

APCD Oil and Gas Condensate Tank Spot Check Inspection Form

Date: _____ Inspector Name(s): _____

Time: _____

TANK BATTERY GENERAL INFORMATION

Company: _____

County: _____

Location Name(s): _____

Location QTR/QTR/SEC/TSP/Range: _____

AIRS ID(s) marked on/by tank(s)? (If "yes", include #(s)) _____

TANK BATTERY INSPECTION FINDINGS

Tank Hatch(es): Is the tank thief hatch(es) closed?* _____

Air Pollution Control Equipment: Does this site have air pollution control equipment? _____

Control equipment complies with XII.F.2: Is (each, if >1) AIRS ID sign marked on equipment? _____

Type of control equipment: flare, VRU, or other (describe)? _____

Flare Pilot Flame: Is the pilot flame on?* _____

Flare Fuel Gas Valve Position: Is the fuel gas valve position open?* _____

Flare complies with XII.C.1.d: Is flare enclosed?* _____

Flare complies with XII.C.1.d: Is flare free of visible emissions?* _____

Flare complies with XII.C.1.d: Can observer visually observe proper operation?* _____

Flare complies with XII.C.1.e: Does flare have auto-ignitor? (may not be required) _____

Was company contacted at time of inspection regarding findings? (If "yes" ,provide details below) _____

Additional Comments (e.g., Include details, as appropriate, for inspection findings if answer to question marked with an asterisk (*) is "no.")

