

**Proposed Amendments
to the
California Code of Regulations
Title 23. Waters
Division 3. State Water Resources Control Board
and Regional Water Quality Control Boards
Chapter 16. Underground Storage Tank
Regulations**

Modified
**TEXT
REGULATIONS**

~~November 2019~~ March 2020
State Water Resources Control Board
Division of Water Quality

The proposed changes: insertions shown as double underline and deletions shown as ~~double strikethrough~~.

Original proposed insertions from November 2019 are in red and for reference only.

TITLE 23. WATERS
DIVISION 3. STATE WATER RESOURCES CONTROL BOARD AND
REGIONAL WATER QUALITY CONTROL BOARDS
CHAPTER 16. UNDERGROUND TANK REGULATIONS

Article 10. Permit Application, Quarterly Report and Trade Secret Request Requirements

§ 2713. Local Agency Reporting Requirements

- (a) Each local agency shall transmit unauthorized release information, submitted by the owner or operator, to the appropriate ~~regional board~~ Regional Board through the California Environmental Reporting System or a local reporting portal.
- (b) ~~Local agencies~~ Each local agency shall transmit unauthorized release update report information, submitted by the owner or operator pursuant to section 2712, to the appropriate ~~regional board~~ Regional Board for sites where they are overseeing cleanup. Local agencies shall transmit this unauthorized release update information on a quarterly schedule established by the ~~board~~ Board.
- (c) On a semi-annual basis, each local agency shall send to the ~~board~~ Board, information pertaining to local underground storage tank program implementation and enforcement activities. This information shall be submitted using a local information management system, local reporting portal, or the California Environmental Reporting System, and shall include, but not be limited to the number of:
- (1) Tanks subject to regulation
 - (2) Regulated facilities
 - (3) Facility inspections conducted
 - (4) Inspected facilities in compliance with release detection, spill prevention, overfill prevention, corrosion protection, financial responsibility, and designated operator training and inspection ~~and release prevention~~ requirements
 - (5) Underground storage tank systems that received a red tag pursuant to Article 10.5, including:
 - (A) The name and ~~address~~ California Environmental Reporting System Identification Number of the facility at which the tank system is located;
 - ~~(B) The names of the owner and operator of the tank system;~~

- ~~(G)~~ (B) The red tag's identification number;
- ~~(D)~~ (C) The date the red tag was affixed to the tank system;
- ~~(E)~~ (D) The specific violation for which the tank system received the red tag; and
- ~~(F)~~ (E) The date the red tag was removed from the tank system.

(d) (1) No later than January 31 of each year, each local agency shall report to the Board all underground storage tank facilities ~~listed~~ in the California Environmental Reporting System with the underground storage tank reporting requirement identified as ~~“Always and Applicable”~~ without an ~~“Applicable + Always”~~ which have not had a compliance inspection performed during the previous year, and specify the reason for which no inspection was performed.

(2) The report shall include the following California Environmental Reporting System items: CERSID, Facility Name, UST Reporting Requirement, UST Last Inspection Date, and written explanation why the compliance inspection was not performed.

~~(d)~~ (e) ~~Local agencies~~ Each local agency shall report formal and informal enforcement actions, including the specific violation for which the local agency took the enforcement action, as specified in Title 27, section 15290 through a local information management system, local reporting portal, or the California Environmental Reporting System.

Authority cited: Sections 25299.3 and 25299.7, Health and Safety Code.

Reference: Sections 25286, 25292.3, 25296.35 and 25404, Health and Safety Code.

§ 2716. Designated UST Operator Visual Inspection.

- (a) On and after October 1, 2018, all underground storage tank systems shall have a visual inspection performed by a designated UST operator at least once every 30 days in accordance with all subdivisions below.
- (b) The designated UST operator visual inspection shall identify compliance issues which cause the underground storage tank system to be out of compliance with this chapter and include, but not be limited to, all of the following:
 - (1) Review of the previous “Designated Underground Storage Tank Operator Visual Inspection Report” to verify each compliance issue identified by the designated UST operator during the previous visual inspection required by subdivision (a) above, has a documented action taken in response;

- (2) Review of the release detection alarm history since the previous visual inspection required by subdivision (a) above, to verify that each alarm condition was documented and responded to appropriately;
 - (3) Review of the testing and maintenance records for the underground storage tank system to verify that all required testing and maintenance have been complete;
 - (4) Review of the facility employee training records to verify that all facility employees have been trained in accordance with section 2715(c);
 - (5) Inspect the spill container for damage and for the presence of any hazardous substance, water, or debris;
 - (6) Inspect the fill pipe for obstructions;
 - (7) Inspect the fill cap to verify it is securely on the fill pipe;
 - (8) Inspect under-dispenser containment areas for damage and for the presence of any hazardous substance, water, or debris and check that the monitoring equipment in these areas is located in the proper position to detect a leak-release at the earliest possible opportunity; and
 - (9) Inspect containment sumps that have had an alarm since the previous visual inspection required by subdivision (a) above, for which there is no record of a service technician visit. Inspect the containment sumps for damage and for the presence of any hazardous substance, water, or debris and check that the monitoring equipment in these containment sumps is located in the proper position to detect a leak-release at the earliest possible opportunity.
- (c) The results of the designated UST operator(s) visual inspection shall be recorded on the "Designated Underground Storage Tank Operator Visual Inspection Report" located in Appendix XIII. The report shall include, but not be limited to, all of the following:
- (1) A copy of documentation demonstrating action taken in response to each compliance issue identified by the designated UST operator during the previous visual inspection required by subdivision (a) above;
 - (2) A list of each compliance issue identified by the designated UST operator during the previous visual inspection, required by subdivision (a) above, for which there is no record of action taken to correct;
 - (3) A copy of the alarm history since the previous visual inspection required by subdivision (a) above;

- (4) A copy of documentation demonstrating action taken in response to each alarm since the previous visual inspection required by subdivision (a) above;
 - (5) A list of each alarm since the previous visual inspection, required by subdivision (a) above, for which there is no documentation of the alarm condition and action taken in response;
 - (6) A list of each area inspected and whether each area inspected is acceptable or needs follow-up action taken; and
 - (7) A list of the dates for all required testing and maintenance that has occurred.
- (d) Within 48 hours of the completion of the designated UST operator visual inspection required by subdivision (a) above, the designated UST operator shall sign and provide the owner or operator with a copy of the “Designated Underground Storage Tank Operator Visual Inspection Report.”
- (e) Within ~~48~~ 72 hours of being provided a signed copy of the “Designated Underground Storage Tank Operator Visual Inspection Report,” the owner or operator shall ~~do all of the following:~~
- ~~(1) provide~~ Provide a description of each corrective action taken or to be taken for any compliance issues discovered during the inspection. ~~The description shall be provided on the a~~ copy of the “Designated Underground Storage Tank Operator Visual Inspection Report” signed by the designated UST operator; ~~and the owner or operator shall~~
 - ~~(2) sign~~ Sign and date the report, acknowledging the results of the inspection. ~~identified compliance issues.~~
- (f) Owners or operators shall maintain a copy of the monthly inspection records of inspections performed before October 1, 2018 and all attachments for 12 months. On and after October 1, 2018, copies of the “Designated Underground Storage Tank Operator Visual Inspection Report” and all attachments shall be maintained for 36 months. The records shall be maintained on-site or, if approved by the local agency, off-site at a readily accessible location.

Authority cited: Section 25299.3, Health and Safety Code.

Reference: Sections 25281, 25284.1 and 25404, Health and Safety Code; and 40 CFR § 280.36.

Appendix VI
Underground Storage Tank
Monitoring System Certification Form

TYPE OF ACTION

Installation

Repair

12 Month

<u>1. FACILITY INFORMATION</u>		
<u>CERS ID</u>	<u>Certification Date</u>	
<u>Facility Name</u>		
<u>Facility Address</u>	<u>City</u>	<u>ZIP Code</u>
<u>2. SERVICE TECHNICIAN INFORMATION</u>		
<u>Company Performing the Certification</u>	<u>Phone</u>	
<u>Mailing Address</u>		
<u>Service Technician Performing Test</u>		
<u>Contactor/Tank Tester License Number</u>		
<u>ICC Number</u>	<u>ICC Expiration Date</u>	
<u>3. TRAINING AND CERTIFICATIONS</u>		
<u>Manufacturer and Test Equipment Training Certifications</u>	<u>Expiration Date</u>	
<u>4. CERTIFICATION BY SERVICE TECHNICIAN CONDUCTING TEST</u>		
<u><i>I hereby certify that the monitoring system is operational in accordance with California Code of Regulations, title 23, division 3, chapter 16, section 2638; that required supporting documentation is attached; and all information contained herein is accurate.</i></u>		
<u>Service Technician Signature</u>	<u>Date</u>	<u>Total # of Pages</u>

CERS = California Environmental Reporting System, GPH = Gallons Per Hour, ID = Identification, ICC = International Code Council, LLD = Line Leak Detector, NA = Not Applicable, SW = Single-Walled, UDC = Under-Dispenser Containment, UST = Underground Storage Tank, VPH = Vacuum/Pressure/Hydrostatic

Underground Storage Tank Monitoring System Certification Form

5. MONITORING SYSTEM AND PROGRAMMING					
<i>A separate Monitoring System Certification Form must be prepared for each control panel.</i>					
<u>Make of Monitoring System Control Panel</u>	<u>Model of Monitoring System Control Panel</u>	<u>Software Version Installed</u>			
<u>Attach the post-certification reports if the monitoring system is capable of generating either: <input type="checkbox"/> Monitoring System Set-up <input type="checkbox"/> Alarm History Report</u>			<u>Yes</u>	<u>No</u>	<u>NA</u>
<u>All monitoring equipment is operational per manufacturer's specifications?</u>			<input type="checkbox"/>	<input type="checkbox"/>	
<u>Secondary containment systems are free of damage, debris, or liquid?</u>			<input type="checkbox"/>	<input type="checkbox"/>	
<u>Are the audible and visual alarms operational?</u>			<input type="checkbox"/>	<input type="checkbox"/>	
<u>All sensors have been: 1) visually inspected for wiring kinks, breaks and residual buildup on floats; and 2) tested for functionality and confirmed operational?</u>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<u>Are all sensors installed to detect a release at the earliest opportunity in the secondary containment?</u>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<u>The monitoring system set-up was reviewed, and proper settings confirmed?</u>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<u>Was the monitoring control panel's backup battery visually inspected, functionally tested, and confirmed operational?</u>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<u>Does the flow of fuel stop at the dispenser if a release is detected in the under-dispenser containment?</u>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<u>Does the turbine automatically shut down if the piping secondary containment monitoring system fails to operate or is electrically disconnected?</u>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<u>Does the turbine automatically shut down if the piping secondary containment monitoring system detects a release? Which sensors initiate positive shut down? (Check all that apply) <input type="checkbox"/> Sump <input type="checkbox"/> UDC</u>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<u>If monitoring system alarms are relayed to a remote monitoring center, is all communication equipment operational?</u>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Describe all answers marked "No" or "Fail" and proposed remedy in **Section 9**.
List all monitoring equipment either replaced or repaired in **Section 9**.

Underground Storage Tank Monitoring System Certification Form

7. LINE LEAK DETECTOR TESTING

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

Simulated release rate verified: (Check all that apply.) <input type="checkbox"/> 3 GPH <input type="checkbox"/> 0.1 GPH <input type="checkbox"/> 0.2 GPH	<u>Yes</u>	<u>No</u>	<u>NA</u>
<u>Has the testing apparatus been properly calibrated?</u>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<u>For emergency generator tank systems, does the LLD create an audible and visual alarm when a leak is detected?</u>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<u>For mechanical LLDs, does the LLD restrict the flow through the pipe when a release is detected?</u>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<u>For electronic LLDs, does the turbine automatically shut off when a release is detected?</u>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<u>For electronic LLDs, does the turbine automatically shut off if any portion of the monitoring system is disabled or disconnected?</u>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<u>For electronic LLDs, does the turbine automatically shut off if any portion of the monitoring system malfunctions or fails a tightness test?</u>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<u>For electronic LLDs, have all accessible wiring connections been visually inspected for kinks and breaks?</u>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<u>Were all items on the equipment manufacturer's maintenance checklist completed?</u>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<u>Were all LLDs confirmed operational within regulatory requirements?</u>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

<u>LLD ID</u>	<u>LLD Model</u>	<u>Lines Monitored</u>	<u>Pass</u>	<u>Fail</u>
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>

Describe all answers marked "No" or "Fail" and proposed remedy in Section 9.
List all monitoring equipment either replaced or repaired in Section 9.

Underground Storage Tank Monitoring System Certification Form

8. IN-TANK GAUGING TESTING

<input type="checkbox"/> Check this box if tank gauging is used only for inventory control.	<u>Yes</u>	<u>No</u>	<u>NA</u>
<input type="checkbox"/> Check this box if NO tank gauging equipment is installed. <i>(Do not complete this section if either box is checked.)</i>			
All wiring has been: 1) visually inspected for kinks, breaks and proper entry and termination; and 2) tested 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"/>

<u>Probe ID</u>	<u>Probe Model</u>	<u>Tanks Monitored</u>	<u>Pass</u>	<u>Fail</u>
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>

9. COMMENTS

Describe all answers marked "No" or "Fail" and proposed remedy.
List all monitoring equipment either replaced or repaired.

Underground Storage Tank
Monitoring System Certification Form

10. MONITORING SITE PLAN

Date site plan was prepared:

If a site plan has been prepared that shows all required information, you may include it, rather than this page, with your Monitoring System Certification Form. The site plan must show the general layout of tanks and identify locations of the monitoring panel, and all leak detection equipment and monitoring locations. Include a legend for all symbols depicted.

Appendix VII
Underground Storage Tank
Secondary Containment Testing Report Form

TYPE OF ACTION Installation Repair 6 Month 36 Month

<u>1. FACILITY INFORMATION</u>		
<u>CERS ID</u>	<u>Test Date</u>	
<u>Facility Name</u>		
<u>Facility Address</u>	<u>City</u>	<u>ZIP Code</u>
<u>2. SERVICE TECHNICIAN INFORMATION</u>		
<u>Company Performing the Test</u>	<u>Phone</u>	
<u>Mailing Address</u>		
<u>Service Technician Performing Test</u>		
<u>Contactor/Tank Tester License Number</u>		
<u>ICC Number</u>	<u>ICC Expiration Date</u>	
<u>3. TRAINING AND CERTIFICATIONS</u>		
<u>Manufacturer and Test Equipment Training Certifications</u>	<u>Expiration Date</u>	
<u>4. TEST PROCEDURE INFORMATION</u>		
<u>Test Procedures Used</u>	<u>Components Tested</u>	
<u>5. CERTIFICATION BY SERVICE TECHNICIAN CONDUCTING TEST</u>		
<u>I hereby certify that the secondary containment was tested in accordance with California Code of Regulations, title 23, division 3, chapter 16, section 2637; that required supporting documentation is attached; and all information contained herein is accurate. I understand that test procedures shall be made available upon request by the governing authority.</u>		
<u>Service Technician Signature</u>	<u>Date</u>	<u>Total # of Pages</u>

CERS = California Environmental Reporting System, ICC = International Code Council, ID = Identification, NA = Not Applicable, UDC = Under-Dispenser Containment.

Underground Storage Tank Secondary Containment Testing Report Form

6. TANK SECONDARY CONTAINMENT TEST

Test Method Developed by Manufacturer Industry Standard Professional Engineer

Test Type Pressure Vacuum Hydrostatic

Test Equipment Used:

<u>Tank ID</u>				
<u>Tank Manufacturer</u>				
<u>Tank Capacity</u>				
<u>Test Start Time</u>				
<u>Initial Reading</u>				
<u>Test End Time</u>				
<u>Final Reading</u>				
<u>Change in Reading</u>				
<u>Pass/Fail Criteria</u>				
<u>Tightness Test Results</u>	<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

7. PIPE SECONDARY CONTAINMENT TEST

Test Method Developed by Manufacturer Industry Standard Professional Engineer

Test Type Pressure Vacuum Hydrostatic

Test Equipment Used:

<u>Pipe Run ID</u>				
<u>Pipe Manufacturer</u>				
<u>Test Start Time</u>				
<u>Initial Reading</u>				
<u>Test End Time</u>				
<u>Final Reading</u>				
<u>Change in Reading</u>				
<u>Pass/Fail Criteria</u>				
<u>Tightness Test Results</u>	<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

<u>Pipe Run ID</u>				
<u>Pipe Manufacturer</u>				
<u>Test Start Time</u>				
<u>Initial Reading</u>				
<u>Test End Time</u>				
<u>Final Reading</u>				
<u>Change in Reading</u>				
<u>Pass/Fail Criteria</u>				
<u>Tightness Test Results</u>	<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

Additional copies of this page may be attached.

All tests marked "Fail" and any repairs made before or during the tightness test must be described in the COMMENTS section.

Underground Storage Tank
Secondary Containment Testing Report Form

8. SUMP/UDC TEST

Test Method Developed by Manufacturer Industry Standard Professional Engineer

Test Type Pressure Vacuum Hydrostatic

Test Equipment Used:

<u>Sump/UDC ID</u>				
<u>Sump Manufacturer</u>				
<u>Sump Depth (inches)</u>				
<u>Sump Bottom to Top of Highest Pipe Penetration (inches)</u>				
<u>Test Start Time</u>				
<u>Initial Reading</u>				
<u>Test End Time</u>				
<u>Final Reading</u>				
<u>Change in Reading</u>				
<u>Pass/Fail Criteria</u>				
<u>Tightness Test Results</u>	<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

<u>Sump/UDC ID</u>				
<u>Sump Manufacturer</u>				
<u>Sump Depth (inches)</u>				
<u>Sump Bottom to Top of Highest Pipe Penetration (inches)</u>				
<u>Test Start Time</u>				
<u>Initial Reading</u>				
<u>Test End Time</u>				
<u>Final Reading</u>				
<u>Change in Reading</u>				
<u>Pass/Fail Criteria</u>				
<u>Tightness Test Results</u>	<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

Additional copies of this page may be attached.

All tests marked "Fail" and any repairs made before or during the tightness test must be described in the COMMENTS section.

Underground Storage Tank Secondary Containment Testing Report Form

8. SUMP/UDC TEST (continued)

Test Method Developed by Manufacturer Industry Standard Professional Engineer

Test Type Pressure Vacuum Hydrostatic

Test Equipment Used:

<u>Sump/UDC ID</u>				
<u>Sump Manufacturer</u>				
<u>Sump Depth (inches)</u>				
<u>Sump Bottom to Top of Highest Pipe Penetration (inches)</u>				
<u>Test Start Time</u>				
<u>Initial Reading</u>				
<u>Test End Time</u>				
<u>Final Reading</u>				
<u>Change in Reading</u>				
<u>Pass/Fail Criteria</u>				
<u>Tightness Test Results</u>	<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

<u>Sump/UDC ID</u>				
<u>Sump Manufacturer</u>				
<u>Sump Depth (inches)</u>				
<u>Sump Bottom to Top of Highest Pipe Penetration (inches)</u>				
<u>Test Start Time</u>				
<u>Initial Reading</u>				
<u>Test End Time</u>				
<u>Final Reading</u>				
<u>Change in Reading</u>				
<u>Pass/Fail Criteria</u>				
<u>Tightness Test Results</u>	<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

Additional copies of this page may be attached.

All tests marked "Fail" and any repairs made before or during the tightness test must be described in the COMMENTS section.

Underground Storage Tank
Secondary Containment Testing Report Form

9. COMMENTS

All tests marked "Fail" and any repairs made before or during the tightness test must be described in the COMMENTS section.

Appendix VIII
Underground Storage Tank
Spill Container Testing Report Form

TYPE OF ACTION

Installation

Repair

12 Month

<u>1. FACILITY INFORMATION</u>		
<u>CERS ID</u>	<u>Test Date</u>	
<u>Facility Name</u>		
<u>Facility Address</u>	<u>City</u>	<u>ZIP Code</u>
<u>2. SERVICE TECHNICIAN INFORMATION</u>		
<u>Company Performing the Test</u>	<u>Phone</u>	
<u>Mailing Address</u>		
<u>Service Technician Performing Test</u>		
<u>Contactor/Tank Tester License Number</u>		
<u>ICC Number</u>	<u>ICC Expiration Date</u>	
<u>3. TRAINING AND CERTIFICATIONS</u>		
<u>Manufacturer and Test Equipment Training Certifications</u>	<u>Expiration Date</u>	
<u>4. TEST PROCEDURE INFORMATION</u>		
<u>Test Procedures Used</u>	<u>Components Tested</u>	
<u>5. CERTIFICATION BY SERVICE TECHNICIAN CONDUCTING TEST</u>		
<u>I hereby certify that each spill container was tested in accordance with California Code of Regulations, title 23, division 3, chapter 16, section 2637.1; that required supporting documentation is attached; and all information contained herein is accurate. I understand that test procedures shall be made available upon request by the governing authority.</u>		
<u>Service Technician Signature</u>	<u>Date</u>	<u>Total # of Pages</u>

CERS = California Environmental Reporting System, ID = Identification, ICC = International Code Council

Underground Storage Tank Spill Container Testing Report Form

6. SPILL CONTAINER DETAILS

Test Method Developed by Manufacturer Industry Standard Professional Engineer

Test Type Pressure Vacuum Hydrostatic

<u>Tank ID</u>				
<u>Spill Container Manufacturer:</u>				
<u>Method of Cathodic Protection</u>	<input type="checkbox"/> <u>Nonmetallic</u> <input type="checkbox"/> <u>Other</u>	<input type="checkbox"/> <u>Nonmetallic</u> <input type="checkbox"/> <u>Other</u>	<input type="checkbox"/> <u>Nonmetallic</u> <input type="checkbox"/> <u>Other</u>	<input type="checkbox"/> <u>Nonmetallic</u> <input type="checkbox"/> <u>Other</u>
<u>Is the spill container minimum capacity five gallons excluding riser volume?</u>	<input type="checkbox"/> <u>Yes</u> <input type="checkbox"/> <u>No*</u>	<input type="checkbox"/> <u>Yes</u> <input type="checkbox"/> <u>No*</u>	<input type="checkbox"/> <u>Yes</u> <input type="checkbox"/> <u>No*</u>	<input type="checkbox"/> <u>Yes</u> <input type="checkbox"/> <u>No*</u>
<u>Method to keep spill container empty</u>	<input type="checkbox"/> <u>Drain</u> <input type="checkbox"/> <u>Pump</u> <input type="checkbox"/> <u>Other</u>	<input type="checkbox"/> <u>Drain</u> <input type="checkbox"/> <u>Pump</u> <input type="checkbox"/> <u>Other</u>	<input type="checkbox"/> <u>Drain</u> <input type="checkbox"/> <u>Pump</u> <input type="checkbox"/> <u>Other</u>	<input type="checkbox"/> <u>Drain</u> <input type="checkbox"/> <u>Pump</u> <input type="checkbox"/> <u>Other</u>
<u>Spill Container Test Results</u>	<input type="checkbox"/> <u>Pass</u> <input type="checkbox"/> <u>Fail</u>	<input type="checkbox"/> <u>Pass</u> <input type="checkbox"/> <u>Fail</u>	<input type="checkbox"/> <u>Pass</u> <input type="checkbox"/> <u>Fail</u>	<input type="checkbox"/> <u>Pass</u> <input type="checkbox"/> <u>Fail</u>

<u>Tank ID</u>				
<u>Spill Container Manufacturer:</u>				
<u>Method of Cathodic Protection</u>	<input type="checkbox"/> <u>Nonmetallic</u> <input type="checkbox"/> <u>Other</u>	<input type="checkbox"/> <u>Nonmetallic</u> <input type="checkbox"/> <u>Other</u>	<input type="checkbox"/> <u>Nonmetallic</u> <input type="checkbox"/> <u>Other</u>	<input type="checkbox"/> <u>Nonmetallic</u> <input type="checkbox"/> <u>Other</u>
<u>Is the spill container minimum capacity five gallons excluding riser volume?</u>	<input type="checkbox"/> <u>Yes</u> <input type="checkbox"/> <u>No*</u>	<input type="checkbox"/> <u>Yes</u> <input type="checkbox"/> <u>No*</u>	<input type="checkbox"/> <u>Yes</u> <input type="checkbox"/> <u>No*</u>	<input type="checkbox"/> <u>Yes</u> <input type="checkbox"/> <u>No*</u>
<u>Method to keep spill container empty</u>	<input type="checkbox"/> <u>Drain</u> <input type="checkbox"/> <u>Pump</u> <input type="checkbox"/> <u>Other</u>	<input type="checkbox"/> <u>Drain</u> <input type="checkbox"/> <u>Pump</u> <input type="checkbox"/> <u>Other</u>	<input type="checkbox"/> <u>Drain</u> <input type="checkbox"/> <u>Pump</u> <input type="checkbox"/> <u>Other</u>	<input type="checkbox"/> <u>Drain</u> <input type="checkbox"/> <u>Pump</u> <input type="checkbox"/> <u>Other</u>
<u>Spill Container Test Results</u>	<input type="checkbox"/> <u>Pass</u> <input type="checkbox"/> <u>Fail</u>	<input type="checkbox"/> <u>Pass</u> <input type="checkbox"/> <u>Fail</u>	<input type="checkbox"/> <u>Pass</u> <input type="checkbox"/> <u>Fail</u>	<input type="checkbox"/> <u>Pass</u> <input type="checkbox"/> <u>Fail</u>

8. COMMENTS

Describe all answers marked "Other," "No," or "Fail" and each proposed remedy.

* Mark here if:

Spill containers do not have a minimum capacity of five gallons and require replacement.

Additional copies of this page may be attached.

Appendix IX
Underground Storage Tank
Overfill Prevention Equipment Inspection Report Form

TYPE OF ACTION

Installation

Repair

36 Month

<u>1. FACILITY INFORMATION</u>		
<u>CERS ID</u>	<u>Inspection Date</u>	
<u>Facility Name</u>		
<u>Facility Address</u>	<u>City</u>	<u>ZIP Code</u>
<u>2. SERVICE TECHNICIAN INFORMATION</u>		
<u>Company Performing the Inspection</u>	<u>Phone</u>	
<u>Mailing Address</u>		
<u>Service Technician Performing Inspection</u>		
<u>Contactor/Tank Tester License Number</u>		
<u>ICC Number</u>	<u>Expiration Date</u>	
<u>3. TRAINING AND CERTIFICATIONS</u>		
<u>Manufacturer and Test Equipment Training Certifications</u>	<u>Expiration Date</u>	
<u>4. INSPECTION PROCEDURES INFORMATION</u>		
<u>Inspection Procedures Used</u>	<u>Components Inspected</u>	
<u>5. CERTIFICATION BY SERVICE TECHNICIAN CONDUCTING INSPECTION</u>		
<u>I hereby certify that the OPE was inspected in accordance with California Code of Regulations, title 23, division 3, chapter 16, section 2637.2; that required supporting documentation is attached; and all information contained herein is accurate. I understand that test procedures shall be made available upon request by the governing authority.</u>		
<u>Service Technician Signature</u>	<u>Date</u>	<u>Total # of Pages</u>

CERS = California Environmental Reporting System, ID = Identification, ICC = International Code Council, OPE = Overfill Prevention Equipment

Appendix XI
Underground Storage Tank
Designated UST Operator Identification Form

TYPE OF ACTION

New UST Installation

New/Changed Designated Operator

<u>1. FACILITY INFORMATION</u>		
<u>CERS ID</u>	<u>Facility Name</u>	
<u>Facility Address</u>	<u>City</u>	<u>ZIP Code</u>

<u>2. DESIGNATED UST OPERATOR INFORMATION</u>	
<i><u>Print names exactly as shown on the ICC certification.</u></i>	

<u>Name of Designated UST Operator</u>	<u>ICC Certification</u>
<u>Mailing Address</u>	<u>Phone</u>
<u>Name of Designated UST Operator</u>	<u>ICC Certification</u>
<u>Mailing Address</u>	<u>Phone</u>
<u>Name of Designated UST Operator</u>	<u>ICC Certification</u>
<u>Mailing Address</u>	<u>Phone</u>
<u>Name of Designated UST Operator</u>	<u>ICC Certification</u>
<u>Mailing Address</u>	<u>Phone</u>
<u>Name of Designated UST Operator</u>	<u>ICC Certification</u>
<u>Mailing Address</u>	<u>Phone</u>
<u>Name of Designated UST Operator</u>	<u>ICC Certification</u>
<u>Mailing Address</u>	<u>Phone</u>
<u>Name of Designated UST Operator</u>	<u>ICC Certification</u>
<u>Mailing Address</u>	<u>Phone</u>

Additional copies of this page may be attached.

CERS = California Environmental Reporting System, ID = Identification, ICC = International Code Council, UST = Underground Storage Tank

Appendix XIII
Underground Storage Tank
Designated UST Operator Visual Inspection Report

<u>1. FACILITY INFORMATION</u>		
<u>CERS ID</u>	<u>Inspection Date</u>	
<u>Facility Name</u>		
<u>Facility Address</u>	<u>City</u>	<u>ZIP Code</u>
<u>2. DESIGNATED UST OPERATOR INFORMATION</u>		
<u>Name of Designated UST Operator</u>	<u>Phone</u>	
<u>ICC Certification</u>	<u>Certification Expiration Date</u>	
<u>3. COMPLIANCE ISSUES</u>		
<u>Identify by number all compliance issues listed</u>		
<u>4. CERTIFICATION BY DESIGNATED UST OPERATOR CONDUCTING INSPECTION</u>		
<u>I hereby certify that the visual inspection was performed in compliance with California Code of Regulations, title 23, division 3, chapter 16, section 2716 and all information provided herein is accurate.</u>		
<u>Designated UST Operator Signature</u>	<u>Date Inspection Report Provided to Owner</u>	

CERS = California Environmental Reporting System, ICC = International Code Council, ID = Identification, NA = Not Applicable, UDC = Under-Dispenser Containment, UST = Underground Storage Tank

Underground Storage Tank
Designated UST Operator Visual Inspection Report

5. OWNER/OPERATOR DESCRIPTION OF FOLLOW-UP ACTION

Number the follow up actions to correspond to appropriate compliance issues from Section 3.

6. OWNER / OPERATOR ACKNOWLEDGEMENT OF INSPECTION RESULTS

I have reviewed the results of the designated UST operator inspection report and provided a description of the action(s) taken or to be taken to correct any compliance issues discovered.

Name of UST Owner / Operator (print)

UST Owner/Operator Signature

Date Signed

7. INSPECTION HISTORY

Has each follow-up action of Section 3 from the previous Designated UST Operator Inspection Report been completed appropriately?

(Attach documentation verifying appropriate service to this report.)

Yes No NA

8. RELEASE DETECTION ALARM HISTORY

Attach a copy of the alarm history report/log to this report.

Yes No NA

Is the monitoring system powered on and in proper operating mode?

Has each alarm since the previous inspection been responded to appropriately?

(Attach documentation verifying appropriate service to this report.)

Have all containment sumps, that have had an alarm since the previous designated UST operator inspection report, been responded to by a qualified service technician?

All answers marked "No" must be described by the designated UST operator in Section 3.

Underground Storage Tank Designated UST Operator Visual Inspection Report

9. UST SYSTEM INSPECTION

List below and in Section 3 all containment sumps that have had a release detection alarm since the previous Designated UST Operator Inspection Report and have not been responded to by a qualified service technician. Containment sumps listed below require a visual inspection for damage, water, debris, hazardous substance, and proper sensor location.

Is the **containment sump** free of damage, water, debris, and hazardous substances?

<u>Containment Sump ID</u>	<u>Yes</u>	<u>No</u>	<u>Containment Sump ID</u>	<u>Yes</u>	<u>No</u>
	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>

Are all sensors in visually inspected **containment sumps** located to detect a release at the earliest opportunity?

<input type="checkbox"/>	<input type="checkbox"/>
--------------------------	--------------------------

Is the **spill containment** free of damage, water, debris, and hazardous substances? Is the fill pipe free of obstructions? Is fill cap securely on the fill pipe?

<u>Spill Containment ID</u>	<u>Yes</u>	<u>No</u>	<u>Spill Containment ID</u>	<u>Yes</u>	<u>No</u>
	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>

Is the **UDC** free of damage, water, debris, and hazardous substances and all sensors located to detect a release at the earliest opportunity? No UDC(s) at this facility

<u>UDC ID</u>	<u>Yes</u>	<u>No</u>	<u>UDC ID</u>	<u>Yes</u>	<u>No</u>
	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>

Mechanical float mechanisms used in UDCs.

All answers marked "No" must be described by the designated UST operator in Section 3.

Underground Storage Tank
Designated UST Operator Visual Inspection Report

<u>10. TESTING AND MAINTENANCE</u>	<u>Yes</u>	<u>No</u>	<u>NA</u>	<u>Date last performed</u>	
<u>Has monitoring system certification been completed within the past 12 months?</u>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
<u>Has spill container testing been completed within the past 12 months?</u>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
<u>Has overfill prevention equipment inspection been completed within the past 36 months?</u>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
<u>Has secondary containment testing been completed within the past 36 months?</u>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
<u>Has tank tightness testing been completed within required timeframes?</u>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
<u>Has line tightness testing been completed within the required timeframes?</u>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
<u>Other Test / Maintenance:</u>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
<u>Other Test / Maintenance:</u>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
<u>Other Test / Maintenance:</u>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
<u>11. FACILITY EMPLOYEE TRAINING</u>				<u>Yes</u>	<u>No</u>
<u>Have all individuals performing facility employee duties received the required facility employee training within the past 12 months?</u>				<input type="checkbox"/>	<input type="checkbox"/>
<u>13. COMMENTS</u>					
<u><i>This section may be used to record comments or observations that are not current compliance deficiencies.</i></u>					

All answers marked "No" must be described by the designated UST operator in Section 3.

Appendix VI

**~~UNDERGROUND STORAGE TANK
MONITORING SYSTEM CERTIFICATION FORM (Page 1 of 14)~~**

~~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~~

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

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

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

**~~UNDERGROUND STORAGE TANK
MONITORING SYSTEM CERTIFICATION FORM~~** (Page 2 of 14)

~~III. RESULTS OF TESTING/SERVICING~~

~~Indicate and attach the following reports if the monitoring equipment is capable of generating either.~~

~~Monitoring System Set up~~

~~Alarm History Report~~

~~Y~~

~~N~~

~~NA~~

~~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.)~~

~~Was damage, debris, or liquid found inside any secondary containment systems?
(If "Yes," describe what was found in section IV below.)~~

~~Is all monitoring equipment operational per manufacturer's specifications?
(If "No," describe why in section IV below.)~~

~~IV. COMMENTS~~

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

~~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 3 of 14)

~~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
--	---	---------------------------------------

~~Check the appropriate boxes to indicate specific equipment inspected/serviced.~~

Monitoring Device Used	Device Model #
-----------------------------------	---------------------------

~~Tank ID: (By tank number, stored product, etc.)~~

~~In-tank Gauging (SW Tank)~~

~~Annular Space or Vault Sensor~~

~~VPH Sensor~~

~~Product Piping~~

~~Mechanical LLD~~

~~Electronic LLD~~

~~VPH Sensor (Piping)~~

~~Sump Sensor~~

~~VPH Sensor (Sump)~~

~~Fill Piping~~

~~VPH Sensor (Piping)~~

~~Sump Sensor~~

~~VPH Sensor (Sump)~~

~~Vent Piping~~

~~VPH Sensor (Piping)~~

~~Sump Sensor~~

~~VPH Sensor (Sump)~~

~~Vapor Recovery Piping~~

~~VPH Sensor (Piping)~~

~~Sump Sensor~~

~~VPH Sensor (Sump)~~

**~~UNDERGROUND STORAGE TANK
MONITORING SYSTEM CERTIFICATION FORM~~** (Page 4 of 14)

Monitoring Device Used	Device Model #
Tank ID: (By tank number, stored product, etc.)	
<input type="checkbox"/> In-tank Gauging (SW Tank)	
<input type="checkbox"/> Annular Space or Vault Sensor	
<input type="checkbox"/> VPH Sensor	
Product Piping	
<input type="checkbox"/> Mechanical LLD	
<input type="checkbox"/> Electronic LLD	
<input type="checkbox"/> VPH Sensor (Piping)	
<input type="checkbox"/> Sump Sensor	
<input type="checkbox"/> VPH Sensor (Sump)	
Fill Piping	
<input type="checkbox"/> VPH Sensor (Piping)	
<input type="checkbox"/> Sump Sensor	
<input type="checkbox"/> VPH Sensor (Sump)	
Vent Piping	
<input type="checkbox"/> VPH Sensor (Piping)	
<input type="checkbox"/> Sump Sensor	
<input type="checkbox"/> VPH Sensor (Sump)	
Vapor Recovery Piping	
<input type="checkbox"/> VPH Sensor (Piping)	
<input type="checkbox"/> Sump Sensor	
<input type="checkbox"/> VPH Sensor (Sump)	

~~ID = Identification, SW = Single-walled, VPH = Vacuum/Pressure/Hydrostatic, LLD = Line leak detector~~

**~~UNDERGROUND STORAGE TANK
MONITORING SYSTEM CERTIFICATION FORM~~** (Page 5 of 14)

Monitoring Device Used	Device Model #
Tank ID: (By tank number, stored product, etc.)	
<input type="checkbox"/> In-tank Gauging (SW Tank)	
<input type="checkbox"/> Annular Space or Vault Sensor	
<input type="checkbox"/> VPH Sensor	
Product Piping	
<input type="checkbox"/> Mechanical LLD	
<input type="checkbox"/> Electronic LLD	
<input type="checkbox"/> VPH Sensor (Piping)	
<input type="checkbox"/> Sump Sensor	
<input type="checkbox"/> VPH Sensor (Sump)	
Fill Piping	
<input type="checkbox"/> VPH Sensor (Piping)	
<input type="checkbox"/> Sump Sensor	
<input type="checkbox"/> VPH Sensor (Sump)	
Vent Piping	
<input type="checkbox"/> VPH Sensor (Piping)	
<input type="checkbox"/> Sump Sensor	
<input type="checkbox"/> VPH Sensor (Sump)	
Vapor Recovery Piping	
<input type="checkbox"/> VPH Sensor (Piping)	
<input type="checkbox"/> Sump Sensor	
<input type="checkbox"/> VPH Sensor (Sump)	

~~UNDERGROUND STORAGE TANK MONITORING SYSTEM CERTIFICATION FORM (Page 6 of 14)~~

Monitoring Device Used	Device Model #
Tank ID: (By tank number, stored product, etc.)	
<input type="checkbox"/> In-tank Gauging (SW Tank)	
<input type="checkbox"/> Annular Space or Vault Sensor	
<input type="checkbox"/> VPH Sensor	
Product Piping	
<input type="checkbox"/> Mechanical LLD	
<input type="checkbox"/> Electronic LLD	
<input type="checkbox"/> VPH Sensor (Piping)	
<input type="checkbox"/> Sump Sensor	
<input type="checkbox"/> VPH Sensor (Sump)	
Fill Piping	
<input type="checkbox"/> VPH Sensor (Piping)	
<input type="checkbox"/> Sump Sensor	
<input type="checkbox"/> VPH Sensor (Sump)	
Vent Piping	
<input type="checkbox"/> VPH Sensor (Piping)	
<input type="checkbox"/> Sump Sensor	
<input type="checkbox"/> VPH Sensor (Sump)	
Vapor Recovery Piping	
<input type="checkbox"/> VPH Sensor (Piping)	
<input type="checkbox"/> Sump Sensor	
<input type="checkbox"/> VPH Sensor (Sump)	

~~UNDERGROUND STORAGE TANK MONITORING SYSTEM CERTIFICATION FORM~~ (Page 7 of 14)

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

**~~UNDERGROUND STORAGE TANK
MONITORING SYSTEM CERTIFICATION FORM (Page 8 of 14)~~**

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

**UNDERGROUND STORAGE TANK
MONITORING SYSTEM CERTIFICATION FORM** (Page 10 of 14)

VIII. MONITORING SYSTEM AND PROGRAMMING

This section must be completed if a monitoring panel is used to perform leak release detection monitoring	Y	N	NA
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 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"/>
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 release 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 release?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Which sensors initiate positive shut down? (Check all that apply.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
 <input type="checkbox"/> Sump <input type="checkbox"/> Under dispenser containment 			
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

**UNDERGROUND STORAGE TANK
MONITORING SYSTEM CERTIFICATION FORM (Page 12 of 14)**

XII. LINE LEAK DETECETOR TESTING

<input type="checkbox"/> Check this box if line leak detectors (LLD) are NOT installed. (Do not complete this section.) <i>This section must be completed if LLDs are installed.</i>	Y	N	NA
Was a leak simulated to verify LLD performance? (Check all that apply.) 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

~~UNDERGROUND STORAGE TANK MONITORING SYSTEM CERTIFICATION FORM~~ (Page 13 of 14)

~~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 release detection
monitoring.~~

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

Sensor ID	Monitored by this Sensor	Sensor Functionality Test	Interstitial Communication Test
		<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
		<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~~

VPH = Vacuum/Pressure/Hydrostatic, ID = Identification

**~~UNDERGROUND STORAGE TANK
MONITORING SYSTEM CERTIFICATION FORM (Page 14 of 14)~~**

~~XVI. MONITORING SITE PLAN~~

~~Date site map was prepared:~~

~~If you already have a site plan that shows all required information, you may include it, rather than this page, with your Monitoring System Certification Form. The site plan must show the general layout of tanks and piping and clearly identify locations of the following equipment, if installed: 1) monitoring system control panels; 2) in-tank liquid level probes (if used for leak release detection); 3) devices monitoring tank annular spaces or vault; 4) devices monitoring product piping; 5) devices monitoring fill piping; 6) devices monitoring vent piping; 7) devices monitoring vapor recovery piping; 8) devices monitoring vent/transition sumps; 9) devices monitoring under dispenser containment; 10) line leak detectors; and 11) devices monitoring any other secondary containment areas.~~

~~Legend~~

Appendix VII

~~UNDERGROUND STORAGE TANK SECONDARY CONTAINMENT TESTING REPORT FORM (Page 1 of 11)~~

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

I. ~~FACILITY INFORMATION~~

CERS ID	Date of Secondary Containment 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 ICG Certification.)~~

Phone # ()	Contractor/Tank Tester License #
--	---

ICG Certification #	ICG Certification Expiration Date
--------------------------------	--

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

Tank ID: (By tank number, stored product, etc.)	A	B	C	D
Tank Containment				
Tightness Test Result	<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
Product Piping Containment				
Tightness Test Result	<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
Communication Test Result	<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
Remote Fill Piping Containment				
Tightness Test Result	<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
Communication Test Result	<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

~~CERS = California Environmental Reporting System, ID = Identification,
UST = Underground storage tank, ICG = International Code Council,
NA = Not applicable, UDC = Under dispenser containment~~

~~UNDERGROUND STORAGE TANK SECONDARY CONTAINMENT TESTING REPORT FORM (Page 2 of 11)~~

Tank ID: (By tank number, stored product, etc.)	A	B	C	D
Vent Piping Containment				
Tightness Test Result	<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
Communication Test Result	<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
Vapor Recovery Piping Containment				
Tightness Test Result	<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
Communication Test Result	<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
Turbine / Product Piping Sump				
Tightness Test Result	<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
Fill Riser Sump				
Tightness Test Result	<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
Vent / Transition Sump ID:	a	b	c	d
Tightness Test Result	<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
UDC ID:	4	2	3	4
Tightness Test Result	<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
UDC ID:	5	6	7	8
Tightness Test Result	<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
UDC ID:	9	10	11	12
Tightness Test Result	<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.~~

~~CERS = California Environmental Reporting System, ID = Identification,
UST = Underground storage tank, ICC = International Code Council,
NA = Not applicable, UDC = Under dispenser containment~~

**~~UNDERGROUND STORAGE TANK
SECONDARY CONTAINMENT TESTING REPORT FORM (Page 3 of 11)~~**

~~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 accurate.~~

~~UST Service Technician Signature~~

~~V. TANK CONTAINMENT TESTING INFORMATION~~

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

~~Test Methods Used~~

~~Manufacturer Guidelines: (Specify)~~ _____

~~Industry Code or Engineering Standard: (Specify)~~ _____

~~Engineered Method: (Specify)~~ _____

Attach the testing procedures and all documentation required to determine the test results. The procedures shall be made available upon request by the local agency.	# of Attached Pages
---	--------------------------------

Tank Containment Testing Training and Certifications (List applicable certifications.)	Training Certification Expiration Date

~~VI. COMMENTS~~

~~Provide any additional comments here.~~

**~~UNDERGROUND STORAGE TANK
SECONDARY CONTAINMENT TESTING REPORT FORM (Page 4 of 11)~~**

~~VII. PRODUCT PIPING CONTAINMENT TESTING INFORMATION~~

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

~~Test Methods Used~~

~~Manufacturer Guidelines: (Specify)~~ _____

~~Industry Code or Engineering Standard: (Specify)~~ _____

~~Engineered Method: (Specify)~~ _____

Attach the testing procedures and all documentation required to determine the test results. The procedures shall be made available upon request by the local agency.	# of Attached Pages
---	--------------------------------

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

~~Interstitial Communication Verification Method Used:~~

~~VIII. COMMENTS~~

~~Provide any additional comments here:~~

**~~UNDERGROUND STORAGE TANK
SECONDARY CONTAINMENT TESTING REPORT FORM~~** (Page 5 of 11)

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

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

~~Test Methods Used~~

~~Manufacturer Guidelines:~~
(Specify) _____

~~Industry Code or Engineering Standard:~~ (Specify) _____

~~Engineered Method:~~
(Specify) _____

Attach the testing procedures and all documentation required to determine the test results. The procedures shall be made available upon request by the local agency.	# of Attached Pages
---	--------------------------------

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

~~Interstitial Communication Verification Method Used:~~

~~X. COMMENTS~~

~~Provide any additional comments here.~~

**~~UNDERGROUND STORAGE TANK
SECONDARY CONTAINMENT TESTING REPORT FORM (Page 6 of 11)~~**

~~XI. VENT PIPING CONTAINMENT TESTING INFORMATION~~

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

Test Methods Used

~~Manufacturer Guidelines: (Specify)~~ _____

~~Industry Code or Engineering Standard: (Specify)~~ _____

~~Engineered Method: (Specify)~~ _____

Attach the testing procedures and all documentation required to determine the test results. The procedures shall be made available upon request by the local agency.	# of Attached Pages
---	---------------------

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

~~Interstitial Communication Verification Method Used:~~

~~XII. COMMENTS~~

~~Provide any additional comments here.~~

**~~UNDERGROUND STORAGE TANK
SECONDARY CONTAINMENT TESTING REPORT FORM~~** (Page 7 of 11)

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

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

~~Test Methods Used~~

~~Manufacturer Guidelines:~~ _____
(Specify)

~~Industry Code or Engineering Standard:~~ (Specify) _____

~~Engineered Method:~~ _____
(Specify)

Attach the testing procedures and all documentation required to determine the test results. The procedures shall be made available upon request by the local agency.	# of Attached Pages
---	---------------------

Vapor Recovery Piping Containment Testing Training and Certifications (List applicable certifications.)	Training Certification Expiration Date

~~Interstitial Communication Verification Method Used:~~

~~XIV. COMMENTS~~

~~Provide any additional comments here.~~

**~~UNDERGROUND STORAGE TANK
SECONDARY CONTAINMENT TESTING REPORT FORM (Page 8 of 11)~~**

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

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

~~Test Methods Used~~

~~Manufacturer Guidelines:~~
(Specify) _____

~~Industry Code or Engineering Standard:~~ *(Specify)* _____

~~Engineered Method:~~
(Specify) _____

Attach the testing procedures and all documentation required to determine the test results. The procedures shall be made available upon request by the local agency.	# of Attached Pages
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Turbine / Product Piping Sump Testing Training and Certifications (List applicable certifications.)	Training Certification Expiration Date

~~Interstitial Communication Verification Method Used:~~

~~XVI. COMMENTS~~

~~Provide any additional comments here:~~

**UNDERGROUND STORAGE TANK
SECONDARY CONTAINMENT TESTING REPORT FORM (Page 9 of 11)**

XVII. FILL RISER SUMPT TESTING INFORMATION

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

Test Methods Used

~~Manufacturer Guidelines: (Specify)~~ _____

~~Industry Code or Engineering Standard: (Specify)~~ _____

~~Engineered Method: (Specify)~~ _____

~~Attach the testing procedures and all documentation required to determine the test results. The procedures shall be made available upon request by the local agency.~~

of Attached Pages

Fill Riser Sump Testing Training and Certifications (List applicable certifications.)	Training Certification Expiration Date

~~Interstitial Communication Verification Method Used:~~

XVIII. COMMENTS

~~Provide any additional comments here.~~

**~~UNDERGROUND STORAGE TANK
SECONDARY CONTAINMENT TESTING REPORT FORM~~** (Page 10 of 11)

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

Manufacturer:	Identify Vent / Transition Sump ID from section III for each Manufacturer			
	a <input type="checkbox"/>	b <input type="checkbox"/>	c <input type="checkbox"/>	d <input type="checkbox"/>
	a <input type="checkbox"/>	b <input type="checkbox"/>	c <input type="checkbox"/>	d <input type="checkbox"/>

~~Test Methods Used~~

~~Manufacturer Guidelines: (Specify)~~ _____

~~Industry Code or Engineering Standard: (Specify)~~ _____

~~Engineered Method: (Specify)~~ _____

Attach the testing procedures and all documentation required to determine the test results. The procedures shall be made available upon request by the local agency.	# of Attached Pages
---	--------------------------------

Vent / Transition Piping Sump Testing Training and Certifications (List applicable certifications.)	Training Certification Expiration Date

~~Interstitial Communication Verification Method Used:~~

~~XX. COMMENTS~~

~~Provide any additional comments here:~~

**~~UNDERGROUND STORAGE TANK
SECONDARY CONTAINMENT TESTING REPORT FORM (Page 11 of 11)~~**

~~XXI. UNDER DISPENSER CONTAINMENT TESTING INFORMATION~~

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

Test Methods Used

~~Manufacturer Guidelines: (Specify)~~ _____

~~Industry Code or Engineering Standard: (Specify)~~ _____

~~Engineered Method: (Specify)~~ _____

Attach the testing procedures and all documentation required to determine the test results. The procedures shall be made available upon request by the local agency.	# of Attached Pages
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Product Piping Containment Testing Training and Certifications (List applicable certifications.)	Training Certification Expiration Date

~~Interstitial Communication Verification Method Used:~~

~~XXII. COMMENTS~~

~~Provide any additional comments here.~~

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

~~Appendix VIII~~

~~UNDERGROUND STORAGE TANK SPILL CONTAINER TESTING REPORT FORM (Page 1 of 3)~~

Type of Action	<input type="checkbox"/> Installation Test	<input type="checkbox"/> Repair Test	<input type="checkbox"/> 12 Month Test
I. FACILITY INFORMATION			
CERS ID		Date of Secondary Containment 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.)		Training Certification Expiration Date	
III. SPILL CONTAINER TESTING INFORMATION			
Test Methods Used	<input type="checkbox"/> Manufacturer Guidelines: (Specify)	_____	
	<input type="checkbox"/> Industry Code or Engineering Standard: (Specify)	_____	
	<input type="checkbox"/> Engineered Method: (Specify)	_____	
Attach the testing procedures and all documentation required to determine the test results. The procedures shall be made available upon request by the local agency.			# of Attached Pages

**~~UNDERGROUND STORAGE TANK
SPILL CONTAINER TESTING REPORT FORM (Page 2 of 3)~~**

Tank ID: (By tank number, stored product, etc.)				
Spill Container Manufacturer:				
Method of Cathodic Protection (If marked "Other" specify method 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.)	<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 minimum capacity of 5 five gallon gallons capacity excluding riser volume?	<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 (If marked "Other" specify method 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.)	<input type="checkbox"/> Drain Valve <input type="checkbox"/> Onsite Pump <input type="checkbox"/> Other (Specify in section V.)

~~**UNDERGROUND STORAGE TANK
SPILL CONTAINER TESTING REPORT FORM (Page 3 of 3)**~~

~~**IV. SUMMARY OF TESTING RESULTS**~~

Spill Container Tightness Test Results	<input type="checkbox"/> Pass	<input type="checkbox"/> Pass	<input type="checkbox"/> Pass	<input type="checkbox"/> Pass
	<input type="checkbox"/> Fail	<input type="checkbox"/> Fail	<input type="checkbox"/> Fail	<input type="checkbox"/> Fail

~~**V. COMMENTS**~~

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

~~**VI. CERTIFICATION BY UST SERVICE TECHNICIAN CONDUCTING THIS TESTING**~~

~~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 accurate.~~

~~UST Service Technician~~

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

Appendix IX

**~~UNDERGROUND STORAGE TANK
OVERFILL PREVENTION EQUIPMENT INSPECTION REPORT FORM~~**

~~(Page 1 of 3)~~

~~Type of Action~~ ~~Installation Inspection~~ ~~Repair Inspection~~ ~~36 Month Inspection~~

~~I. 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
----------------------------------	-----------------	---------------------

~~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 #
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ICC Certification #	ICC Certification Expiration Date
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--	--

Overfill Prevention Equipment Training and Certifications (List applicable certifications.)	Training Certification Expiration Date
--	---

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--	--

~~III. OVERFILL PREVENTION EQUIPMENT INSPECTION INFORMATION~~

~~Inspection Methods Used~~ ~~Manufacturer Guidelines:
(Specify)~~ _____
 ~~Industry Code or Engineering Standard: (Specify)~~ _____
 ~~Engineered Method: (Specify)~~ _____

Attach the testing procedures and all documentation required to determine the inspection results. The procedures shall be made available upon request by the local agency.	# of Attached Pages
---	--------------------------------

~~UNDERGROUND STORAGE TANK OVERFILL PREVENTION EQUIPMENT INSPECTION REPORT FORM~~

~~(Page 2 of 3)~~

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

~~UNDERGROUND STORAGE TANK
OVERFILL PREVENTION EQUIPMENT INSPECTION REPORT FORM~~

~~(Page 3 of 3)~~

~~IV. SUMMARY OF TESTING RESULTS~~

Overfill Prevention Inspection Results	<input type="checkbox"/> Pass	<input type="checkbox"/> Pass	<input type="checkbox"/> Pass	<input type="checkbox"/> Pass
	<input type="checkbox"/> Fail	<input type="checkbox"/> Fail	<input type="checkbox"/> Fail	<input type="checkbox"/> Fail

~~V. COMMENTS~~

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

~~VI. CERTIFICATION BY UST SERVICE TECHNICIAN CONDUCTING THIS INSPECTION~~

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

~~UST Service Technician~~

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

~~Appendix XI~~

~~UNDERGROUND STORAGE TANK DESIGNATED UNDERGROUND STORAGE TANK OPERATOR IDENTIFICATION FORM (Page 1 of 2)~~

~~Every underground storage tank (UST) facility must have at least one designated UST operator. A copy of this completed form must be electronically submitted via either the California Environmental Reporting System (CERS) or an equivalent local Unified Program Agency electronic reporting portal within 30 days of: 1) an installation a UST; 2) a change in owner or operator of the UST; or 3) an addition or change of an individual performing designated UST operator inspections or facility employee training at this facility. (California Code of Regulations, tit. 23, div. 3, ch. 16, §2715(a).)~~

Type of Action	<input type="checkbox"/> New UST Installation	<input type="checkbox"/> Change of Owner or Operator	<input type="checkbox"/> New or Change of Designated UST Operator
---------------------------	--	---	--

~~I. FACILITY INFORMATION~~

Business Name (Same as Facility Name or DBA Doing Business As.)	CERS ID	
Business Site Address	City	ZIP Code

~~The individual(s) listed below will conduct and document the facility inspections and facility employee training, for the facility listed above, in accordance with California Code of Regulations, title 23, division 3, chapter 16, sections 2715(c) and 2716.~~

~~II. DESIGNATED UNDERGROUND STORAGE TANK OPERATOR(S) INFORMATION~~

Name of Designated UST Operator (Print as shown on the ICG certification.)	ICG Certification #
Mailing Address	Phone # ()
Name of Designated UST Operator (Print as shown on the ICG certification.)	ICG Certification #
Mailing Address	Phone # ()
Name of Designated UST Operator (Print as shown on the ICG certification.)	ICG Certification #
Mailing Address	Phone # ()
Name of Designated UST Operator (Print as shown on the ICG certification.)	ICG Certification #
Mailing Address	Phone # ()

**~~UNDERGROUND STORAGE TANK
DESIGNATED UNDERGROUND STORAGE TANK OPERATOR VISUAL
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Name of Designated UST Operator (Print as shown on the ICG certification.)	ICG Certification #
Mailing Address	Phone # ()
Name of Designated UST Operator (Print as shown on the ICG certification.)	ICG Certification #
Mailing Address	Phone # ()
Name of Designated UST Operator (Print as shown on the ICG certification.)	ICG Certification #
Mailing Address	Phone # ()
Name of Designated UST Operator (Print as shown on the ICG certification.)	ICG Certification #
Mailing Address	Phone # ()
Name of Designated UST Operator (Print as shown on the ICG certification.)	ICG Certification #
Mailing Address	Phone # ()
Name of Designated UST Operator (Print as shown on the ICG certification.)	ICG Certification #
Mailing Address	Phone # ()

~~Attach additional page(s) containing all the information in section II if more alternates are used.~~

~~Appendix XIII~~

~~**UNDERGROUND STORAGE TANK
DESIGNATED UNDERGROUND STORAGE TANK OPERATOR VISUAL
INSPECTION REPORT (Page 1 of 4)**~~

~~**I. FACILITY INFORMATION**~~

CERS ID	Date of Designated UST Operator Inspection	
Business Name (Same as Facility Name or DBA Doing Business As.)		
Business Site Address	City	ZIP Code

~~**II. DESIGNATED UNDERGROUND STORAGE TANK OPERATOR INFORMATION**~~

Name of Designated UST Operator (Print as shown on the ICC Certification.)		Phone # (<u> </u>)
ICC Certification #	ICC Certification Expiration Date	

~~**III. COMPLIANCE ISSUES**~~

~~All answer of "N" or "NA" in sections VII through XI must be explained in this section and may require follow up action.~~

- ~~1. _____~~
- ~~2. _____~~
- ~~3. _____~~
- ~~4. _____~~
- ~~5. _____~~
- ~~6. _____~~
- ~~7. _____~~
- ~~8. _____~~
- ~~9. _____~~
- ~~10. _____~~
- ~~11. _____~~
- ~~12. _____~~

~~**IV. CERTIFICATION BY DESIGNATED UST OPERATOR CONDUCTING THIS INSPECTION**~~

~~I hereby certify that the visual inspection was performed in full compliance with California Code of Regulations, title 23, division 3, chapter 16, section 2716 and all the information provided herein is accurate.~~

~~Designated UST Operator Signature~~

~~**UNDERGROUND STORAGE TANK
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INSPECTION REPORT (Page 2 of 4)**~~

~~**V. OWNER / OPERATOR DESCRIPTION OF FOLLOW-UP ACTIONS**~~

~~All issue listed in section III above, must have a description of the follow up action taken, or to be taken, to correct the issue on the number line that corresponds with the number line the compliance issue is listed above in section III.~~

- ~~1. _____~~
- ~~2. _____~~
- ~~3. _____~~
- ~~4. _____~~
- ~~5. _____~~
- ~~6. _____~~
- ~~7. _____~~
- ~~8. _____~~
- ~~9. _____~~
- ~~10. _____~~
- ~~11. _____~~
- ~~12. _____~~

~~**VI. OWNER / OPERATOR ACKNOWLEDGMENT OF COMPLIANCE ISSUES
INSPECTION RESULTS**~~

~~I have reviewed the results of the inspection section III "COMPLIANCE ISSUES" and provided a description in section V, of the action(s) taken or to be taken to correct any compliance the issues discovered.~~

~~Name of UST Owner/Operator (Print)~~

~~UST Owner/Operator Signature~~

~~Date Signed~~

~~**VII. INSPECTION HISTORY**~~

~~Has each follow up action of section III from the previous inspection been completed appropriately? (Attach documentation verifying appropriate service to this report.)~~

Y	N
<input type="checkbox"/>	<input type="checkbox"/>

~~**VIII. RELEASE DETECTION ALARM HISTORY**~~

~~Attach a copy of the alarm history report/log to this report.~~

Y	N	NA
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

~~Is the monitoring system powered on and in proper operating mode?~~

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
--------------------------	--------------------------	--------------------------

~~Has each leak detection alarm since the previous inspection been responded to appropriately? (Attach documentation verifying appropriate service to this report.)~~

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
--------------------------	--------------------------	--------------------------

~~Have all containment sumps, that have had a leak detection alarm since the previous inspection, been responded to by a qualified UST service technician?~~

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
--------------------------	--------------------------	--------------------------

~~No monitored sumps at this facility~~

**~~UNDERGROUND STORAGE TANK
DESIGNATED UNDERGROUND STORAGE TANK OPERATOR VISUAL
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~~List below in section IX, all containment sumps that have had a leak release detection alarm since the previous inspection and have not been responded to by a qualified UST service technician. Containment sumps listed below require a visual inspection for damage, water, debris, hazardous substance, and proper sensor location. The results of the visual inspection must be recorded in section IX.~~

~~IX. UNDERGROUND STORAGE TANK SYSTEM INSPECTION~~

~~Is the containment sump free of damage, water, debris, and hazardous substance?~~

Containment Sump ID	Y	N	Containment Sump ID	Y	N
	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>

~~Are all sensors in containment sumps inspected located to detect a leak release at the earliest opportunity?~~

<input type="checkbox"/>	<input type="checkbox"/>
--------------------------	--------------------------

~~Is the spill container free of damage, water, debris, and hazardous substance?~~

TANK ID	Y	N	TANK ID	Y	N
	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>

~~Is the fill pipe free of obstructions?~~

TANK ID	Y	N	TANK ID	Y	N
	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>

~~Is the fill cap securely on the fill pipe?~~

TANK ID	Y	N	TANK ID	Y	N
	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>

~~Is the under-dispenser containment free of damage, water, debris, and hazardous substance?~~

~~No Under Dispenser Containment at this facility~~

Under-dispenser Dispenser Containment ID	Y	N	NA	Under-dispenser Dispenser Containment ID	Y	N	NA
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

~~Are all sensors in the under-dispenser containment listed above, located to detect a leak release at the earliest opportunity?~~

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
--------------------------	--------------------------	--------------------------

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DESIGNATED UNDERGROUND STORAGE TANK OPERATOR VISUAL
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X TESTING AND MAINTENANCE	Y	N	NA	DATE LAST PERFORMED
Has the monitoring system certification been completed within the past 12 months?	<input type="checkbox"/>	<input type="checkbox"/>		
Has the spill container testing been completed within the past 12 months?	<input type="checkbox"/>	<input type="checkbox"/>		
Has the overfill prevention equipment inspection been completed within the past 36 months? <input type="checkbox"/> Local agency exemption	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Has the secondary containment testing been completed within the past 36 months? <input type="checkbox"/> VPH monitored UST system	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Has the tank tightness testing been completed within required timeframes? <input type="checkbox"/> Secondarily contained tank	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Has the line tightness testing been completed within the required timeframes? <input type="checkbox"/> VPH <input type="checkbox"/> Fail safe and positive shut down	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Other required testing / maintenance was completed within required timeframe. (List test/maintenance items below.)				
Test / Maintenance:	<input type="checkbox"/>	<input type="checkbox"/>		
Test / Maintenance:	<input type="checkbox"/>	<input type="checkbox"/>		
Test / Maintenance:	<input type="checkbox"/>	<input type="checkbox"/>		
Test / Maintenance:	<input type="checkbox"/>	<input type="checkbox"/>		
Test / Maintenance:	<input type="checkbox"/>	<input type="checkbox"/>		
Test / Maintenance:	<input type="checkbox"/>	<input type="checkbox"/>		
	<input type="checkbox"/>	<input type="checkbox"/>		
XI. FACILITY EMPLOYEE TRAINING				
Have all individuals performing facility employee duties received the required facility employee training within the past 12 months?	<input type="checkbox"/>	<input type="checkbox"/>		

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