued. Please insert below the requested information for each facility receiving a red tag this reporting period. For Significant Violations, use one or more of the codes listed below: **1 - Liquid Release 2 - Impaired leak detection 3 - Chronic or recalcitrant owner/operator** |

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| **Red Tag Facility Name** | **CERS** **ID**  | **Red Tag Number** | **Date** **Affixed** | **Date** **Removed** | **Significant Violation** |
|   |   |   |   |   |   |
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| --- | --- | --- | --- |
| **Abandoned UST Facility Name** | **CERS Tank ID** | **Number of Abandoned****USTs at Facility** | **Date Abandoned USTs Reported toUPA** |
|   |   |   |   |
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| **Temporary Closure Facility Name** | **CERS Tank ID**  | **Start Date of Temporary Closure** | **Site Assessment Performed****(Y/N)** |
|   |   |   |   |
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|   |   |   |   |