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Form

pennsylvania
DEPARTMENT OF ENVIRONMENTAL PROTECTION

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

ABOVEGROUND STORAGE TANK INSPECTION SUMMARY

I. Type of Inspection

Integrity

☐ In-service ☐ Out-of-service

Installation

☐ New AST ☐ Relocated AST

☐ Uncertified install

II. Inspection Date(s)

Completion of this inspection _____

Last in-service inspection _____

Last out-of-service inspection _____

Last lining inspection _____

FOR DEP USE ONLY

Reviewer _____

Date _____

Entered By _____

Date _____

III. Facility Information

Facility I.D. Number _____

Facility Name _____

Facility Address _____

_____

Municipality _____

GPS Location Lat: _____ Long: _____

IV. Inspector Information

Name _____

Certification number _____

Phone _____

E-mail _____

Employer _____

Employer certification number _____

V. 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 _____(mm/dd/yy)

VI. Fire/Safety Permit

Number _____

Issuing Authority _____

Date Issued _____

☐ Horizontal Saddle Tank
☐ Vertical Tank
☐ Elevated Vertical Tank

☐ Shop Built
☐ Field Built

VII. Certified Inspector

I, the DEP Certified Inspector, have inspected the entire above referenced tank system. Based on my observation of the tank system, 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** remain in service or be returned to service without additional evaluation or modification.

_____ Certified Inspector's Signature

_____ Date

VIII. 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 _____**

IX. Evaluation of Tank System Indicate the condition of the following components by marking the appropriate columns. If unsatisfactory explain deficiency in comment section.

System component	Satisfactory	Unsatisfactory	Unsatisfactory Cannot Return to Service	Not Applicable
Materials meet specifications/ compatible with substance	☐		☐	
Foundation and tank supports	☐		☐	
Tank shell	☐		☐	
Tank roof	☐		☐	☐
Tank bottom/floor	☐		☐	☐
Internal linings & coatings, if installed	☐		☐	☐
Tank Labeling	☐	☐		
External deterioration protection	☐	☐		☐
Appurtenances	☐	☐	☐	
Ancillary equipment (including piping)	☐	☐	☐	
Cathodic protection system	☐	☐	☐	☐

Method(s) used for nondestructive examination(s) _____

Contamination observed/suspected: ☐ No ☐ Yes, Department notification form submitted on _____.

Does the tank have any perforations? ☐ No ☐ Yes

X. Calculated Information *(Integrity Inspections)*

1. Corrosion/deterioration rate:
   Tank Shell _____(in/yr) Tank Bottom _____(in/yr) Piping _____(in/yr)
2. Remaining service life based on corrosion rate:
   Tank _____ (years) Piping _____(years)
3. Endpoint used to calculate remaining service life: _____(T-min or other endpoint)
4. Next inspection due dates: ☐ Next Inspection Dates to be Determined after repairs
   In-service _____(mm/dd/yy) Out-of-service _____(mm/dd/yy) Internal Liner _____ (mm/dd/yy)
5. Safe fill height _____ (feet)
6. Out-of-Plane Survey (Per API-653) ☐ Satisfactory ☐ Unsatisfactory ☐ Not required
7. Edge Settlement Analysis (per API-653) ☐ Satisfactory ☐ Unsatisfactory ☐ Not required

XI. Record Review

1. Written operations and maintenance plan available on site: ☐ Yes ☐ No ☐ Not required
2. Spill Prevention Response Plan is current and available on site: ☐ Yes ☐ No ☐ Not required
   If yes, date of Spill Prevention Response Plan: _____(mm/dd/yy)
3. Monthly inspection records available for the past twelve months: ☐ Yes ☐ No ☐ Not required
4. 72-hour inspection records available for the past twelve months: ☐ Yes ☐ No ☐ Not required
5. Is a leak test required at the time of this inspection? ☐ Yes ☐ No
   If yes, did the test indicate a possible leak? ☐ Yes ☐ No Which method was used? _____

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

XII. Tank Information

(1) Tank Construction
- ☐ A Single wall steel
- ☐ D Double wall steel
- ☐ E Single wall fiberglass
- ☐ F Double wall fiberglass
- ☐ R Single wall molded plastic
- ☐ X Double wall molded plastic
- ☐ S Single wall stainless steel
- ☐ 99 Other _____

(3) Aboveground Piping Construction
- ☐ A Steel
- ☐ D Fiberglass
- ☐ F PVC or Plastic
- ☐ L Stainless Steel
- ☐ 99 Other _____

(5) Pipe Release Detection Method
- ☐ G Visual inspection
- ☐ H None
- ☐ 99 Other _____

(7) Overfill Prevention
- ☐ Y Yes
- ☐ N No

(10) Tank Cathodic Protection
- ☐ B Galvanic
- ☐ C Impressed current
- ☐ N None

(16) Emergency Containment
- ☐ Yes
- ☐ No
- ☐ Underground Vault

(17) Secondary Containment
- ☐ Yes
- ☐ No
- ☐ Underground Vault

(24) Normal Vent
- ☐ S Satisfactory
- ☐ U Unsatisfactory

(24) Emergency Vent
- ☐ S Satisfactory
- ☐ U Unsatisfactory

XIII. Cathodic Protection

☐ **None**
- ☐ Tank is non-metallic
- ☐ Tank bottom is not in contact with soil or electrolyte
- ☐ Corrosion engineer determined tank bottom does not require Cathodic Protection.

☐ **Impressed Current**
- ☐ Tank Bottom evaluated by a corrosion engineer.
- ☐ Engineer's specifications available.
- ☐ Rectifier is on and functioning within engineer's specifications.

Most Recent CP test:

Tester: _____

Date: _____ Result: _____

Previous CP test:

Tester: _____

Date: _____ Result: _____

☐ **Galvanic**
- ☐ Tank Bottom evaluated by a corrosion engineer.

Most Recent CP test:

Tester: _____

Date: _____ Result: _____

Previous CP test:

Tester: _____

Date: _____ Result: _____

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

XIV. Emergency Containment

1. Construction
   - ☐ Earthen material
   - ☐ Engineered clay
   - ☐ Geotextile
   - ☐ Concrete block
   - ☐ Poured concrete
   - ☐ Open top steel dike
   - ☐ Closed top steel dike
   - ☐ Outer wall of double walled tank *(Section XV)*
   - ☐ Other _____
2. Compatibility verified? ☐ Yes ☐ No
3. Meets capacity requirement? ☐ Yes ☐ No

   Capacity of largest tank in emergency containment (gallons): _____

   Capacity of emergency containment (gallons): _____
4. Permeability (Tank capacity 21,000 gallons or less)

   Sufficiently impermeable to contain any potential release for a minimum of 72 hours and until the release can be detected and fully recovered?

   ☐ Yes ☐ No
5. Permeability (Tank capacity greater than 21,000 gallons)

   Meets permeability requirement? ☐ Yes ☐ No

   Verified date: _____

   Verifier name: _____

   Permeability: _____

   Thickness: _____

   Verification method:
   - ☐ Known-permeability material
   - ☐ Field tested
   - ☐ Laboratory tested
   - ☐ Professional engineer verified *(Number 6 Required)*
6. Emergency containment verified by professional engineer* (Tank capacity greater than 21,000 gallons; Permeability verified by a PE)

   PA Licensed Professional Engineer Information:

   Name: _____

   Certification No. _____

   Written monitoring program allows the facility owner to detect a release from the Tank. ☐ Yes ☐ No

   Written response plan allows the facility owner to recover the entire volume of any release and is designed to prevent contamination of the waters of this Commonwealth. ☐ Yes ☐ No

   PE sealed certification documents attached.

   ☐ Yes ☐ No

   **Only valid for aboveground storage tank systems constructed prior to October 11, 1997.*

XV. Secondary Containment

1. Impermeable layer ☐ Yes ☐ No Describe: _____
2. Space for release detection ☐ Yes ☐ No Describe: _____
3. Monitored at least monthly for evidence of a release? ☐ Yes ☐ No

XVI. Double Walled Tanks

If this is a double walled tank that relies **solely** on the outer wall for containment, please answer the following questions.

1. Is there permanently installed spill prevention (Spill Bucket/Containment Box)? ☐ Yes ☐ No
2. Are there block valves on all product lines? ☐ Yes ☐ No
3. Is there a solenoid valve or antisiphon device on the product line(s)? ☐ Yes ☐ No ☐ Not applicable

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

XVII. Installer Information *(New and Relocated Tank Systems only)*

Installer Name	Certification Number	Company Name	Company Certification

1. Site Specific Installation Permit Number: _____ ☐ Not Applicable
2. Welding (procedure, qualification) ☐ Satisfactory ☐ Unsatisfactory ☐ Not Applicable
3. Is a hydrostatic test required? ☐ Yes ☐ No If yes, were the results satisfactory? ☐ Yes ☐ No
4. Tank installation is in accordance with manufacturer's specifications, engineer's design criteria and current industry standards. ☐ Yes ☐ No (If no, explain all deficiencies in Section XVII)

XVIII. Comments Describe any tank system deficiencies and whether repairs of the deficiencies need to be conducted by, or under the direct oversight of a DEP-certified tank handler. Please note additional information discovered during the inspection. If additional comment sheets are needed, label each sheet with facility and tank identification numbers, inspection date and page number.