



Maine Department of Environmental Protection
Underground Oil Storage Tank
Annual Inspection Report - Summary



| | | |
|------------------|----------|----------------|
| Facility Name | Owner | Registration # |
| Facility Address | Operator | Owner Phone |

| Tank / Chamber # | | | | | | | | |
|--|------|------|------|------|------|------|------|------|
| Volume | | | | | | | | |
| Product | | | | | | | | |
| Pump Type | | | | | | | | |
| | Pass | Fail | Pass | Fail | Pass | Fail | Pass | Fail |
| Class A/B Operator | | | | | | | | |
| Groundwater Monitoring | | | | | | | | |
| Interstitial Monitoring | | | | | | | | |
| Line Leak Detectors | | | | | | | | |
| Heating Oil Tank Piping | | | | | | | | |
| Overfill Prevention | | | | | | | | |
| Spill Buckets | | | | | | | | |
| Stage I Vapor Recovery | | | | | | | | |
| Vent Pipe | | | | | | | | |
| Emerg. Elec. Disconnect | | | | | | | | |
| Dispenser Area | | | | | | | | |
| Cathodic Protection | | | | | | | | |
| Temp. Out-of-Service | | | | | | | | |
| Tank and Piping Secondary Testing | | | | | | | | |
| Any FAIL in the columns above means a FAIL for that tank (and the facility). | Pass | Fail | Pass | Fail | Pass | Fail | Pass | Fail |

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

| | | |
|------------------------|------|---|
| Printed Name & CTI No. | Date | Incomplete / Failing Inspection 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.

| | | |
|------------------------|------|------------------------------|
| Printed Name & CTI No. | Date | Passing Inspection Signature |
|------------------------|------|------------------------------|

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

**Maine Department of Environmental Protection
UST Annual Inspection Report**

Reg #:

AI Date:

Class A/B/C operators are for motor-fuel, waste oil, and marketing & distribution facilities only

Class A/B/C Operators

| Item | Description | Pass | Fail | |
|------|--|------|------|--|
| 1 | Is a Class A/B Operator employed at this facility? | | | <i>Items 2&3 will not affect the "pass/fail" status of this inspection report.</i> |
| | Certificate # Expires: Name: | | | |
| | | Yes | No | |
| 2 | Class A/B Operator documenting the Weekly Walk-through Inspections on a checklist? | | | <input type="checkbox"/> Checklist provided |
| 3 | Class C Operator Training Records on-hand? | | | |

Generator Tank

| Item | Description | Yes | No |
|------|---|-----|----|
| 4 | Is a UST connected to or fueling a generator? | | |

Emergency Generator

This section is for facilities that have a backup generator that powers the fuel dispensers during a power outage. The emergency generator may or may not be fueled by a UST.

| Item | Description | Yes | No |
|------|---|-----|----------------|
| 5 | Does the facility have an emergency generator that will power dispensers? | | |
| 6 | What is the fuel capacity of the generator? | | Gallons |
| 7 | What fuel does the generator use? | | |

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 #.

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Single-Walled Tanks Leak Detection

Ground Water Monitoring

(Only for heating oil tanks installed before September 16, 1991)

| | | Pass | Fail | Pass | Fail | Pass | Fail | Pass | Fail |
|----------------------|---------------------------------------|------|------|------|------|------|------|------|------|
| 8 | Monitoring wells accessible? | | | | | | | | |
| 9 | Monitoring wells marked & secured? | | | | | | | | |
| 10 | Bailer present, functional and clean? | | | | | | | | |
| 11 | Water in well? | | | | | | | | |
| 12 | No floating oil or smell of oil? | | | | | | | | |
| 13 | Log of weekly well inspection? | | | | | | | | |
| PASS or FAIL? | | | | | | | | | |

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 #.

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Interstitial Monitoring (Double-walled Tanks and/or Piping)

Console Make and Model:

| Item | Tank/Chamber # Volume Product | | | | | | | | | | | | | | | | |
|------|---|-------------|---|-------------|---|-------------|---|-------------|---|-------------|---|-------------|---|-------------|---|-------------|---|
| | | Yes | | No | | Yes | | No | | Yes | | No | | Yes | | No | |
| 14 | Does the tank have a brine filled interstice? | | | | | | | | | | | | | | | | |
| | | TANK | | PIPE | | TANK | | PIPE | | TANK | | PIPE | | TANK | | PIPE | |
| 15 | Electronic (E), Manual (M), or None (X) | | | | | | | | | | | | | | | | |
| | Manual | P | F | P | F | P | F | P | F | P | F | P | F | P | F | P | F |
| 16 | Sump is accessible for inspections? | | | | | | | | | | | | | | | | |
| 17 | Written log of sump checks maintained? | | | | | | | | | | | | | | | | |
| | Electronic | P | F | P | F | P | F | P | F | P | F | P | F | P | F | P | F |
| 18 | Console is properly programmed and fully operational? | | | | | | | | | | | | | | | | |
| 19 | Sensors are properly placed? | | | | | | | | | | | | | | | | |
| 20 | All sensors are functioning properly? | | | | | | | | | | | | | | | | |
| | All Systems | P | F | P | F | P | F | P | F | P | F | P | F | P | F | P | F |
| 21 | Sumps in liquid tight condition? | | | | | | | | | | | | | | | | |
| 22 | No oil in sumps or interstitial space? | | | | | | | | | | | | | | | | |
| 23 | No water in sumps or interstitial space? | | | | | | | | | | | | | | | | |
| | | P | F | P | F | P | F | P | F | P | F | P | F | P | F | P | F |
| | PASS or FAIL? | | | | | | | | | | | | | | | | |

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

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Line Leak Detector (LLD)

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

| Item | Tank/Chamber # Pump Type | | | | | | | | |
|------------------------------|---|------|------|------|------|------|------|------|------|
| | | Pass | Fail | Pass | Fail | Pass | Fail | Pass | Fail |
| 24 | Make and Model (or N/A) | | | | | | | | |
| 25 | Mechanical (M) or Electronic (E) LLD? | | | | | | | | |
| Mechanical LLD's only | | | | | | | | | |
| 26 | Slow flow when 3 gph leak @ 10 PSI is simulated? | | | | | | | | |
| Electronic LLD's only | | | | | | | | | |
| 27 | System alarms and/or shuts off turbine when a 3 gph leak @ 10 psi is simulated? | | | | | | | | |
| PASS or FAIL? | | | | | | | | | |

Copper Piping on Heating Oil Tanks

| Item | Tank/Chamber # Product | | | | | | | | |
|----------------------|--|-----|----|-----|----|-----|----|-----|----|
| | | YES | NO | YES | NO | YES | NO | YES | NO |
| 28 | Copper Piping? | | | | | | | | |
| 29 | Piping sleeved or secondarily contained? (* See note below) | | | | | | | | |
| 30 | Copper suction/return lines in single sleeve separated by spacers? | | | | | | | | |
| | | | | | | | | | |
| PASS or FAIL? | | | | | | | | | |

* Heating oil piping installed prior to Sept. 16, 1991 must be sleeved. After that date, piping must be secondarily contained and continuously electronically monitored.

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

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Overfill Prevention *(Devices must be compatible with fuel delivery method)*

| Item | Tank/Chamber # Pump Type | | | | | | | | |
|----------------------|--|------|------|------|------|------|------|------|------|
| | | Pass | Fail | Pass | Fail | Pass | Fail | Pass | Fail |
| 31 | Ball float (BF), Flapper (F), Pressurized Delivery Flapper (PDF), Electronic (E), Vent Whistle (W), None (X) | | | | | | | | |
| 32 | Checked and working properly? | | | | | | | | |
| 33 | Set at 95% of tank capacity? <i>(Auto shut-off / flappers only)</i> | | | | | | | | |
| 34 | Set at 90% of tank capacity? <i>(Ball floats, electronic & vent whistles)</i> | | | | | | | | |
| 35 | Vent whistle clearly audible from fill area? <i>(Consumptive use heating oil only)</i> | | | | | | | | |
| PASS or FAIL? | | | | | | | | | |

Spill Buckets *(complete for all spill buckets installed)*

| | | Pass | Fail | Pass | Fail | Pass | Fail | Pass | Fail |
|----------------------|---|------|------|------|------|------|------|------|------|
| 36 | Lid in good condition? | | | | | | | | |
| 37 | Lid not touching fill cap? | | | | | | | | |
| 38 | Clean? | | | | | | | | |
| 39 | Liquid tight? | | | | | | | | |
| 40 | Fill cap and gasket in good condition? | | | | | | | | |
| 41 | Drop tube? (gasoline/manual stick tanks) | | | | | | | | |
| 42 | Ends within 6 inches of tank bottom? <i>(gasoline)</i> | | | | | | | | |
| PASS or FAIL? | | | | | | | | | |

Double-Walled Spill Buckets

| | | Pass | Fail | Pass | Fail | Pass | Fail | Pass | Fail |
|----------------------|---|------|------|------|------|------|------|------|------|
| 43 | Gauge indicator visible? | | | | | | | | |
| 44 | Floats are properly placed? | | | | | | | | |
| 45 | All floats are functioning properly? | | | | | | | | |
| 46 | Interstitial space in liquid tight condition? | | | | | | | | |
| PASS or FAIL? | | | | | | | | | |

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

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Stage 1 Vapor Recovery

| | | | | | | | | | |
|-----------------------------|--|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|
| 47 | Two-Point (2), Manifold (M), Coaxial (C) | | | | | | | | |
| Two-Point / Manifold | | Pass | Fail | Pass | Fail | Pass | Fail | Pass | Fail |
| 48 | Access lid in good condition? | | | | | | | | |
| 49 | Poppet cap & gasket in good condition? | | | | | | | | |
| 50 | Poppet valve moves well & closes tight? | | | | | | | | |
| Coaxial | | | | | | | | | |
| 51 | Coaxial drop tube in good condition? | | | | | | | | |
| PASS or FAIL? | | | | | | | | | |

Vent Pipes

| Item | Tank/Chamber # Product | | | | | | | | |
|----------------------|---|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|
| | | Pass | Fail | Pass | Fail | Pass | Fail | Pass | Fail |
| 52 | Vent pipes at least 12 feet above ground level? (Class I) | | | | | | | | |
| 53 | Vents have proper vent caps? | | | | | | | | |
| 54 | Vent pipe solidly supported and vertical? | | | | | | | | |
| 55 | Vent pipe outlets positioned such that vapors will not pose a hazardous condition | | | | | | | | |
| PASS or FAIL? | | | | | | | | | |

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

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| | | | | | |
|-----------|--|------|--|------|--|
| 56 | Emergency Electrical Disconnect properly labeled and accessible? | Pass | | Fail | |
|-----------|--|------|--|------|--|

| | | | | | | | |
|-----------|---|------|--|------|--|-----|--|
| 57 | 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 | Dispenser # | | Dispenser # | | Dispenser # | | Dispenser # | | Dispenser # | | Dispenser # | | Dispenser # | |
|---|---------------------------------------|-------------|---|-------------|---|-------------|---|-------------|---|-------------|---|-------------|---|-------------|---|
| | | P | F | P | F | P | F | P | F | P | F | P | F | P | F |
| 58 | No weeps or leaks in dispenser? | | | | | | | | | | | | | | |
| Crash Valves | | P | F | P | F | P | F | P | F | P | F | P | F | P | F |
| 59 | Crash valves at correct height? | | | | | | | | | | | | | | |
| 60 | Crash valves are properly secured? | | | | | | | | | | | | | | |
| 61 | Crash valves operational? | | | | | | | | | | | | | | |
| Dispenser Sumps | | P | F | P | F | P | F | P | F | P | F | P | F | P | F |
| 62 | Are sumps in liquid tight condition? | | | | | | | | | | | | | | |
| 63 | No oil in sumps? | | | | | | | | | | | | | | |
| 64 | No water in sumps? | | | | | | | | | | | | | | |
| Electronic Dispenser Sump Monitoring | | P | F | P | F | P | F | P | F | P | F | P | F | P | F |
| 65 | Sensors are properly placed? | | | | | | | | | | | | | | |
| 66 | All sensors are functioning properly? | | | | | | | | | | | | | | |
| | | P | F | P | F | P | F | P | F | P | F | P | F | P | F |
| PASS or FAIL? | | | | | | | | | | | | | | | |

NOTES: 1) If there are more than seven (7) 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 column of the summary page.

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

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Cathodic Protection

Galvanic Systems

| Item | Tank # | | | | | | | | |
|--|---|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|
| 67 | Double-Walled Tanks <i>(one reading taken at tank mid-point)</i> | | | | | | | | |
| 68 | Single-Walled Tanks <i>(3 readings taken over tank center line)</i> | | | | | | | | |
| <i>A "Pass" requires all readings be at least -0.85V</i> | | Pass | Fail | Pass | Fail | Pass | Fail | Pass | Fail |
| PASS or FAIL? | | | | | | | | | |

Impressed Current Systems

| Item | Tank # | | | | | | | | |
|----------------------|---|------|------|------|------|------|------|------|------|
| | | Pass | Fail | Pass | Fail | Pass | Fail | Pass | Fail |
| 69 | System met test requirements of NACE TM 101-2012? | | | | | | | | |
| 70 | Monthly log present and filled out properly? | | | | | | | | |
| PASS or FAIL? | | | | | | | | | |

By my signature below, I certify that I tested the cathodic protection in accordance with nationally accepted standards. I also certify that I am a properly certified Maine underground oil storage tank installer OR that I am a properly certified Maine underground oil storage tank inspector that has also been certified by the Board of Underground Storage Tank Installers as a cathodic protection tester.

| | | |
|-----------------------------|------|-----------|
| Name & CTI # (Please print) | Date | Signature |
|-----------------------------|------|-----------|

Comments: (Indicate all repairs made to bring cathodic protection into compliance.)

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Temporarily Out of Service (OOS) Tanks

Fill out this section for any tank that is neither receiving nor dispensing oil and has been or is intended to be out of service for a period exceeding three months. Prior to returning to service, facilities must submit a complete and passing annual inspection of all facility components. Facilities that have been out of service for more than **12 months** without receiving the Department's permission in writing are required to be properly closed.

| Item | Tank # Volume Product | | | | | | | | |
|------|--|------|------|------|------|------|------|------|------|
| 71 | Date of last dispensing or delivery (Month/Day/Year) | | | | | | | | |
| | | Pass | Fail | Pass | Fail | Pass | Fail | Pass | Fail |
| 72-a | Tank pumped out? (Less than 1" product, water, and/or residual) | | | | | | | | |
| | OR | | | | | | | | |
| 72-b | Electronic Monitoring (tank & piping) is properly operating? <i>(Note: CTI's must complete Line Items 13 & 16 - 21 for facilities using electronic monitoring in lieu of emptying OOS tank(s).)</i> | | | | | | | | |
| 73 | Vent lines open and functioning properly? | | | | | | | | |
| 74 | All other lines, pumps, manways and ancillary equipment capped and secured? | | | | | | | | |
| | | Pass | Fail | Pass | Fail | Pass | Fail | Pass | Fail |
| | PASS or FAIL? | | | | | | | | |

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

You may use this area for additional comments from previous pages. Include the line item to which it pertains.

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Annual Tightness Testing

This section is for tanks that are operating beyond the 30-year warranty and require annual testing beginning in the 35th year. Tanks that are exempt from this requirement are UST's with a brine interstice and piping systems that are single walled safe suction piping. If a facility is exempt, please submit this form with a comment on what is exempt annually. (This does not apply to consumptive use heating oil tanks.)

Tank Secondary Containment Integrity Testing (dry method)

| Item | Tank/Chamber # Volume Product | | | | | | | | |
|------|--|--------|---------|--------|---------|--------|---------|--------|---------|
| | | 1 hour | 2 hours | 1 hour | 2 hours | 1 hour | 2 hours | 1 hour | 2 hours |
| 75 | Tank Material | | | | | | | | |
| 76 | Test Start Time | | | | | | | | |
| 77 | Initial Vacuum Reading. Inches Hg | | | | | | | | |
| 78 | Test Duration | | | | | | | | |
| 79 | End time | | | | | | | | |
| 80 | Final Vacuum Reading. Inches Hg. | | | | | | | | |
| 81 | Is the annular space Dry After the Test? | Yes | No | Yes | No | Yes | No | Yes | No |
| | Pass or Fail? | P | F | P | F | P | F | P | F |
| 82 | Test Results Pass or Fail? | | | | | | | | |

Piping Secondary Containment Integrity Testing

| | Tank/Chamber # Product | | | | | | | | |
|----|--------------------------------|-----|----|-----|----|-----|----|-----|----|
| | | Yes | No | Yes | No | Yes | No | Yes | No |
| 83 | Piping Material | | | | | | | | |
| 84 | Test Start Time | | | | | | | | |
| 85 | Initial Test Pressure, psig | | | | | | | | |
| 86 | End Test Time | | | | | | | | |
| 87 | Final Test Pressure, psig | | | | | | | | |
| 88 | Is there a change in pressure? | Yes | No | Yes | No | Yes | No | Yes | No |
| | Pass or Fail? | P | F | P | F | P | F | P | F |
| 89 | Test Results Pass or Fail? | | | | | | | | |

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