

Self-Verification for Alternative Monthly / Annual UST Walkthrough Inspection Forms

Owner Name:	
Owner Address:	
Telephone Number:	
Email Address:	
Contact Person:	
COMAR 26.10.04.03 requires owners and operators of substance underground storage tank (UST) systems to per walkthrough inspections. (See "Periodic Operation & I fact sheet). MDE recommends using the Maryland Maryland Annual UST System Walkthrough Inspection for the Inspection and Maintenance of UST Systems (walkthrough inspections. However, if an owner or an operator opts to use an inspections, they must verify the form(s) are as stringent at the form(s) comply with COMAR 26.10.04.03. Complete and a list of facilities proposed to use the alternative form	form both monthly and annual operation and maintenance Maintenance Walkthrough Inspections for UST Systems" Monthly UST System Walkthrough Inspection and ion forms or the forms found in Recommended Practices PEI/RP900-17, 2017 Edition) to complete the required alternative form to complete the required walkthrough sthe Maryland walkthrough inspection form(s) and verify and submit this form, the proposed walkthrough form(s),
Oil Control Program 1800 Washington Baltimore Cit	n Blvd. Suite 620
Alternative Monthly Walkthrough Inspection for	orm attached
Alternative Annual Walkthrough Inspection form attached	
List of facilities that will be using the proposed	form(s) attached
I hereby certify that the I have personally examined the 26.10.04.03 regulations and verified that the proposed f COMAR 26.10.04.03.	
Print Name:	Title:
Sign:	Date:

Copy of this completed self-verification form and copies of the completed inspection form(s) must be maintained at the UST site for 1 year and for at least 5 years at a location designated by the UST system owner.

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