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Form

pennsylvania
DEPARTMENT OF ENVIRONMENTAL PROTECTION

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF ENVIRONMENTAL PROTECTION
BUREAU OF ENVIRONMENTAL CLEANUP AND BROWNFIELDS

FOR DEP USE ONLY
Reviewer _____
Date _____
Entered by _____
Date _____

ABOVEGROUND STORAGE TANK LINING INSPECTION SUMMARY

I. Facility Information

Facility I.D. Number _____

Facility Name _____

Facility Address _____

_____

Municipality _____

GPS Location Lat:_____Long:_____

II. Inspector Information

Name _____

Certification number _____

Phone _____

E-mail _____

Employer _____

Employer certification number _____

III. Tank Identification

DEP Tank ID number _____A

Owner's Tank ID Number _____

Nominal Capacity (**gallons**) _____

Size: diameter _____(ft) length/height _____(ft)

Substance stored _____

Original construction code _____

Installation Date _____

IV. Inspection Date(s)

Completion of this inspection _____

Lining system installed _____

Last lining inspection _____

Next lining inspection due _____

☐ Next inspection date to be determined after repairs and before tank is returned to service.

☐ Horizontal Saddle Tank
☐ Vertical Tank
☐ Elevated Vertical Tank

☐ Shop Built
☐ Field Built

V. Lining System Design/Installation Information

Lining System Manufacturer Name:

_____

Lining System Product Name:

_____

Lining System Material:

_____

Lining Standard Used:

_____

Original design/installation specifications were available? ☐ Yes ☐ No

Lining installed by "TL" certified installer ☐ Yes ☐ No

"TL" Name: _____

Certification number: _____

VI. Certified Inspector

I, the DEP Certified Inspector, have inspected the entire lining in the above referenced tank system. Based on my observation of the lining, review of examination and test results and information provided by the owner, I certify under penalty of law as provided in 18 Pa. C.S.A. Section 4904 (relating to unsworn falsification to authorities), that the information provided by me is true, accurate, and complete to the best of my knowledge and belief. I also certify that this tank system ☐ **can** ☐ **cannot** be returned to service without additional evaluation or modification.

_____ Certified Inspector's Signature

_____ Date

VII. Owner or Owner's Representative

I have reviewed the completed inspection report. I certify under penalty of law as provided in 18 PA C.S.A. Section 4904 (relating to unsworn falsification to authorities), the information provided by me is true, accurate, and complete to the best of my knowledge and belief.

_____ Name (Please Print)

_____ Title

_____ Phone Number

_____ Signature

_____ Date

Facility ID _____ — _____ **DEP Tank ID** _____ **A** **Inspection Date** _____

VIII. Lining System Evaluation

Evaluation Method(s):

- ☐ Visual
- ☐ Adhesion Measurement
- ☐ Audible Testing
- ☐ Low-Voltage Holiday Testing
- ☐ High-Voltage Holiday Testing
- ☐ Other _____

IX. Lining System Evaluation Results Describe the results of the evaluation method(s), including, where applicable, observed lining deficiencies, numeric results, and number and location of holidays, etc.

X. Comments Describe any lining system deficiencies. Include any steps taken to correct lining system deficiencies. Please note additional information discovered during the inspection.