



New UST Installation Inspection Checklist

(Petroleum or Hazardous Substances)

Inspection Date:
In Use Date:

Facility ID#:

Owner/Operator	Site Name
Address	Street Address (or directions, if rural)
City State Zip	City State Zip

Application Verification Information

New/Replaced Tank(s) New Piping 10% or more Piping Replacement

List the tank ID numbers of piping being replaced:

Tank/Compartment Number	#	#	#	#	#	#
Tank Type	<input type="checkbox"/> Fed <input type="checkbox"/> HO	<input type="checkbox"/> Fed <input type="checkbox"/> HO	<input type="checkbox"/> Fed <input type="checkbox"/> HO	<input type="checkbox"/> Fed <input type="checkbox"/> HO	<input type="checkbox"/> Fed <input type="checkbox"/> HO	<input type="checkbox"/> Fed <input type="checkbox"/> HO
Tank/Compartment Capacity (Gallons)						
Substance Stored In Tank/Compartment. UL, Pr, E-10, E-85, E-95, #1D, #2D, #1HO, #2HO, K, WO, NO, DD (Dyed Diesel), Other (Specify)						
Specify Type of Tank (Material of Construction)	Steel with CP	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	FRP	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Brand:	Jacketed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Composite ACT100	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Other					
Installation Method	<input type="checkbox"/> PEI RP100 <input type="checkbox"/> API 1615 <input type="checkbox"/> Manufacturer's Instructions Specify Other	Anchoring Method	<input type="checkbox"/> Deadmen <input type="checkbox"/> Overburden <input type="checkbox"/> Both <input type="checkbox"/> None			
Bedding and Backfill	Bedding Depth (inches) Backfill Material (specify grade) (If FRP, attach current sieve analysis) Alternate Backfill Method used? <input type="checkbox"/> Yes <input type="checkbox"/> No (If yes, attach "Alternate Backfill" checklist)					

Application Verification Continued

Secondary Containment	<input type="checkbox"/> None <input type="checkbox"/> Double Walled <input type="checkbox"/> Excavation Liner <input type="checkbox"/> Other		
Release Detection: Tanks	Brand/Model/Test Method		Brand/Model/Test Method
<input type="checkbox"/> Ground Water Monitoring Tank #s		<input type="checkbox"/> ATG Tank #s	
<input type="checkbox"/> Interstitial Monitoring Tank #s		<input type="checkbox"/> Manual Tank Gauging Tank #s	
<input type="checkbox"/> Tightness Testing --- Daily Inventory Control Tank #s		<input type="checkbox"/> Other (SIR) Tank #s	
<input type="checkbox"/> Soil Vapor Monitoring Tank #s			

Corrosion Protection: Tanks	
Internal	External
<input type="checkbox"/> Internal Lining	<input type="checkbox"/> Impressed Current Cathodic Protection
<input type="checkbox"/> None	<input type="checkbox"/> Galvanic/Sacrificial Cathodic Protection
<input type="checkbox"/> Unknown	<input type="checkbox"/> Fiberglass/Epoxy Resin Clad
	<input type="checkbox"/> None
	<input type="checkbox"/> Other (specify)
Spill Prevention Method	<input type="checkbox"/> Spill Containment Basin <input type="checkbox"/> Other (specify)
Overfill Prevention Method	<input type="checkbox"/> Ball Float Valve in Vent <input type="checkbox"/> High Level Alarm <input type="checkbox"/> Drop Tube Shut-Off <input type="checkbox"/> Other (specify)

Piping Material	Brand
<input type="checkbox"/> Steel w/ CP	
<input type="checkbox"/> FRP	
<input type="checkbox"/> Flexible Plastic	
<input type="checkbox"/> Other	
Corrosion Protection for Piping	Release Detection for Piping (mark all that apply)
<input type="checkbox"/> Impressed Current Cathodic Protection	<input type="checkbox"/> Ground Water Monitoring
<input type="checkbox"/> Galvanic/Sacrificial Cathodic Protection	<input type="checkbox"/> Interstitial Monitoring
<input type="checkbox"/> None (made of non-corrodible materials)	<input type="checkbox"/> Electronic Leak Detectors
<input type="checkbox"/> Other (specify)	<input type="checkbox"/> Tightness Testing -Every 3 Yrs (Conventional Suction)
	<input type="checkbox"/> Soil Vapor Monitoring
	<input type="checkbox"/> Manual Leak Detectors
	<input type="checkbox"/> Tightness Testing -Annual (Pressurized)
	<input type="checkbox"/> None (Safe Suction)
	<input type="checkbox"/> Other (SIR)
Piping System	<input type="checkbox"/> Pressurized <input type="checkbox"/> Conventional Suction <input type="checkbox"/> Safe Suction If a pressurized system, will shear valve be rigidly anchored to dispenser island in accordance with manufacturer's installation instructions? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, explain
Secondary Containment	<input type="checkbox"/> None <input type="checkbox"/> Double Walled <input type="checkbox"/> Excavation Liner <input type="checkbox"/> Other

General Site Plan

Show buildings on property, approximate location of tanks and piping, distances from tanks and piping to property lines/building and location of dispensers.

North



Distance from tank(s) to nearest property line (feet). ft.
Distance from tank(s) to nearest structure (feet). ft
Distance from tank(s) to nearest public water supply system (feet). ft
Depth to groundwater (feet). ft
Electrical Permit obtained? Yes No N/A
Does building have plastic water supply lines? Yes No
Was ONE-CALL Properly Notified? Yes No N/A Unknown

Field Compliance Check

Tank Inspection Date:

Tanks

Tank Condition	Tank #	Tank #	Tank #	Tank #	Tank #	Tank #
Free from Exterior Damage	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes
	<input type="checkbox"/> No	<input type="checkbox"/> No	<input type="checkbox"/> No	<input type="checkbox"/> No	<input type="checkbox"/> No	<input type="checkbox"/> No
	<input type="checkbox"/> N/W	<input type="checkbox"/> N/W	<input type="checkbox"/> N/W	<input type="checkbox"/> N/W	<input type="checkbox"/> N/W	<input type="checkbox"/> N/W
	<input type="checkbox"/> N/A	<input type="checkbox"/> N/A	<input type="checkbox"/> N/A	<input type="checkbox"/> N/A	<input type="checkbox"/> N/A	<input type="checkbox"/> N/A

Excavation						
Proper size	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes
	<input type="checkbox"/> No	<input type="checkbox"/> No	<input type="checkbox"/> No	<input type="checkbox"/> No	<input type="checkbox"/> No	<input type="checkbox"/> No
	<input type="checkbox"/> N/W	<input type="checkbox"/> N/W	<input type="checkbox"/> N/W	<input type="checkbox"/> N/W	<input type="checkbox"/> N/W	<input type="checkbox"/> N/W
	<input type="checkbox"/> N/A	<input type="checkbox"/> N/A	<input type="checkbox"/> N/A	<input type="checkbox"/> N/A	<input type="checkbox"/> N/A	<input type="checkbox"/> N/A
Adequate depth	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes
	<input type="checkbox"/> No	<input type="checkbox"/> No	<input type="checkbox"/> No	<input type="checkbox"/> No	<input type="checkbox"/> No	<input type="checkbox"/> No
	<input type="checkbox"/> N/W	<input type="checkbox"/> N/W	<input type="checkbox"/> N/W	<input type="checkbox"/> N/W	<input type="checkbox"/> N/W	<input type="checkbox"/> N/W
	<input type="checkbox"/> N/A	<input type="checkbox"/> N/A	<input type="checkbox"/> N/A	<input type="checkbox"/> N/A	<input type="checkbox"/> N/A	<input type="checkbox"/> N/A
Stable soil (if unstable soil conditions exist, consult with tank mfg.)	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes
	<input type="checkbox"/> No	<input type="checkbox"/> No	<input type="checkbox"/> No	<input type="checkbox"/> No	<input type="checkbox"/> No	<input type="checkbox"/> No
	<input type="checkbox"/> N/W	<input type="checkbox"/> N/W	<input type="checkbox"/> N/W	<input type="checkbox"/> N/W	<input type="checkbox"/> N/W	<input type="checkbox"/> N/W
	<input type="checkbox"/> N/A	<input type="checkbox"/> N/A	<input type="checkbox"/> N/A	<input type="checkbox"/> N/A	<input type="checkbox"/> N/A	<input type="checkbox"/> N/A

Cathodic Protection (Steel Tanks)						
Anodes in acceptable condition	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes
	<input type="checkbox"/> No	<input type="checkbox"/> No	<input type="checkbox"/> No	<input type="checkbox"/> No	<input type="checkbox"/> No	<input type="checkbox"/> No
	<input type="checkbox"/> N/W	<input type="checkbox"/> N/W	<input type="checkbox"/> N/W	<input type="checkbox"/> N/W	<input type="checkbox"/> N/W	<input type="checkbox"/> N/W
	<input type="checkbox"/> N/A	<input type="checkbox"/> N/A	<input type="checkbox"/> N/A	<input type="checkbox"/> N/A	<input type="checkbox"/> N/A	<input type="checkbox"/> N/A
CP test station installed and lead wires labeled	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes
	<input type="checkbox"/> No	<input type="checkbox"/> No	<input type="checkbox"/> No	<input type="checkbox"/> No	<input type="checkbox"/> No	<input type="checkbox"/> No
	<input type="checkbox"/> N/W	<input type="checkbox"/> N/W	<input type="checkbox"/> N/W	<input type="checkbox"/> N/W	<input type="checkbox"/> N/W	<input type="checkbox"/> N/W
	<input type="checkbox"/> N/A	<input type="checkbox"/> N/A	<input type="checkbox"/> N/A	<input type="checkbox"/> N/A	<input type="checkbox"/> N/A	<input type="checkbox"/> N/A
Coating damage repaired	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes
	<input type="checkbox"/> No	<input type="checkbox"/> No	<input type="checkbox"/> No	<input type="checkbox"/> No	<input type="checkbox"/> No	<input type="checkbox"/> No
	<input type="checkbox"/> N/W	<input type="checkbox"/> N/W	<input type="checkbox"/> N/W	<input type="checkbox"/> N/W	<input type="checkbox"/> N/W	<input type="checkbox"/> N/W
	<input type="checkbox"/> N/A	<input type="checkbox"/> N/A	<input type="checkbox"/> N/A	<input type="checkbox"/> N/A	<input type="checkbox"/> N/A	<input type="checkbox"/> N/A
Initial CP readings in mV						
Adequate spacing between tanks	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes
	<input type="checkbox"/> No	<input type="checkbox"/> No	<input type="checkbox"/> No	<input type="checkbox"/> No	<input type="checkbox"/> No	<input type="checkbox"/> No
	<input type="checkbox"/> N/W	<input type="checkbox"/> N/W	<input type="checkbox"/> N/W	<input type="checkbox"/> N/W	<input type="checkbox"/> N/W	<input type="checkbox"/> N/W
	<input type="checkbox"/> N/A	<input type="checkbox"/> N/A	<input type="checkbox"/> N/A	<input type="checkbox"/> N/A	<input type="checkbox"/> N/A	<input type="checkbox"/> N/A

General Tank Information						
Acceptable air and/or vacuum test conducted using appropriate soaping procedures (if necessary)	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes
	<input type="checkbox"/> No	<input type="checkbox"/> No	<input type="checkbox"/> No	<input type="checkbox"/> No	<input type="checkbox"/> No	<input type="checkbox"/> No
	<input type="checkbox"/> N/W	<input type="checkbox"/> N/W	<input type="checkbox"/> N/W	<input type="checkbox"/> N/W	<input type="checkbox"/> N/W	<input type="checkbox"/> N/W
	<input type="checkbox"/> N/A	<input type="checkbox"/> N/A	<input type="checkbox"/> N/A	<input type="checkbox"/> N/A	<input type="checkbox"/> N/A	<input type="checkbox"/> N/A
Appropriate gauges used	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes
	<input type="checkbox"/> No	<input type="checkbox"/> No	<input type="checkbox"/> No	<input type="checkbox"/> No	<input type="checkbox"/> No	<input type="checkbox"/> No
	<input type="checkbox"/> N/W	<input type="checkbox"/> N/W	<input type="checkbox"/> N/W	<input type="checkbox"/> N/W	<input type="checkbox"/> N/W	<input type="checkbox"/> N/W
	<input type="checkbox"/> N/A	<input type="checkbox"/> N/A	<input type="checkbox"/> N/A	<input type="checkbox"/> N/A	<input type="checkbox"/> N/A	<input type="checkbox"/> N/A
Working pressure relief valve used	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes
	<input type="checkbox"/> No	<input type="checkbox"/> No	<input type="checkbox"/> No	<input type="checkbox"/> No	<input type="checkbox"/> No	<input type="checkbox"/> No
	<input type="checkbox"/> N/W	<input type="checkbox"/> N/W	<input type="checkbox"/> N/W	<input type="checkbox"/> N/W	<input type="checkbox"/> N/W	<input type="checkbox"/> N/W
	<input type="checkbox"/> N/A	<input type="checkbox"/> N/A	<input type="checkbox"/> N/A	<input type="checkbox"/> N/A	<input type="checkbox"/> N/A	<input type="checkbox"/> N/A

Tanks Continued

Spill Containment installed	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/W <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/W <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/W <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/W <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/W <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/W <input type="checkbox"/> N/A
Overfill mechanism installed	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/W <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/W <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/W <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/W <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/W <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/W <input type="checkbox"/> N/A
Anchoring straps properly installed	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/W <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/W <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/W <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/W <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/W <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/W <input type="checkbox"/> N/A
Deadmen or pad properly installed	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/W <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/W <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/W <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/W <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/W <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/W <input type="checkbox"/> N/A

FRP Tanks--Have tank deflection measurements been taken?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/W <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/W <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/W <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/W <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/W <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/W <input type="checkbox"/> N/A
Deflection Measurements						
Before						
During (1)						
During (2)						
After						

Tank Section Comments			
Inspector's Signature			Date:
Contractor's Signature		Certification#	EXP. Date
			Date:

Piping Inspection Date:

Piping

General	Tank #	Tank #	Tank #	Tank #	Tank #	Tank #
Trenches properly sloped	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/W <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/W <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/W <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/W <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/W <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/W <input type="checkbox"/> N/A
Appropriate air test conducted	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/W <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/W <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/W <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/W <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/W <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/W <input type="checkbox"/> N/A

If Steel with cathodic protection	Tank #	Tank #	Tank #	Tank #	Tank #	Tank #
Anodes in acceptable condition	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/W <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/W <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/W <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/W <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/W <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/W <input type="checkbox"/> N/A
Anodes wires attached with Appropriate clamps or welding procedures	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/W <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/W <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/W <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/W <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/W <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/W <input type="checkbox"/> N/A
All coating damage repaired	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/W <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/W <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/W <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/W <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/W <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/W <input type="checkbox"/> N/A
Are proper swing joints or flex connectors installed	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/W <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/W <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/W <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/W <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/W <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/W <input type="checkbox"/> N/A

Piping continued	Tank #	Tank #	Tank #	Tank #	Tank #	Tank #
Are appropriate dielectric fittings installed	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/W <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/W <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/W <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/W <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/W <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/W <input type="checkbox"/> N/A
Are check/emergency valves installed in appropriate locations	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/W <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/W <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/W <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/W <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/W <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/W <input type="checkbox"/> N/A
Other	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/W <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/W <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/W <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/W <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/W <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/W <input type="checkbox"/> N/A

If FRP (fiberglass)	Tank #	Tank #	Tank #	Tank #	Tank #	Tank #
Joints properly prepared and joined	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/W <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/W <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/W <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/W <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/W <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/W <input type="checkbox"/> N/A
Stainless steel flex connectors protected from corrosion	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/W <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/W <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/W <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/W <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/W <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/W <input type="checkbox"/> N/A

FRP (fiberglass) continued	Tank #	Tank #	Tank #	Tank #	Tank #	Tank #
If double walled						
Is excess joint cement appropriately cleaned from surfaces	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/W <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/W <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/W <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/W <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/W <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/W <input type="checkbox"/> N/A
Is interstitial space tested per Manufacturer's specifications	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/W <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/W <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/W <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/W <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/W <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/W <input type="checkbox"/> N/A
Other	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/W <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/W <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/W <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/W <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/W <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/W <input type="checkbox"/> N/A

If Flexible Plastic	Tank #	Tank #	Tank #	Tank #	Tank #	Tank #
Is piping UL listed	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/W <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/W <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/W <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/W <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/W <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/W <input type="checkbox"/> N/A
Is piping run free of "sumps"	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/W <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/W <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/W <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/W <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/W <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/W <input type="checkbox"/> N/A
Are fittings properly attached in accordance with Manufacturer's specs	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/W <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/W <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/W <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/W <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/W <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/W <input type="checkbox"/> N/A
Other	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/W <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/W <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/W <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/W <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/W <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/W <input type="checkbox"/> N/A

Piping Section Comments

Inspector's Signature			Date:		
Contractor's Signature		Certification#	EXP. Date	Date:	

**Piping Inspection Date:
Vent Piping**

	Tank #	Tank #	Tank #	Tank #	Tank #	Tank #
Is piping run free of "sumps"	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/W <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/W <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/W <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/W <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/W <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/W <input type="checkbox"/> N/A
All coating damage repaired	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/W <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/W <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/W <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/W <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/W <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/W <input type="checkbox"/> N/A
Are appropriate di-electric fittings installed	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/W <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/W <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/W <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/W <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/W <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/W <input type="checkbox"/> N/A
Proper extension above grade level	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/W <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/W <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/W <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/W <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/W <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/W <input type="checkbox"/> N/A
	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/W <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/W <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/W <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/W <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/W <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/W <input type="checkbox"/> N/A

Electrical

Are conduit runs equipped with "seal offs" where appropriate	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/W <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/W <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/W <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/W <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/W <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/W <input type="checkbox"/> N/A
Are emergency shut offs installed where necessary	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/W <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/W <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/W <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/W <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/W <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/W <input type="checkbox"/> N/A
Other	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/W <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/W <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/W <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/W <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/W <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/W <input type="checkbox"/> N/A

Fill Piping

Are fill pipes equipped with lockable caps	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/W <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/W <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/W <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/W <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/W <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/W <input type="checkbox"/> N/A
Are drop tubes installed	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/W <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/W <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/W <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/W <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/W <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/W <input type="checkbox"/> N/A
Other	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/W <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/W <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/W <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/W <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/W <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/W <input type="checkbox"/> N/A

Inspector's Signature				Date:	
Contractor's Signature		Certification#	EXP. Date	Date:	

General UST Installation Comments/Corrections

Facility Name:	Date:	Facility ID #:
Facility Address	Number of UST's	

Comments/Corrections Required

Deputy's Signature:		Date:	
Contractor's Signature:	Certification#	EXP. Date:	Date: