Maine Department of Environmental Protection

Aboveground Storage Tank with Underground Piping

Annual Inspection Summary

Facility Name	Owner	Reg. #
Location	Operator	Phone

Tank - Chamber #											
Volume											
Product											
Pump Type											
	Pass	Fail	N/A	Pass	Fail	N/A	Pass	Fail	N/A	Pass	Fail	N/A
Interstitial Monitoring												
Line Leak Detectors												
Anti-Siphon Valves												
Emerg. Elec. Disconnect												
Dispenser Area												
Stage I Vapor Recovery												
Temp. Out-of-Service												
Any FAIL in the columns above means a FAIL for that tank.	Pass	Fail	N/A	Pass	Fail	N/A	Pass	Fail	N/A	Pass	Fail	N/A

By my signature below, I certify that I inspected this facility on this date and
found deficiencies that require corrective action(s) before this inspecton can be complete and passing.

Name & CTI No. (please print)	Date	Signature

By my signature below, I certify that I inspected this facility on this date
and any deficiencies discovered during the inspection have been corrected.

Name & CTI No. (please print)	Date	Signature

The facility owner must submit a passing AST Inspection report to MeDEP within thirty (30) days after the inspection is completed to:	AST Annual Inspection, Maine Department of Environmental Protection, 17 SHS, Augusta, ME 04333-0017

!!! KEEP A COPY OF THIS FORM FOR YOUR RECORDS !!!

Revision Date: Nov-2023

Maine Department of Environmental Protection

AST Annual Inspection Report

Reg #:	AI Date:

Emergency Generator

This section is for facilities that have a stand alone emergency backup generator that powers a fuel system

Item		Yes	No
1	Does the facility have an emergency generator that will power dispensers?		
2	What is the fuel capacity of the generator?		Gallons
3	What fuel does the generator use?	N/A	

Comments: (Indicate all repairs made to bring facility into compliance)

Use this area for additional comments that won't fit on any other pages. Include the Inspection Item #.

Maine Department of Environmental Protection

AST Annual Inspection Report

Reg #:

AI Date:

Interstitial Monitoring

4	Make and Model:	

The majority of underground piping associated with aboveground motor fuel tanks is now required to have electronic monitoring.

Item									
	Tank #								
	Volume								
	Product								
Interstitial Monitoring System		**Yes**	**No**	**Yes**	**No**	**Yes**	**No**	**Yes**	**No**
5	Transition Sump								
Electronic		**Pass**	**Fail**	**Pass**	**Fail**	**Pass**	**Fail**	**Pass**	**Fail**
6	Monitoring console is fully operational?								
7	Sensors are properly placed?								
8	Sensors are functioning properly?								
All Systems		**Pass**	**Fail**	**Pass**	**Fail**	**Pass**	**Fail**	**Pass**	**Fail**
9	Are sumps in liquid tight condition?								
10	No oil in sumps?								
11	No water in sumps?								
		Pass	**Fail**	**Pass**	**Fail**	**Pass**	**Fail**	**Pass**	**Fail**
PASS or FAIL?									

Comments: *(Indicate all repairs made to bring facility into compliance)*

Maine Department of Environmental Protection

AST Annual Inspection Report

Reg #:

AI Date:

Automatic Line Leak Detector (LLD)

Line leak detectors are required on pressurized product lines supplied by a pump remote from the dispenser.

Item								
	Tank #							
	Volume							
	Product							
	Pump Type							
12	Make and Model (or N/A)							
13	Mechanical (M) or Electronic (E) LLD?							
		Pass	**Fail**	**Pass**	**Fail**	**Pass**	**Fail**	**Pass**	**Fail**
14	LLD listed for use with type of piping present (rigid or flexible)?								
	Mechanical LLD's only								
15	Slow flow when 3 gph leak @ 10 PSI is simulated?								
	Electronic LLD's only								
16	One 0.1 gph or 0.2 gph test passed within last 30 days?								
17	System alarms and/or shuts off turbine when a 3 gph @ 10 PSI is simulated?								
	PASS or FAIL?								

Anti-Siphon Valves

Item								
	Tank #							
	Product							
18	**Mechanical (M) or Electric (E)**							
		Pass	**Fail**	**Pass**	**Fail**	**Pass**	**Fail**	**Pass**	**Fail**
19	Anti-siphon valve properly located?								
20	Electric anti-siphon valve operational?								
		Pass	**Fail**	**Pass**	**Fail**	**Pass**	**Fail**	**Pass**	**Fail**
	PASS or FAIL?								

Comments: *(Indicate all repairs made to bring facility into compliance)*

Maine Department of Environmental Protection

AST Annual Inspection Report

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Emergency Electrical Disconnect

21	Emergency Electrical Disconnect properly labeled and accessible?	**Pass**		**Fail**		
22	Big Red Button immediately accessible to attendant?	**Pass**		**Fail**		**N/A**

Required only if tank or piping was installed after April 28, 2004

Dispenser Area

Item	Dispenser # / All Systems																	
		P	F	P	F	P	F	P	F	P	F	P	F	P	F	P	F	
23	No weeps / leaks in dispenser?																	
Crash Valves		**P**	**F**	**P**	**F**	**P**	**F**	**P**	**F**	**P**	**F**	**P**	**F**	**P**	**F**	**P**	**F**	
24	Crash valves at correct height?																	
25	Crash valves secured?																	
26	Crash valves operational?																	
Dispenser Sumps		**P**	**F**	**P**	**F**	**P**	**F**	**P**	**F**	**P**	**F**	**P**	**F**	**P**	**F**	**P**	**F**	
27	Are sumps in liquid tight condtion?																	
28	No oil in sumps?																	
29	No water in sumps?																	
Elec. Dispenser Sump Monitoring		**P**	**F**	**P**	**F**	**P**	**F**	**P**	**F**	**P**	**F**	**P**	**F**	**P**	**F**	**P**	**F**	
30	Monitoring console is fully operational?																	
31	Sensors are properly placed?																	
32	Sensors are functioning properly?																	
		P	**F**	**P**	**F**	**P**	**F**	**P**	**F**	**P**	**F**	**P**	**F**	**P**	**F**	**P**	**F**	
Pass or Fail?																		

Notes: *1) If there are more than (&) Dispensers, please use additional "Dispenser area" forms.*
2) Since dispensers are not associated with tanks, any FAIL on this page is only recorded in the first tank column on the Summary page. So, if all dispensers are a PASS, only "X" the one dispenser PASS box in the first colum of the summary page.

Comments: (Indicate all repairs made to bring facility into compliance)

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Class I Tanks (Gasoline tanks only)

33	Gas throughput for last calendar year	**Gallons:**	**Year:**

Stage I Vapor Recovery System

Item								
	Tank #							
	Volume							
	Product							
34	Two-Point (2), Manifold (M) or N/A							
	Two-Point / Manifold	**Pass**	**Fail**	**Pass**	**Fail**	**Pass**	**Fail**	**Pass**	**Fail**
35	Poppet cap and gasket in good condition?								
36	Poppet valve moves easily & closes tight?								
37	Access lid in good condition?								
	PASS or FAIL?								

		Pass	Fail	Pass	Fail	Pass	Fail	Pass	Fail
38	Fill cap and gasket in good condition?								
39	Drop tube?								
40	Ends within 6 inches of tank bottom?								
	PASS or FAIL?								

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Temporarily Out-of-Service Tanks

Fill out this section for any tank that is neither receiving nor dispensing oil. Prior to returning to service, facilities must submit a complete, passing annual inspection and a Department approved piping tightness test.

Item											
	Tank #										
	Volume										
	Product										
41	Date taken out-of-service (Month/Date/Year										
		Pass	**Fail**	**Pass**	**Fail**	**Pass**	**Fail**	**Pass**	**Fail**		
42	Less than 1'' product, water, or residual?										
43	Vent lines open and functioning properly?										
44	Fill pipe locked?										
45	Product piping drained and capped? Pumps and manways secured?										
		Pass	**Fail**	**Pass**	**Fail**	**Pass**	**Fail**	**Pass**	**Fail**		
	PASS or FAIL?										

Comments: *(Indicate all repairs made to bring facility into compliance)*