Underground Storage Tank System Compliance Inspection Report
Oil Control Program

410-537-3442 • 1-800-633-6101 x3442 • 410-537-3092 (fax) • http://www.mde.maryland.gov
Oil Control Program, Suite 620, 1800 Washington Blvd., Baltimore MD 21230-1719

Instructions: Only a Maryland Certified Underground Storage Tank (UST) System Inspector shall complete this report. Detailed instructions on how to complete this report are provided in MDE's *Certified UST System Inspector Reference Handbook*, which is available at: https://mde.maryland.gov/programs/land/OilControl/Documents/Inspector_Handbook_5.23.23_105pgs.pdf
Use a second form for facilities with more than five UST systems. Type or print all information with blue or black ink.

Section 1. General Information

Facility Name:					
Location Address:					
City:					
Telephone No.:					
Owner Name:					
Mailing Address:					
City, State, Zip:					
Phone No.:					
Fax No.:					
E-Mail:					
Operator Name:					
Phone No.:					
Fax No.:					
E-Mail:					
MDE Facility ID:	**Date of Inspection:** (mm/dd/yy)	**UST System Registration Certificate on display or available onsite?**	**All applicable UST systems registered?**	**Site is defined as a:** (check all that apply) ☐ **HRGUA facility**[1] ☐ **WHPA facility**[2] ☐ **High Risk Underground Oil Storage Facility**[3]	**Owner / Operator submitted evidence of FR to MDE annually in accordance with COMAR 26.10.11.04?**
		[ ] Yes [ ] No	[ ] Yes [ ] No	**Site or neighbor supplied by potable well?** [ ] Yes [ ] No	[ ] Yes [ ] No

1a. Inspection Summary

Section	UST System ID # as listed on the MDE UST System Registration Form	UST # _____	UST # _____	UST # _____	UST # _____	UST # _____
	Owner UST ID # (if different)					
Use the following codes to complete the table: **P** = Pass; **PC** = Pass w/ corrections; **F** = Fail; or **NA** = Not applicable						
3.	**Temporarily Closed UST System**					
4a.	**Containment Sump**					
4b.	**Dispenser**					
5a.	**Tank Top Components**					
5b.	**Vent Pipe**					
6a.	**Spill Prevention Equipment**					
6b.	**Overfill Prevention Equipment**					
7a.	**Stage I Vapor Recovery**					
7b.	**Stage II Vapor Recovery**					
8.	**UST Construction and Corrosion Protection**					
8.	**Piping Construction and Corrosion Protection**					
9.	**Tightness Testing**					
10a.	**Facility Housekeeping**					
10b.	**Tank Field Monitoring Pipes**					
10c.	**HRGUA / WHPA Facilities**					
10d.	**High Risk Underground Oil Storage Facilities**					
11.	**Inventory Control**					
12.	**UST Release Detection**					
12.	**Piping Release Detection**					
14.	**Operator Training**					
15.	**Walkthrough Inspections**					
Inspector and Owner / Operator has signed page 2 and initialed page 26?				[ ] Yes	[ ] No	
Additional form(s) used?				[ ] Yes	[ ] No	

Section 1. General Information (cont'd.)

Notes:

1. **"High Risk Groundwater Use Area (HRGUA)"** is defined in COMAR 26.10.07.02, but generally means an area with a new or existing gasoline UST system where the facility and/or adjoining property is served by an individual water supply well in Baltimore, Carroll, Cecil, Frederick, or Harford County.
2. **"Well Head Protection Area (WHPA)"** is defined in COMAR 26.10.07.02, but generally means an area in Baltimore, Carroll, Cecil, Frederick, or Harford County identified and regulated by a local government surrounding one or more wells serving a community or public water system.
3. **"High Risk Underground Oil Storage Facility"** is defined in COMAR 26.10.07.07, but generally means an underground oil storage facility that meets the conditions, either based on storage capacity and construction or as determined by throughput and requires additional facility monitoring.

§ 4-417 Environment Article, Annotated Code of Maryland – Penalties

(c) False statements in required documents; tampering with monitoring devices. *Any person who knowingly makes any false statement, representation, or certification in any application, record, report, plan, or other document filed or required to be maintained under this title, or by any permit, rule, regulation or order issued under this title, or who falsifies, tampers with, or knowingly renders inaccurate any monitoring device or method required to be maintained under this title or by any permit, rule, regulation, or order issued under this title, upon conviction, is subject to a fine not exceeding $10,000, or by imprisonment not exceeding six months or both.*

§ 4-501 General Provisions Article, Annotated Code of Maryland – Personal Records

The personal information requested on this form is intended to be used in processing your inspection form. Failure to provide the information requested may result in your inspection form not being processed. You have the right to inspect, amend, or correct this form. MDE is a public agency and subject to the Maryland Public Information Act. This form may be made available on the internet via MDE's website and is subject to inspection or copying, in whole or in part, by the public and other governmental agencies, if not protected by federal or State law.

Certified Inspector (print)**:**
Company:
Certification No.:
Expiration. Date
Phone No.:
Fax No.:
E-mail address:

The MDE UST System Registration database will be updated with information listed in this inspection report and any amended facility registration form unless additional forms are required by regulation.

Certified Inspector:	**Owner / Operator or Designated Representative**
I, the Maryland certified UST system inspector, have performed this UST Inspection and believe the contents of this report to be true and accurate without misrepresentation or falsification. Additionally, I have no financial interest with this UST facility. Print Name: _____ Signature: _____ Date: _____	I, the Owner / Operator / Designated Representative (circle one), have read this inspection report and understand the condition of my UST facility, including all deficiencies, corrections, and recommendations. **Additionally, I confirm proof of financial responsibility is submitted to MDE annually.** Title: _____ Print Name: _____ Signature: _____ Date: _____

Mail REPORT To: **MDE Oil Control Program** Suite 620 1800 Washington Blvd. Baltimore MD 21230-1719	**Questions? Call MDE Oil Control Program at 410-537-3442** **See our web page at:** **http://www.mde.maryland.gov**

MDE Use ONLY
Certification Section – Reviewed By _____ Pass_____ Fail_____ Date Reviewed _____ Comments _____ Data Clerk's Initials _____ Date Entered _____

Section 2. UST System Information

Enter the UST ID for each UST, but only use the MDE UST ID numbering system. Use (√) box if information is obtained from the facility UST system registration.

USTs and Piping (MDE ID#)	(√)	UST # _____	UST # _____	UST # _____	UST # _____	UST # _____
Owner UST ID # (if different)						
Status – I-in use or **TOS**-temporarily out of service. (If TOS, complete **Section 3.**)						
Date of UST installation (mm/yyyy)						
Capacity (gallons)						
Compartment UST? (If Yes, list capacity of each compartment separately)		Y / N /	Y / N /	Y / N /	Y / N /	Y / N /
Product stored (see **Chart A** below for code, list each compartment product separately)						
UST construction material (see **Chart B** below for code)						
Double-walled UST?		Y / N	Y / N	Y / N	Y / N	Y / N
Manifolded UST – PR-primary, **SL**-slave, or **NA**						
Date of piping installation (mm/dd/yyyy)						
Piping type – SS-safe suction, **US-**unsafe suction, **G-**gravity, **P-** pressure						
Piping construction material (see **Chart C** below for code)						
Double-walled piping?		Y / N	Y / N	Y / N	Y / N	Y / N
Outer wall pipe construction material (see **Chart C** for code)						
Emergency power generator UST?		Y / N	Y / N	Y / N	Y / N	Y / N
Unattended (unmanned) facility? No attendant or employee that is on duty and available to customers at a motor fuel dispensing facility. Marinas may not operate unattended.		Y / N	Y / N	Y / N	Y / N	Y / N

CHART A

CODE	PRODUCT DESCRIPTION
1	Diesel
2	Gasohol **E-10**
2a	Ethanol **E-85**
2b	Methanol
3	Gasoline
4	Hazardous Substance
5	Heating Oil # 2
5a	Heating Oil # 4
5b	Heating Oil # 5
5c	Heating Oil # 6
6	Kerosene
7	Mixture
8	Used Oil
9	Car Wash O/W Separator UST
10	Other (**Must Describe**)

CHART B

CODE	UST MATERIAL DESCRIPTION
1	Asphalt Coated or Bare Steel
2	Cathodically Protected Steel (Coating w/CP – Galvanic)
3	Cathodically Protected Steel (Galvanic Supplemented Anodes Added)
4	Cathodically Protected Steel (CP Steel – Impressed Current)
5	Composite/Clad Steel (Steel w/FRP)
6	Fiberglass Reinforced Plastic (FRP)
7	Polyethylene Tank Jacket
8	Other (**Must Describe)**

CHART C

CODE	PIPING MATERIAL DESCRIPTION
1	Aboveground Piping
2	Bare or Galvanized Steel
2a	Bare or Galvanized Steel–sleeved in PVC, FRP, or Plastic
3	Copper
3a	Copper (CP Protected)
3b	Copper-sleeved in PVC, FRP, or Plastic
4	CP Steel – (Galvanic)
4a	CP Steel – (Impressed Current)
5	Fiberglass Reinforced Plastic (FRP)
6	Flexible Plastic
7	No Piping
8	Other (**Must Describe**)

Section 2. UST System Information (cont'd.)

2a. Diagram: Show layout of site and all UST systems.

KEY / LEGEND (Include symbols/features if applicable)			
Symbol	**Description**	**Symbol**	**Description**
(I)	Interstice	○	Bollard
(BLD)	Building Location	(●)	Tank Field Monitoring Pipe
(TF)	Tank Field	⊗	Monitoring Well
(T #)	UST with MDE UST ID # (Include each compartment)	(CP)	Cathodic Protection Test Station
(P)	Product Piping	↑	North Arrow
(PS)	Piping Sump	⫤	Roads Bordering Property
(D)	Dispenser	(DB)	Dry Break / Stage I Vapor Recovery
(V)	Vent Pipe	(STP Sump)	Submersible Turbine Pump
(FP)	Fill Pipe	(ATG Probe)	Automatic Tank Gauge

Section 3. Temporarily Closed UST System

Complete this section for a UST system that is "temporarily closed" or "temporarily out of service" (e.g., empty, out of use). Must complete pages 1-4 Section 3, 8 and 14 This section does not apply to a UST system that is currently in use or permanently closed.

[ ] Applicable
[ ] Not Applicable

#	Complete 3, and answer 1, 2, and 4 for each UST system as (P)ass, PC, (F)ail, or NA.	UST # _____	UST # _____	UST # _____	UST # _____	UST # _____
1	UST contains less than 1" of product. (greater than 1"must complete full inspection)					
2	UST vented and fill pipe locked.					
3	Date temporarily closed or taken out of service. (mm/dd/yyyy)					
4	UST closed 3 months or more, drain and cap product lines and secure other lines, pumps, and manways (vent line open and operating).					
Temporarily Closed UST System passes inspection. Questions 1, 2, and 4 are **P** or **PC**.						

Section 4. Containment Sump and Dispenser

4a. Containment Sump

[ ] Applicable
[ ] Not Applicable

#	Complete 1 and 8, and answer 2 – 7 for each UST system as (P)ass, PC, (F)ail, or NA.	UST # _____	UST # _____	UST # _____	UST # _____	UST # _____
1	(√) Equipped with containment sump: dispenser (complete **Section 4b**) - tank top - vent riser - Stage II-condensate pod - Other – specify in comments -					
2	All containment sumps are clean and free of debris, product, and water.					
3	All manway covers and containment sump lids are properly fitted and not in contact with cap, piping, or pump.					
4	All containment sumps have no visible cracks, holes, or openings.					
5	If sump equipped with liquid sensor the sensor is properly secured and within 1" of sump bottom or meets manufacturer's specifications.					
6	If equipped with double-walled piping, test boot is open to allow product flow to sump.					
7	Containment sump has been tested within past 3 years with passing results. (see handbook for implementing 3-year test.)					
8	Enter Date of last containment sump test. (mm/dd/yyyy)					
Containment Sump passes inspection. Questions 2 – 7 are **P** or **PC**.						

Note: If answer to any question is Fail, explain below. List any problems noted during inspection. Note corrections.

Comments: _____

_____

_____

Section 4. Containment Sump and Dispenser (cont'd.)

[ ] Applicable
[ ] Not Applicable

4b. Dispenser

#	Complete 1, 3e, 4b, and 10 and answer 2 – 4a, 5 – 9, and 11 for each dispenser as (P)ass, PC, (F)ail, or NA.	Disp. # _____	Disp. # _____	Disp. # _____	Disp. # _____	Disp. # _____
1	Dispenser and connecting components installed on or after 6/13/2022? (If answer Yes, must have under dispenser containment sump).	Y / N	Y / N	Y / N	Y / N	Y / N
2	Dispenser in good condition and properly secured to pump island.					
3	Dispenser sump clean and free of debris, product, and water.					
3a	Dispenser sump has no visible cracks, holes, or openings.					
3b	If dispenser sump equipped with liquid sensor, the sensor is properly secured and within 1" of sump bottom or meets manufacturer's specifications.					
3c	If equipped with double-walled piping, test boot is open to allow product flow to sump.					
3d	Containment sump has been tested within past 3 years with passing results. (see handbook for implementing 3-year test.)					
3e	Enter date of last containment sump test. (mm/dd/yyyy)					
4	Shear valve (pressure system) properly secured and shear section within 1/2" of top of pump island or manufacturer specifications.					
4a	Fusible link or other thermally actuated device properly connected.					
4b	Product pipe manifold installed above the shear valves?	Y / N	Y / N	Y / N	Y / N	Y / N
5	Shear valve (Stage II piping) properly secured and shear section within 1/2" of top of pump island by manufacturer specifications **or** with flex connector.					
6	Dispenser hose in good condition with no cuts or holes and is equipped with breakaway device.					
7	Dispenser hose properly secured and not subject to damage from vehicle traffic (hose retractor).					
8	Emergency shut-off present, in the correct location, and properly identified.					
9	Dispenser is not leaking product.					
10	Flex connector observed under dispenser? If in contact with soil or water, complete **Section 8**.	Y / N	Y / N	Y / N	Y / N	Y / N
11	**Marina –** Hold open device has been removed from nozzle.					
Dispenser passes inspection. Questions 2 – 9 and 11 are **P** or **PC**, and 4b is **No**.						

Note: If the answer to any question is Fail, explain below. List any problems noted during inspection. Note corrections.
If more than 5 dispensers, include additional copies of this page.

Comments: _____
_____
_____

Section 5. Tank Top Components and Vent Pipe

5a. Tank Top Components

#	Complete 1, 2, and 3, and answer 1a, 1b, and 4 – 7 for each UST system as (P)ass, PC, (F)ail, or NA.	UST # _____	UST # _____	UST # _____	UST # _____	UST # _____
1	UST system equipped with ATG? If Yes, answer 1a and 1b.	Y / N	Y / N	Y / N	Y / N	Y / N
1a	ATG riser is capped and electrical connection secure with proper grommet.					
1b	ATG manway lid properly fitted and not in contact with riser or electrical wires.					
2	Flex connector or flexible piping present to connect the product pipe to the UST or STP? If in contact with soil or water complete **Section 8**.	Y / N	Y / N	Y / N	Y / N	Y / N
3	UST interstice monitoring system (double-walled UST) or UST interstice inspection station present?	Y / N	Y / N	Y / N	Y / N	Y / N
4	UST riser pipes (including ball float if present) are fitted with proper caps; manway covers are not in contact with cap or riser pipe.					
5	No petroleum vapors present during ATG, ball float, or vent riser inspection, or STP without sump.					
6	Note all vapor field readings if taken for ATG, ball float, or vent riser, or STP without sump.					
7	**Marina.** Each pipeline has a readily accessible shut-off valve grouped at one location on shore near approach to pier and marked "emergency shut-off".					
Tank Top Components passes inspection. Questions 1a, 1b, and 4 – 7are **P** or **PC**, and 2 and 3 are **Yes**; or component is not required (**NA**).						

Note: If the answer to any question is Fail, explain below. List any problems noted during inspection. Note corrections.

Comments: _____

_____

_____

5b. Vent Pipe

#	Answer 1 – 4 for each vent as (P)ass, PC, (F)ail, or NA.	UST # _____	UST # _____	UST # _____	UST # _____	UST # _____
1	Vent pipe riser is constructed of steel.					
2	Vent pipe is properly anchored and protected from vehicle traffic (bollards or secured to building).					
3	Vent pipe is proper height (flammable liquids 12 feet above ground surface and 2 feet above any attached building). (Combustible liquids minimum 3 feet above ground surface).					
4	Equipped with vent cap (UST equipped with Stage I and/or flammable liquid with Stage I vapor recovery must have a pressure vent cap).					
Vent passes inspection. Questions 1 – 4 are **P** or **PC**.						

Note: If the answer to any questions is Fail, explain below. List any problems noted during inspection. Note corrections.

Comments: _____

_____

_____

Section 6. Spill and Overfill Prevention Equipment

6a. Spill Prevention Equipment

#	Complete 1a and 7a, and answer 1, 2 – 7, and 8 for each UST system as (P)ass, PC, (F)ail, or NA.	UST # _____	UST # _____	UST # _____	UST # _____	UST # _____
1	Equipped with minimum 5-gallon catchment basin. (Note: Used oil and heating oil USTs installed, upgraded, or replaced after 11/4/1996 require catchment basin).					
1a	Indicate if the catchment basin is single-walled (**SW**) or double-walled (**DW**).					
2	Basin clean and free of debris and liquid.					
3	Basin has no cracks or holes observed.					
4	No abnormalities observed in fill pipe. (No bent drop tubes, no cracks, or holes observed in basin especially at connection to UST and spill device).					
5	Basin lid fits properly and not in contact with fill cap.					
6	Fill pipe marked to indicate size of UST / type of product stored or lid contains API color symbol with posted sign to indicate UST size and type of product within delivery driver view.					
7	Catchment basin tested within past year with passing results in accordance with Maryland Containment System Testing Protocol or MDE approved method.					
7a	Date of last test. (mm/dd/yyyy)					
8	Spill device not required. (UST receives less than 25 gallons of petroleum per delivery or heating oil UST installed prior to 11/4/1996 is not required to have a spill device.) If not required indicate (P).					
Spill Device passes inspection. Questions 1 – 8 are **P** or **PC**.						

Note: If the answer to any question is Fail, explain below. List any problems noted during inspection. Note corrections.

Comments: _____

_____

_____

Section 6. Spill and Overfill Prevention Equipment (cont'd.)

6b. Overfill Prevention Equipment

#	Complete 2 – 5a, and answer 1 and 6 – 9 for each UST system as (P)ass, PC, (F)ail, or NA.	UST # _____	UST # _____	UST # _____	UST # _____	UST # _____
1	Fill drop tube required and observed.					
2	Overfill device present (list all present): Flapper valve pressure fill (**FV-P**); Flapper valve gravity fill (**FV-G**); Ball float valve (**BFV**); High level alarm (**HLA**); Other (must describe).					
3	Indicate delivery method: Gravity – (**G**) Pump flow – (**PF**)					
4	Owner / Operator ensures spills, releases, or discharges due to spilling or overfilling do not occur? For example, product is measured prior to each delivery to ensure enough room in UST for product and all fuel deliveries are monitored.	Y / N	Y / N	Y / N	Y / N	Y / N
5	Inspection of the overfill device performed to ensure the device is set to proper level and functional test performed within past 3 years?	Y / N	Y / N	Y / N	Y / N	Y / N
5a	Date of last overfill operability test. (mm/dd/yyyy)					
6	UST receives less than 25 gallons of petroleum per delivery or heating oil UST installed prior to 11/4/1996 is not required to have an overfill device.					
7	**Drop Tube Flapper Valve** Visual observation indicated flapper valve is present, with no obstruction in the drop tube that would render the device ineffective. *					
8	**Ball Float Valve / Vent Restrictor** Compatible with UST system configuration, delivery, and use. **					
9	**Audible External High Level Alarm Only** Visual and audible alarm present to the driver at the point of transfer.					
Overfill Device passes inspection. Question 4 and 5 are **Yes** and 1 and 6 – 9 (as applicable) are **P** or **PC**.						

Note: If the answer to any question is No or Fail, explain below. List any problems noted during inspection. Note corrections.

* A fill pipe that utilizes a flapper valve in the drop tube for overfill purposes must use a flapper valve compatible with the type of delivery (gravity or pressure).

** Effective 6/13/2022, ball floats and/or flow restrictors may not be installed or replaced in a vent line. If a UST system has one or more of the following, the owner or operator of the system shall not use a ball float valve on that system: (1) a UST that receives a pumped delivery; (2) suction piping with air eliminator; (3) remote fill pipes and gauge openings; (4) an emergency power generator UST; or (5) coaxial drop fill adapter.

Comments: _____

_____

_____

Section 7: Stage I and II Vapor Recovery

Note: Stage I and II vapor recovery inspections also include completing and submitting Section 7c. forms to MDE's Air and Radiation Administration.

7a. Stage I Vapor Recovery

[ ] Applicable
[ ] Not Applicable

#	Complete 1. If yes complete 2, 5a, and 6a, and answer 3 – 5, 5b – 6, and 6b – 6d for each UST system as (P)ass, PC, (F)ail, NA.	UST # _____	UST # _____	UST # _____	UST # _____	UST # _____
1	Is UST system equipped with vapor recovery? Answers as (**Y**)es, (**N**)o, or **NA** If Yes for any UST system, complete 2 through 6d and **Section 7c.** **Stage I is required statewide on all gasoline UST systems.**					
2	Type of vapor recovery: Coaxial – (**A**) 2-point system – (**B**)					
3	Dry break vapor cap and gasket in good condition.					
4	Poppet valve in dry break moves easily and closes tight.					
5	Vapor recovery connection equipped with minimum 5-gallon catchment basin. (If installed after 6/30/1998.) (If 5 is NA, complete 5b and 5c)					
5a	Indicate if the catchment basin is single-walled (**SW**) or double-walled (**DW**).					
5b	There are no petroleum vapors or staining in soil or pea gravel around vapor recovery riser pipe.					
5c	Note all field readings if taken.					
6	Catchment basin tested within past year with passing results in accordance with Maryland Containment System Testing Protocol or MDE approved method.					
6a	Date of last test. (mm/dd/yyyy)					
6b	Basin has no cracks or holes observed.					
6c	Basin clean and free of debris and liquid.					
6d	Basin lid fits properly and not in contact with the riser pipe or cap.					
Stage I passes inspection. Question 1 is **Yes** or **NA**, and questions 3 – 5, 5b, 6, and 6b – 6d are **P** or **PC**; or Stage I is not applicable (**NA**).						

Note: If the answer to any question is No or Fail, explain below. List any problems noted during inspection. Note corrections.

Comments: _____
_____
_____

Section 7. Stage I and II Inspection (cont'd.)

[ ] Applicable
[ ] Not Applicable

7b. Stage II Vapor Recovery

#	Complete 1 – 4b for each UST system.	UST # _____	UST # _____	UST # _____	UST # _____	UST # _____
1	Does the storage system have Stage II? If Yes, complete 2 and 3 and **Section 7c**. If No and Stage II is decommissioned, complete 4 – 4b.	Y / N	Y / N	Y / N	Y / N	Y / N
2	Type of vapor recovery: Balance System – (**BS**) Vacuum Assist – (**VA**)					
3	UST system equipped with pressure control system and continuously monitors UST pressures?	Y / N	Y / N	Y / N	Y / N	Y / N
4	Stage II vapor recovery system decommissioned on all gasoline USTs?	Y / N	Y / N	Y / N	Y / N	Y / N
4a	MDE approval letter to decommission the Stage II system is available?	Y / N	Y / N	Y / N	Y / N	Y / N
4b	Date of Stage II decommission. (mm/dd/yyyy)					
Stage II passes inspection. Question 1 is **Yes** and questions 2 and 3 are **completed**; or Question 1 is **No** and questions 4 – 4b and **Section 7c** are **completed**; or Stage II is not applicable (**NA**).						

Comments: _____
_____
_____

Section 7. Stage I and II Inspection (cont'd.)

7c. Air and Radiation Administration Inspection Report

Note: Submit completed copy of pages 12and 13 to Air and Radiation Administration

Maryland Department of the Environment
Air and Radiation Administration
Suite 715, 1800 Washington Boulevard
Baltimore MD 21230
410-537-3231
STAGE I AND II VAPOR RECOVERY SYSTEMS INSPECTION REPORT

Owner:	**Operator / Lessee:**
Address:	Address:
Phone No.:	Phone No.:

Stage I Vapor Recovery System

Condition of Fill:	UST Vent Condition: Location, height, protected from traffic and weather? Yes □ No □
Witness Fuel Drop: Yes □ No □	Fill and Vapor Swivel Adaptor Installed: Yes □ No □
Comments:	Comments:

Stage II Vapor Recovery System **Vapor Balance System / Vacuum Assist System (Circle One)**

EQUIPMENT (No. Present)	MANUFACTURER	MODEL NUMBER
Nozzles:		
Hoses:		
Dispensers:		
Date Stage II Installed:		

TEST REQUIREMENTS

Balance System
Liquid Blockage: Pass □ Fail □ Date _____
Leak Test: Pass □ Fail □ Date _____
Dynamic Back Pressure: Pass □ Fail □ Date _____

Vacuum Assist System
Liquid Blockage: Pass □ Fail □ Date _____
Leak Test: Pass □ Fail □ Date _____
Air to Liquid Ratio: Pass □ Fail □ Date _____

Frequency
Liquid Blockage: Every 5 years
Dynamic Backpressure: Annually
Leak Test: Annually
Air to Liquid Ratio: Annually

Notify the MDE in writing within 5 days of
ANY TEST FAILURE, including pre-tests.

Healy Vacuum Assist System: Model 400 – Nozzle Regulation Test: Pass □ Fail □ Date _____
Vapor Return Line Tightness Test: Pass □ Fail □ Date _____
Model 600 & 800 – Air to Liquid Ratio Test: Pass □ Fail □ Date _____
Vapor Return Line Vacuum Integrity Test: Pass □ Fail □ Date _____

Equipment Inspection (include description, e.g., good, ok, cracked hose)

MPD #1	#5
#2	#6
#3	#7
#4	#8
Comments:	**Comments:**

**** Operator must inspect equipment daily. Verify log is being kept.***

Section 7. Stage I and II Inspection (cont'd.)

7c. Air and Radiation Administration Inspection Report (cont'd.)

RECORDKEEPING
Operator shall keep daily inspection logs, test reports, permits, violation notices, MDE correspondence, training records, and other relevant information on-site (5-year retention).
Complete □ Incomplete □

Maintenance Records (2-year retention).
Complete □ Incomplete □

Comments _____
_____

INSTRUCTIONAL SIGNS ("Do Not Top Off", "MDE Toll Free Number" 1-800-633-6101)
Complete □ Incomplete □

Comments _____
_____

TRAINING CERTIFICATES
One employee must be trained at an approved training course. This employee may assist in the training of other employees. Include the name on the Stage II training certificate in the Comments section.
Complete □ Incomplete □

Comments _____
_____

STAGE II DECOMMISSIONING
Has the site decommissioned the Stage II Vapor Recovery System? □ Yes □ No
If "yes", please list date of decommissioning (mm/dd/yyyy): _____
If "yes", enter the last date of the following tests (tests required upon decommissioning and annually after decommissioning):

Pressure Decay Test (mm/dd/yyyy): _____
Vapor Tie-In Test (mm/dd/yyyy): _____
P/V Vent Valve Test (mm/dd/yyyy): _____

Follow-up Required

_____
_____
_____
_____
_____

Inspector _____ **Date** _____

Vapor Recovery Questions? Call the MDE Air and Radiation Administration at 410-537-3231

Section 8. Construction and Corrosion Protection

[ ] Applicable
[ ] Not Applicable

A buried metal UST and piping (including fittings, flex-connectors, etc.) must be isolated from soil and cathodically protected. Commercial heating oil UST systems installed after 3/15/1985 require corrosion protection.

❑ 8a. UST System Outer Wall Construction Material											
#	**Answer for each UST and pipe as (P)ass, PC, (F)ail, or NA.**	**UST #___**	**Pipe #___**	**UST #___**	**Pipe #___**	**UST #___**	**Pipe #___**	**UST #___**	**Pipe #___**	**UST #___**	**Pipe #___**
1	**UST:** Outer wall made of non-metallic material such as fiberglass, or plastic jacket or coating.		**NA**		**NA**		**NA**		**NA**		**NA**
2	**Pipe:** Outer wall made of non-metallic material such as fiberglass or flexible plastic.	**NA**		**NA**		**NA**		**NA**		**NA**	
Non-Metal Construction Material passes inspection. Questions 1 and 2 are **P** or **PC**. Go to **Section 9**											

#	**Check (√) type of corrosion protection and answer for each UST and pipe as (P)ass, PC, (F)ail, or NA, or complete as instructed.**	**UST #___**	**Pipe #___**	**UST #___**	**Pipe #___**	**UST #___**	**Pipe #___**	**UST #___**	**Pipe #___**	**UST #___**	**Pipe #___**
❑ 8b. Galvanic Cathodic Protection (UST and Piping)											
3	**UST:** CP on (sti-P3®) tested within past 3 years and passed test in accordance with NACE Code of Practice or STI Standard. If supplemental anodes were installed or added, complete 3a.		**NA**		**NA**		**NA**		**NA**		**NA**
3a	UST CP tested annually.		**NA**		**NA**		**NA**		**NA**		**NA**
4	**Pipe:** CP tested within past year and passed test in accordance with NACE Code of Practice or STI Standard.	**NA**		**NA**		**NA**		**NA**		**NA**	
5	Record of last two cathodic protection tests on file with Owner or Operator.										
6	Cathodic protection system failure was inspected / repaired within 60 days of test.										
Galvanic CP passes inspection. Questions 3 – 6 are **P** or **PC** (question 6 can be **NA**).											
❑ 8c. Impressed Current Cathodic Protection (UST and Piping)											
7	Date impressed current system installed. (mm/yyyy).										
8	Assessment performed at 5-year intervals.										
9	System has power and is turned on.										
10	Hour meter present? If Yes, complete 11.	Y / N		Y / N		Y / N		Y / N		Y / N	
11	Record hours:										
12	60-day inspection log present and properly filled out.										
13	**UST** tested within past year and passed test in accordance with NACE Code of Practice Standard.		**NA**		**NA**		**NA**		**NA**		**NA**
14	**Pipe** tested within past year and passed test in accordance with NACE Code of Practice Standard.	**NA**		**NA**		**NA**		**NA**		**NA**	
15	Records available for last two impressed current cathodic protection tests.										
16	Cathodic protection system failure was inspected / repaired within 60 days of test.										
Impressed Current CP passes inspection. Questions 8, 9, and 12 – 16 are **P** or **PC** (question 16 can be **NA**).											

Section 8. Construction and Corrosion Protection (cont'd.)

#	8d. Internally Lined UST	UST # _____	UST # _____	UST # _____	UST # _____	UST # _____
17	Documentation available and UST was less than 10 years old prior to installing liner.					
18	Documentation available and internal inspection performed to determine UST structurally sound and free of corrosion holes prior to installing impressed current cathodic protection and liner.					
19	Site assessment performed before installing liner.					
20	Date liner installed. (mm/yyyy)					
21	Date of last internal inspection. (mm/yyyy).					
22	Internal inspection performed within 10 years of installation and every 5 years thereafter.					
Internal Liner passes inspection. Questions 17 – 19 and 22 are **P** or **PC**.						

Note: If the answer to any question in Section 8 is Fail, explain below. List any problems noted during inspection. Note corrections.

Comments: _____

_____

_____

	**IF A METALLIC UST OR PIPE HAS NO CATHODIC PROTECTION NOTIFY MDE OIL CONTROL PROGRAM AT 410-537-3442**	

Section 9. Tightness Testing

Complete this section for all USTs and piping.

#	Complete 1, 2a – 2d, and 4a, and answer 2, 3, and 4 for each UST and pipe as (P)ass, PC, (F)ail, or NA.	UST #__	Pipe #__	UST #__	Pipe #__	UST #__	Pipe #__	UST #__	Pipe #__	UST #__	Pipe #__
1	Test method on **NWGLDE**. * Method Name: _____ Method Name: _____										
2	Last tightness test results available and passed.										
2a	Date of the last UST test (mm/dd/yyyy)										
2b	Date of double-walled UST interstice test (mm/dd/yyyy)										
2c	Date of the last product pipe test (mm/dd/yyyy)										
2d	Date of last double-walled pipe interstice test (mm/dd/yyyy).										
3	Tightness testing for USTs and piping: Upon installation, replacement, repair, and upgrade. UST Systems and Onsite Consumptive Use: At 15 years of age and every 5 years thereafter, unless protected from corrosion, properly installed, and monitored monthly for release detection. UST Interstice: Upon installation, repair, and upgrade. Piping primary: Annually for pressurized, every 2 years for non-exempt suction piping, unless monitored monthly for release detection. Piping interstice: Every 5 years if installed on or after 1/12/2009.										
4	HRGUA[1] and WHPA[2] – Helium vapor test performed with passing results. (Testing not required if Stage II was decommissioned.)										
4a	Date of the last helium test (mm/dd/yyyy)										
Tightness Testing passes inspection. Questions 1 – 4 are **P** or **PC**, and 2a – 2d and 4a are **completed**; or questions 1 – 4 are **NA**.											

Note: If the answer to any question is Fail, please explain below. List any problems noted during inspection. Note corrections.

* www.nwglde.org (National Work Group on Leak Detection Evaluations)

For Notes 1 and 2, see notes on Page 2.

Comments: _____

_____

_____

Questions regarding Helium Testing, call MDE Oil Control Program at 410-537-3442

Section 10. Housekeeping, Monitoring Pipes, and High Risk Facilities

10a. Facility Housekeeping

#	Answer for the facility as (P)ass, PC, (F)ail, or NA.	
1	Facility and garage area (if present) are clean with no sign of spillage or open containers of oil.	
2	ASTs (if present) are clean and properly maintained.	
3	Pump island area is clean with no indication of surface spillage.	
Housekeeping passes inspection. Questions 1 – 3 are **P**, **PC**, or **NA**.		

Note: If the answer to any questions is Fail, explain below. List any problems noted during inspection. Note corrections.

Comments: _____

_____

_____

10b. Tank Field Monitoring Pipes

[ ] Applicable
[ ] Not Applicable

#	Answer 1 – 6 for each monitoring pipe as (P)ass, PC, (F)ail, or NA, and complete 6a.	MP-1	MP-2	MP-3	MP-4
1	Storage systems installed on or after 3/15/1985 have PVC monitoring pipes installed on opposing corners of the tank field.				
1a	Gasoline storage systems installed on or after 1/26/2005, and > 2,000 gallons or multiple USTs in a shared excavation used to fuel motor vehicles located in HRGUA[1] or WHPA[2] (on or after 1/1/2010), have four tank field monitoring pipes (one in each corner of the tank field).				
2	Monitoring pipes are screened to within 2 feet of the surface, and the remaining 2 feet being solid pipe and sealed to prevent entrance of surface runoff.				
3	Monitoring pipes are sealed to prevent entrance of surface runoff.				
4	Monitoring pipe has liquid-tight cap, protected from traffic with manhole cover, and locked or bolted closed.				
5	Monitoring pipe cover is clearly marked "Monitoring Well – Do Not Fill" or identified using API color code symbol.				
6	Monitoring pipes checked for the presence of petroleum contamination and if present complete 6a.				
6a	Record product thickness if taken.				
	Record field vapor reading if taken.				
Monitoring Pipes passes inspection. Questions 1 – 6 are **P**, **PC**, or **NA**, and 6a is **completed**.					

Note: If the** answer **to any question is Fail, explain below. List any problems noted during inspection. Note corrections.

For notes 1 and 2 – See page 2 of report.

Comments: _____

_____

_____

Section 10. Housekeeping, Monitoring Pipes, and High Risk Facilities (cont'd.)

[ ] Applicable
[ ] Not Applicable

10c. HRGUA[1] / WHPA[2] Facilities

#	Complete 1 and 2, and answer 3 – 6 as (P)ass, PC, (F)ail, or NA.	
1	Select one or more methods implemented: 1) Installed pressure control system (PCS) 2) Soil vapor control system (SVCS) 3) Installation of three or more groundwater monitoring wells (GMW) complete questions 4 – 6 4) Other method (OM). Must be MDE approved, describe in comments	[ ] PCS [ ] SVCS [ ] GMW [ ] OM
2	Facility or adjoining property is supplied by potable well?	Y / N
3	Site potable well has been sampled within past year and results submitted to MDE.	
4	Three or more groundwater monitoring wells installed outside of UST excavation area.	
5	Monitoring wells have liquid-tight cap, protected from traffic with manhole cover, and locked or bolted closed.	
6	Groundwater has been sampled within past year and sample results submitted to MDE.	
HRGUA / WHPA Facilities passes inspection. Questions 3 – 6 are **P**, **PC**, or **NA**, and 1 and 2 are **completed**.		

Note: If the answer to any question is Fail, explain below. List any problems noted during inspection. Note corrections.
For notes 1 and 2 – See page 2 of report.

Comments: _____

10d. High Risk Underground Oil Storage Facilities

10d-1. Facility Determination

All facilities must complete Section 10d-1.

#	Answer 1 – 3 for the facility as Yes or No.		
1	Total underground oil storage capacity of 80,000 gallons or greater and one or more USTs or product piping are single-walled? (Calculation should exclude heating oil for onsite consumptive use.)	[ ] Yes	[ ] No
2	Review of UST inventory records of the last 12 months revealed a combined total facility throughput of 750,000 gallons or more when averaged over a rolling 12-month period?	[ ] Yes	[ ] No
3	Review of UST inventory records of the last 12 months revealed a combined total facility throughput of 1,000,000 gallons or more in any single month within the last 12 months?	[ ] Yes	[ ] No
If Yes to any question 1 – 3, then facility is a High Risk Underground Oil Storage Facility and Section 10d-2. must be completed.			

Comments: _____

10d-2. Compliance Monitoring Method

All High Risk Underground Oil Storage Facilities must complete this section (i.e., at least one "Yes" answered in Section 10d-1).

[ ] Applicable
[ ] Not Applicable

#	Select the monitoring method(s) used for each UST system and answer as (P)ass, PC, (F)ail, or NA.	UST # _____	UST # _____	UST # _____	UST # _____	UST # _____
1	Groundwater Monitoring Method – The UST system owner has installed and sampled a minimum of three groundwater monitoring wells in accordance with COMAR 26.10.07.07C.					
2	Enhanced Testing Method – This method may only be used if all UST and piping systems are double-walled.					
3	Alternative Monitoring Method – UST system owner must provide written approval from MDE. List method: _____					
High Risk Underground Oil Storage Facility passes inspection. Questions 1, 2, or 3 are **P**, **PC**, or **NA**. If no method is selected enter **F**.						

Note: If the answer to any question is Fail, explain below. List any problems noted during inspection. Note corrections.

Comments: _____

Section 11. Inventory Control

For metered storage systems: complete items 1 – 10.
For non-metered storage systems: complete items 3 – 6.
For USTs using inventory control combined with SIR, also complete Section 12d.

[ ] Applicable
[ ] Not Applicable

#	Answer 1 – 10 for each UST system as (P)ass, PC, (F)ail, or NA.	UST # _____	UST # _____	UST # _____	UST # _____	UST # _____
1	Readings recorded each day of operation.					
2	Inventory records are reviewed daily and reconciled monthly. Note: Seven consecutive days of shortage totaling 80-gallons or more must be reported to owner and investigated.					
3	Appropriate calibration tank chart is used for calculating volume to nearest 1/8".					
4	Stick readings recorded before and after each delivery.					
5	Gauge stick is marked so the owner is capable of determining product level to the nearest 1/8" and stick is in good condition and not worn.					
6	Stick capable of measuring full height of UST.					
7	Monthly water readings checked to the nearest 1/8" and used in calculating inventory balances.					
8	Prior 12 months of inventory data available.					
9	Inventory variations do not exceed 1% + 130 gallons of the metered quantity (sales).					
10	Existing inventory results show no evidence of a release, and no water intrusion.					
Inventory Control passes inspection. Questions 1 – 10 are **P**, **PC**, or **NA**						
If using Statistical Inventory Reconciliation (SIR), also complete Section 12d.						

Note: If answer to any question is Fail, explain below. List any problems noted during inspection. Note corrections.

Comments: _____
_____
_____

Section 12. Release Detection Summary

This section indicates the method, or methods, of release detection present. Proceed to the section identified in the last column. Note that Section 12c. must be completed if Interstitial Monitoring is listed as a primary OR secondary method of release detection for a UST and/or piping. All emergency power generator UST systems require monthly release detection. Heating oil (on-site consumptive use) UST systems are exempt from release detection.

UST Method: Complete for each UST.	Indicate a (PR)imary method and, if applicable, a (S)econdary method for each UST.					If using as (PR)imary method, proceed to Section:
	UST # _____	UST # _____	UST # _____	UST # _____	UST # _____	
Automatic Tank Gauging						12a.
Vapor Monitoring						12b.
Interstitial Monitoring						12c.
Statistical Inventory Reconciliation (includes piping)						12d.
Groundwater Monitoring						12e.
Manual Tank Gauging						12f.
None needed (Explain in comments)						Skip Section 12.

Piping Method: Complete for each pipe run.	Indicate a (PR)imary method and, if applicable, a (S)econdary method for each pipe run.					If using as (PR)imary method, proceed to Section:
	Pipe # _____	Pipe # _____	Pipe # _____	Pipe # _____	Pipe # _____	
Pressurized Piping Only						
Automatic line leak detector (ALLD) will detect 3-gph release, double-walled pipe with containment sump and liquid sump sensor.						12c. and 12h.
ALLD will detect 3-gph release, double-walled pipe with containment sump and manual interstitial monitoring.						12c. and 12h.
Electronic ALLD will perform 3-gph continuous test plus 0.2-gph monthly test.						12h.
Mechanical ALLD will detect 3-gph release in conjunction with annual line tightness test.						9. and 12h.
Other combination (Explain in comments)						
Suction Piping Only						
Line tightness test every 2 years.						9.
Double-walled piping with containment sumps utilizing electronic or manual interstitial monitoring.						12c.
Safe Suction.						12g.
Other method (Explain in comments)						
None needed (Explain in comments)						Skip Section 12.

Comments: _____

_____

_____

Section 12. Release Detection (cont'd.)

12a. Automatic Tank Gauging (UST Only)

[ ] Applicable
[ ] Not Applicable

#	Complete 1, 4, and 5a, and answer 2, 3, 5, and 6 – 10 for each UST as (P)ass, PC, or (F)ail.	UST # _____	UST # _____	UST # _____	UST # _____	UST # _____
1	Console Make and Model Make:					
	Model:					
2	Monitoring console is working.					
3	Owner's manual for console and probes is available at site.					
4	Frequency ATG performs test (**D**) daily, (**W**) weekly, or (**M**) monthly.					
5	Device is calibrated, operated, and maintained per manufacturer's instructions in addition to limitations listed on evaluation summary NWGLDE* list and annual operability test is performed.					
5a	Date of the last annual operability test (mm/dd/yyyy)					
6	System setup reviewed and system capable of verifying probe(s) are functioning and documenting results.					
6a	Attach copy of print out for the last monthly ATG UST leak test to this page.					
7	UST is filled to proper capacity and test run for proper duration of time for last 2 months per NWGLDE* list.					
8	Verification that console and probe are third party approved and on the NWGLDE* list.					
9	Monthly release detection records are available and reviewed for past 12 months.					
10	Existing release detection results reviewed shows no failure.					
ATG passes inspection. Questions 2, 3, 5, and 6 – 10 are **P** or **PC**.						

Note: If the answer to any question is Fail, explain below. List any problems noted during inspection. Note corrections.

* www.nwglde.org (National Work Group on Leak Detection Evaluations).

Comments: _____

_____

_____

Section 12. Release Detection (cont'd.)

12b. Vapor Monitoring (UST and/or Piping)

[ ] Applicable
[ ] Not Applicable

#	Complete 1, and answer 2 – 11 for each UST system as (P)ass, PC, (F)ail, or NA.	UST # _____	UST # _____	UST # _____	UST # _____	UST # _____
1	Console Make and Model Make: Model:					
2	Monitoring panel and/or control box is working.					
3	Verification that the vapor monitoring device is third-party approved and on the NWGLDE* list.					
4	Owner's manual for the vapor monitoring device is available at the site.					
5	The material used as backfill is sufficiently porous, such as pea gravel or sand, to readily allow diffusion of vapors from releases into the excavation zone.					
6	Vapor monitors are designed, calibrated, and operated to detect an increase in concentration of the regulated substance, a component of the regulated substance, or a tracer compound placed in the UST system and maintained per manufacturer's instructions in addition to limitations listed on evaluation summary NWGLDE* list.					
7	Site evaluation report is on site and verifies the above information and that background contamination will not interfere with vapor monitoring. **Attach evaluation cover page.**					
8	System setup reviewed and proper settings confirmed correct. Verification that all probes functioning.					
9	Vapor monitors are checking portion of UST and piping that routinely contain product.					
10	Monthly release detection records are available for last 12 months.					
11	Existing release detection results show no evidence of a release.					
Vapor Monitoring passes inspection. Questions 2 – 11 are **P** or **PC**.						

Note: If the answer to any question is Fail, please explain below. List any problems noted during inspection. Note corrections.

* www.nwglde.org (National Work Group on Leak Detection Evaluations).

Comments: _____

_____

_____

Section 12. Release Detection (cont'd.)

12c. Interstitial Monitoring (UST and/or Piping)

[ ] Applicable
[ ] Not Applicable

#	Complete 1, 3, and 7a for Electronic, and answer 2 and 4 – 10 for each UST system as (P)ass, PC, (F)ail, or NA.	UST #___	Pipe #__	UST #___	Pipe #___	UST #___	Pipe #___	UST #___	Pipe #___	UST #___	Pipe #___
1	Type of interstitial monitoring: Liquid (**L**), Air Space (**AS**), or Pressure/vacuum (**PV**). **List each if different.**										
Manual / Visual Inspection Only											
2	Interstitial space is monitored and a written log is maintained monthly.										
Electronic System Only											
3	Console Make and Model: Make:										
	Model:										
4	Console and sensor on NWGLDE* list										
5	Monitoring console is operational.										
6	Interstitial space monitored monthly. **										
7	Device is calibrated, operated, and maintained per manufacturer's instructions in addition to limitations listed on evaluation summary NWGLDE* list and annual operability test is performed.										
7a	Date of the last annual operability test (mm/dd/yyyy)										
Summary											
8	Monthly release detection records are available for prior 12 months with passing results.										
9	No evidence of liquid in sump or interstitial space of air-filled system. No evidence of loss or gain of brine in brine filled system. Operation of partial vacuum or over pressure system is within manufacturer's design specifications.										
10	No visible leaks or holes in secondary containment.										
Interstitial Monitoring passes inspection. Questions 2 and 8 – 10 are **P** for **Manual**. Questions 4 – 10 are **P** or **PC** for **Electronic**.											

Note: If the answer to any question is Fail, please explain below. List any problems noted during inspection. Note corrections.

* www.nwglde.org (National Work Group on Leak Detection Evaluations).

** Monitor interstitial space at lowest point of secondary containment for air filled or at highest point of secondary containment for brine filled, and is positioned so that other equipment will not interfere with its proper operation.

See manufacturer specifications and NWGLDE listing limitations for continual partial vacuum or overpressure interstitial monitoring.

Comments: _____

_____

_____

Section 12. Release Detection (cont'd.)

12d. Statistical Inventory Reconciliation (UST System)

[ ] Applicable
[ ] Not Applicable

Complete this section and Section 11 (Inventory Control) if you use Statistical Inventory Reconciliation (SIR).

#	Answer 1 – 4 for each UST system as (P)ass, PC, or (F)ail.	UST # _____	UST # _____	UST # _____	UST # _____	UST # _____
1	SIR method on NWGLDE* list. Method Name: _____					
2	Inventory records are submitted to the SIR vendor within 5 days of the 30-day monitoring period.					
2a	SIR results are received by owner from vendor within 5 days of submittal of data.					
3	SIR results indicate sufficient amount of data was used to perform leak check.					
4	Release detection results show no evidence of a failure for the previous 12 months.					
Statistical Inventory Reconciliation passes inspection. Questions 1 – 4 are **P** or **PC**.						

Note: If the answer to any question is Fail, explain below. List any problems noted during inspection. Note corrections.
* www.nwglde.org (National Work Group on Leak Detection Evaluations)

Comments: _____
_____
_____

12e. Groundwater Monitoring (UST and/or Piping)

[ ] Applicable
[ ] Not Applicable

#	Answer 1 – 6 for each UST system as (P)ass, PC, or (F)ail.	UST #___	Pipe #___	UST #___	Pipe #___	UST #___	Pipe #___	UST #___	Pipe #___	UST #___	Pipe #___
1	Groundwater is not more than 15 feet from ground surface during inspection.										
2	Slotted casing is properly screened across the water table to allow entry of product.										
3	Monitoring wells intercept the UST excavation zone or positioned as close as technically feasible.										
4	Regulated substance is immiscible in water and has a specific gravity < 1.										
5	Site evaluation report on site and verifies above information and background contamination will not interfere with groundwater monitoring. **Attach evaluation report cover page**.										
6	Monitoring device is capable of detecting 1/8" of free product and wells are monitored monthly with results recorded.										
Groundwater Monitoring passes inspection. Questions 1 – 6 are **P** or **PC**.											

Note: If the answer to any question is Fail, please explain below. List any problems noted during inspection. Note corrections.

Comments: _____
_____
_____

Section 12. Release Detection (cont'd.)

12f. Manual Tank Gauging (UST Only)

[ ] Applicable
[ ] Not Applicable

#	Answer 1 – 5 for each UST as (P)ass, PC, (F)ail, or NA.	UST # _____	UST # _____	UST # _____	UST # _____	UST # _____
1	UST is 550 gallons or less.					
2	UST is 551 to 2,000 gallons. **Note**: Must be combined with precision tightness testing.					
3	Gauging stick is capable of measuring the full height of the UST to the nearest 1/8" in conjunction with the appropriate tank calibration chart on site.					
4	Monthly log is maintained. *					
5	Last 12 months of records show no failure.					
Manual Tank Gauging passes inspection. Questions 1 or 2 and 3 – 5 are **P** or **PC**.						

Note: If the answer to any question is Fail, explain below. List any problems noted during inspection. Note corrections.

* See Inspector guidance book or COMAR 26.10.05.05C. for weekly and monthly variation standard.

Comments: _____
_____
_____

12g. Safe Suction (Suction Piping Only)

[ ] Applicable
[ ] Not Applicable

#	Answer 1 and 2 for each pipe as (P)ass, PC, or (F)ail.	Pipe # _____	Pipe # _____	Pipe # _____	Pipe # _____	Pipe # _____
1	The piping slope is back to the UST and operates under atmospheric pressure or less.					
2	Confirm a single check valve is located directly under the dispensing pump. *					
Safe Suction passes inspection. Questions 1 and 2 are **P** or **PC**.						

Note: If the answer for 1or 2 is Fail, another type of release detection must be used and inspected. Fill out the applicable section on piping release detection. List any problems noted during inspection. Note corrections.

* For unsafe suction or US suction (i.e., a check valve or foot valve is located at the UST), a precision tightness test performed every 2 years is required and must complete Section 9, unless monthly monitoring is performed (complete appropriate piping release detection section).

Comments: _____
_____
_____

Section 12. Release Detection (cont'd.)

12h. Automatic Line Leak Detectors (Pressurized Piping Only)

[ ] Applicable
[ ] Not Applicable

#	Complete 1 and 3a, and answer 2, 3, and 4 for each pipe as (P)ass, PC, (F)ail, or NA.	Pipe # _____	Pipe # _____	Pipe # _____	Pipe # _____	Pipe # _____
1	Mechanical or Electronic (**M** - Mechanical or **E** - Electronic)					
2	Equipment on the NWGLDE* list.					
3	All ALLDs pass an annual field operability test for detection of a 3-gph leak (test must be from furthest dispenser or satellite dispenser).					
3a	Date of the last annual operability test (mm/dd/yyyy)					
4	Line leak detector shows no evidence of a visual release.					
ALLD Passes Inspection. Questions 2, 3, and 4 are **P**, **PC**, or **NA**.						

Note: If the answer to any question is Fail, explain below. List any problems noted during inspection. Note corrections.

*www.nwglde.org (National Work Group on Leak Detection Evaluations)

Comments: _____
_____
_____

Section 13. Suspected Spill, Release, or Discharge

#	Answer 1 for the facility as Yes or No; and if Yes, answer 2 and 2a.		
1	Do you suspect or have you detected a spill, release, or discharge during this inspection?	[ ] Yes	[ ] No
2	Did you report this suspected or detected spill, release, or discharge to MDE?	[ ] Yes	[ ] No
2a	Date and time of report to MDE (mm/dd/yyyy / hh:mm)		

Report all known or suspected spills, releases, or discharges!
Call the Maryland Department of the Environment – 410-537-3442
Or call: 1-866-633-4686 after business hours

Comments: _____
_____
_____

Inspector's Initials: _____ Owner / Operator's Initials: _____

Date: _____ Date: _____

Section 14. Operator Training

#	Answer 1, 2, and 7 as Yes or No; complete 3 through 5a; and answer 6 and 6a as Yes, No, or NA.	
1	Is list of Class A, Class B, and Class C operators available and reviewed?	Y / N
2	Is training certificate available and reviewed for each Class A, Class B, and Class C operator(s)?	Y / N
3	List the name of the Class A operator designated for this facility.	
3a	List the date the Class A operator was certified (mm/dd/yyyy).	
4	List the name of the Class B operator designated for this facility.	
4a	List the date the Class B operator was certified (mm/dd/yyyy).	
5	List the name of the Class C operator on-site or contacted for this facility.	
5a	List the date the Class C operator was certified (mm/dd/yyyy).	
6	Attended Facility – Is Class C operator on-site?	Y / N / NA
6a	Unattended Facility – Was Class C operator contacted and available for immediate consultation?	Y / N / NA
7	Is written operator instruction manual available on site?	Y / N
Operator Training passes inspection. Questions 1, 2, and 7 are **Yes**, 3 through 5a are **completed**, and either 6 or 6a is **Yes**.		

Note: If the answer to any question is Fail, explain below. List any problems noted during inspection. Note corrections.

Comments: _____
_____
_____

Section 15. Walkthrough Inspections

#	Answer 1 – 3 and 4 for each UST system as (P)ass, PC, (F)ail, or NA, and complete 3a.	UST # _____	UST # _____	UST # _____	UST # _____	UST # _____
1	Monthly walkthrough inspection performed.					
1a	Spill Device: Walkthrough inspection checked for damage, removing liquid and debris, checked for obstruction in the fill pipe, the cap is securely on the fill pipe and double-walled spill buckets have no evidence of a release in the interstice.					
1b	Release Detection Device: Walkthrough inspection confirmed release detection equipment is operating with no alarms or unusual operating conditions.					
2	Prior 12 months of written records of the monthly walkthrough inspection are available and reviewed.					
3	Annual walkthrough inspection performed checking all containment sumps for damage, removing liquid and debris, and checking for spills, release, or discharge. Check handheld device for operability and serviceability.					
3a	Date of last annual walkthrough inspection. (mm/dd/yyyy)					
4	Annual walkthrough inspection record is available and reviewed. All corrective actions listed in the inspection record are complete.					
Walkthrough Inspection passes inspection. Questions 1 – 4 are **P**, **PC**, or **NA**.						

Note: If the answer to any question is Fail, explain below. List any problems noted during inspection. Note corrections.

Comments: _____

_____

_____

Additional Report Comments: _____

_____

_____

_____

_____

Submit original signed report by the due date listed in the Notice to Inspect letter.	**Mail to:** **MDE Oil Control Program** Suite 620 1800 Washington Blvd. Baltimore, MD 21230-1719

Questions? Call MDE Oil Control Program at 410-537-3442

Oil Control Program Website:

https://mde.maryland.gov/programs/LAND/OilControl/Pages/index.aspx