



Underground Oil Storage Tanks Annual Inspection Report

General Instructions

1. State law and Department of Environmental Protection (Department) rules require submittal of an inspection certifying all procedures and equipment are in compliance. The Department does not accept failing annual inspections.

Exceptions: Inspection failures for (1) Inadequate daily inventory can be resolved by the owner submitting current, reconciled daily inventory; and (2) Failing cathodic protection (CP) results can be resolved by an installer or CP certified inspector retesting CP and attaining passing results within six months.

NOTE: Although Installer/Inspectors must check Class A/B Certificates, Class C Training Records and unattended fueling capabilities (page 2), and verify that an Emergency Electrical Disconnect is present (see page 7, Dispensers) these items will not affect an inspection's PASS/FAIL compliance.

2. A facility that fails to submit a passing annual inspection may be prohibited from receiving deliveries and dispensing product in accordance with Maine law 38 M.R.S. § 565-A. Items that are failing must be repaired or corrected within thirty (30) days or the owner must notify the Department.
3. Leak detection equipment and procedures, spill and overfill prevention devices must be checked or tested annually for proper operation. Cathodically protected tanks and piping must be checked annually to insure they are adequately protected from corrosion.
4. All work associated with testing of equipment and checking of procedures must be performed under direct, onsite supervision of a Maine certified underground storage tank installer or a Maine certified underground storage tank inspector.
5. Mail completed reports to: Annual Tank Inspections, Maine Department of Environmental Protection, 17 State House Station, Augusta, Maine 04333-0017 (physical address: 28 Tyson Drive) within thirty (30) days after the inspection is completed. **Please ensure that the owner/operator receives a copy.**
6. Detailed instructions on how to fill out this form are provided in the Department's "UST Inspector Reference Handbook", available online at www.maine.gov/dep/waste/ust/formslists.html. The Annual Inspection Report form, the Inspector Reference Handbook and a list of Frequently Asked Questions (FAQ's) are also available by calling the Underground Tanks Unit at (207) 287-7688.



State of Maine
Department of Environmental Protection



**Underground Oil Storage Facility - Class A/B Operator
Weekly Facility Walk-Through Inspection Checklist**

Month & Year:

	1	2	3	4	5
Date of Inspection:					
Release Detection: <ul style="list-style-type: none"> • Is the Electronic system working properly? • Is daily inventory being maintained and properly reconciled monthly? • Is the Manual Groundwater or Tank Interstitial Space Log being maintained? 					
Electronic Overfill Alarm (if equipped): Inspect/test for proper operation. Can a delivery person hear or see the alarm when it alarms?					
Spill Log: Is the spill log properly used and maintained?					
Spill Buckets: Are spill buckets clean and empty?					
Spill And Overfill Response Supplies: Inventory the emergency spill response supplies. If the supplies are low, restock the supplies. Are supplies adequate?					
Fill And Monitoring Ports: Inspect all fill ports, monitoring ports and vapor recovery ports. Are covers and caps tightly sealed with no damage?					
Dispenser Area: Check dispensers, dispenser islands, and surrounding areas. Clean areas as needed. Are these areas free of evidence of spills and discharges?					
Dispensers And Dispenser Sumps: Open each dispenser and inspect all piping, fittings, and couplings to verify there are no signs of leakage. If any water, product or debris is present, have it removed and disposed of properly.					
Dispenser Hoses, Nozzles, and Breakaways: Are the fittings tight, functioning properly and not leaking?					

You should be able to answer “yes” to each question. Your initials in each box below the date of the inspection indicate the device/system was inspected and operating properly and compliant with the requirements on that date.

This checklist provides guidance for certified A/B operators to perform weekly inspections at underground tank facilities. This checklist, when properly completed, will be accepted by the Maine Department of Environmental Protection as demonstrating compliance with the weekly inspection requirement of 06-096 CMR, Chapter 693, Operator Training for Underground Oil and Hazardous Substance Storage Facilities.



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



Facility Name _____

Owner _____

Registration # _____

Address _____

Operator _____

Phone _____

Tank / Chamber #								
Volume								
Product								
Pump Type								
	Pass	Fail	Pass	Fail	Pass	Fail	Pass	Fail
Daily Inventory	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Automatic Tank Gauge	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Groundwater Monitoring	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Interstitial Monitoring	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Line Leak Detectors	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Heating Oil Tank Piping	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Overfill Prevention	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Spill Buckets	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Stage I Vapor Recovery	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dispenser Area	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	
Cathodic Protection	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Temp. Out-of-Service	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Any FAIL in the columns above means a FAIL for that tank (and the facility).	Pass	Fail	Pass	Fail	Pass	Fail	Pass	Fail
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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 Annual Inspection, 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

(Motor-fuel, waste oil, marketing and distribution facilities)

Item		Yes	No
1	Is a Class A/B Operator employed at this facility?		
	Certificate #		Name
2	Class A/B Operator documenting the Weekly Walk-through Inspections with a checklist?		<input type="checkbox"/> Checklist provided
3	Class C Operator Training Record on-hand?		

Information collected on this page will not affect or change the "pass/fail" status of the annual inspection report.

Unattended Fueling Operations

Item		Yes	No
4	Does facility allow unattended fueling?		
5	Proper signage for unattended fueling facilities?		

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
UST Annual Inspection Report

Reg #:

AI Date:

Daily Inventory

(Only for tanks that use monthly reconciliation of daily inventory combined with annual statistical inventory analysis [SIA])

Item	Tank/Chamber #	Pass		Fail		Pass		Fail		Pass		Fail	
		Pass	Fail	Pass	Fail	Pass	Fail	Pass	Fail	Pass	Fail		
6	Inventory reconciled monthly?												
7	Over/Shorts less than 1%?												
8	Fill pipe drop tube in place?												
Manual Inventory													
9	Gauge stick in good condition?												
PASS or FAIL?			<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>

Automatic Tank Gauging (Single-walled tanks only)

For tanks using an ATG for leak detection (Item 12 not required if ATG is only being used to collect daily inventory)

10	Make & Model:	Pass		Fail		Pass		Fail		Pass		Fail	
Pass	Fail	Pass	Fail	Pass	Fail	Pass	Fail	Pass	Fail	Pass	Fail	Pass	Fail
11	Console is properly programmed and fully operational?												
12	Passing 0.2 gph test within last 30 days at tank capacity or a range of tank capacities as specified by the equipment manufacturer?												
13	Product & water floats checked by hand?												
PASS or FAIL?			<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>

Required: Attach copy of **ATG printout** showing passing results with the inspection report. If ATG printout results are not included with annual inspection report, the inspection will be considered incomplete and returned to the owner.

Ground Water Monitoring (Single-walled tanks only)

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

		Pass		Fail		Pass		Fail		Pass		Fail	
		Pass	Fail	Pass	Fail	Pass	Fail	Pass	Fail	Pass	Fail		
14	Monitoring wells accessible?												
15	Monitoring wells marked & secured?												
16	Bailer present, functional and clean?												
17	Water in well?												
18	No floating oil or smell of oil?												
19	Log of weekly well inspection?												
PASS or FAIL?			<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>

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

Maine Department of Environmental Protection
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Interstitial Monitoring (*Double-walled Tanks and/or Piping*)

Console Make and Model:

Item	Tank/Chamber # Volume Product	TANK		PIPE		TANK		PIPE		TANK		PIPE		TANK		PIPE	
		P	F	P	F	P	F	P	F	P	F	P	F	P	F	P	F
20	Electronic (E), Manual (M), or None (X)																
Manual		P	F	P	F	P	F	P	F	P	F	P	F	P	F	P	F
21	Sump is accessible for inspections?																
22	Written log of sump checks maintained?																
Electronic		P	F	P	F	P	F	P	F	P	F	P	F	P	F	P	F
23	Console is properly programmed and fully operational?																
24	Sensors are properly placed?																
25	Sensors are functioning properly?																
All Systems		P	F	P	F	P	F	P	F	P	F	P	F	P	F	P	F
26	Sumps in liquid tight condition?																
27	No oil in sumps or interstitial space?																
28	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)

Maine Department of Environmental Protection
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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
29	Make and Model (or N/A)								
30	Mechanical (M) or Electronic (E) LLD?								
31	LLD listed for use with type of piping present (rigid or flexible)?								
Mechanical LLD's only									
32	Slow flow when 3 gph leak @ 10 PSI is simulated?								
Electronic LLD's only									
33	One 0.1 gph or 0.2 gph test passed within last 30 days (if used for primary leak detection on single-walled piping)?								
34	System alarms and/or shuts off turbine when a 3 gph leak @ 10 psi is simulated?								
PASS or FAIL?			<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>

Copper Piping on Heating Oil Tanks

Item	Tank/Chamber # Product								
		YES	NO	YES	NO	YES	NO	YES	NO
35	Copper Piping?								
36	Piping sleeved or secondarily contained? (* See note below)								
37	Copper suction/return lines in single sleeve separated by spacers?								
PASS or FAIL?			<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>

* 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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AI Date:

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

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

Spill Buckets

		Pass	Fail	Pass	Fail	Pass	Fail	Pass	Fail
43	Lid in good condition?								
44	Lid not touching fill cap?								
45	Clean?								
46	Liquid tight?								
47	Fill cap and gasket in good condition?								
48	Drop tube? (gasoline/manual stick tanks)								
49	Ends within 6 inches of tank bottom? (gasoline)								
PASS or FAIL?									

Stage 1 Vapor Recovery

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

Document all repairs (reference the Item #) made to bring facility into compliance in any Comments box with sufficient space.

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AI Date:

Dispenser Area

55	Emergency Electrical Disconnects?	Yes		No	
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Item	Dispenser # All Systems														
		P	F	P	F	P	F	P	F	P	F	P	F	P	F
56	No weeps or leaks in dispenser?														
Crash Valves		P	F	P	F	P	F	P	F	P	F	P	F	P	F
57	Crash valves at correct height?														
58	Crash valves are properly secured?														
59	Crash valves operational?														
Dispenser Sumps		P	F	P	F	P	F	P	F	P	F	P	F	P	F
60	Are sumps in liquid tight condition?														
61	No oil in sumps?														
62	No water in sumps?														
Electronic Sump Monitoring		P	F	P	F	P	F	P	F	P	F	P	F	P	F
63	Monitoring console is fully operational?														
64	Sensors are properly placed?														
65	Sensors are functioning properly?														
PASS or FAIL?		P	F	P	F	P	F	P	F	P	F	P	F	P	F

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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AI Date:

Cathodic Protection

Galvanic Systems

Item	Tank #								
66	Double-Walled Tanks <i>(one reading taken at tank mid-point)</i>								
67	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?			<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>
68	Product Pipe (Lowest Reading)								
PASS or FAIL?			<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>

Impressed Current Systems

Item	Tank #								
		Pass	Fail	Pass	Fail	Pass	Fail	Pass	Fail
69	System met test requirements of NACE TM 101-2007?								
70	Monthly log present and filled out properly?								
PASS or FAIL?			<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>

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 24 months without receiving the Department's permission in writing are required to be properly abandoned (removed).

		Tank #	Volume	Product								
Item												
71	Date of last dispensing or delivery <i>(Month/Day/Year)</i>											
					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 20 & 23 - 28 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?					<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>

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