



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



Facility Name	Owner	Registration #
Facility Address	Operator	Owner Phone

Tank / Chamber #								
Volume								
Product								
Pump Type								
	Pass	Fail	Pass	Fail	Pass	Fail	Pass	Fail
Class A/B Operator								
Groundwater Monitoring								
Interstitial Monitoring								
Line Leak Detectors								
Heating Oil Tank Piping								
Overfill Prevention								
Spill Buckets								
Stage I Vapor Recovery								
Vent Pipe								
Emerg. Elec. Disconnect								
Dispenser Area								
Cathodic Protection								
Temp. Out-of-Service								
Tank and Piping Secondary Testing								
Any FAIL in the columns above means a FAIL for that tank (and the facility).	Pass	Fail	Pass	Fail	Pass	Fail	Pass	Fail

By my signature below, I certify that I inspected this facility on this date and found deficiencies that require corrective action(s) before this inspection can be complete and passing.

Printed Name & CTI No.	Date	Incomplete / Failing Inspection Signature
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By my signature below, I certify that I inspected this facility on this date and any deficiencies discovered during the inspection have been corrected.

Printed Name & CTI No.	Date	Passing Inspection Signature
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The facility owner must submit a passing UST Inspection report to MeDEP within thirty (30) days after the inspection is completed to:

UST Inspections, Maine Department of Environmental Protection, 17 SHS, Augusta, ME 04333-0017

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Single-Walled Tanks Leak Detection

Ground Water Monitoring

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

		Pass	Fail	Pass	Fail	Pass	Fail	Pass	Fail
8	Monitoring wells accessible?								
9	Monitoring wells marked & secured?								
10	Bailer present, functional and clean?								
11	Water in well?								
12	No floating oil or smell of oil?								
13	Log of weekly well inspection?								
PASS or FAIL?									

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

Use this area for additional comments that won't fit on any other pages. Include the Inspection Item #.

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Interstitial Monitoring (Double-walled Tanks and/or Piping)

Console Make and Model:

Item	Tank/Chamber # Volume Product																
		Yes		No		Yes		No		Yes		No		Yes		No	
14	Does the tank have a brine filled interstice?																
		TANK		PIPE		TANK		PIPE		TANK		PIPE		TANK		PIPE	
15	Electronic (E), Manual (M), or None (X)																
	Manual	P	F	P	F	P	F	P	F	P	F	P	F	P	F	P	F
16	Sump is accessible for inspections?																
17	Written log of sump checks maintained?																
	Electronic	P	F	P	F	P	F	P	F	P	F	P	F	P	F	P	F
18	Console is properly programmed and fully operational?																
19	Sensors are properly placed?																
20	All sensors are functioning properly?																
	All Systems	P	F	P	F	P	F	P	F	P	F	P	F	P	F	P	F
21	Sumps in liquid tight condition?																
22	No oil in sumps or interstitial space?																
23	No water in sumps or interstitial space?																
		P	F	P	F	P	F	P	F	P	F	P	F	P	F	P	F
	PASS or FAIL?																

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

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Line Leak Detector (LLD)

Line leak detectors are required on product lines supplied by a pump remote from the dispenser.

Item	Tank/Chamber #								
	Pump Type								
24	Make and Model (or N/A)								
25	Mechanical (M) or Electronic (E) LLD?								
Mechanical LLD's only		Pass	Fail	Pass	Fail	Pass	Fail	Pass	Fail
26	Slow flow when 3 gph leak @ 10 PSI is simulated?								
Electronic LLD's only									
27	System alarms and/or shuts off turbine when a 3 gph leak @ 10 psi is simulated?								
PASS or FAIL?									

Copper Piping on Heating Oil Tanks

Item	Tank/Chamber #								
	Product	YES	NO	YES	NO	YES	NO	YES	NO
28	Copper Piping?								
29	Piping sleeved or secondarily contained? (* See note below)								
30	Copper suction/return lines in single sleeve separated by spacers?								
		Pass	Fail	Pass	Fail	Pass	Fail	Pass	Fail
PASS or FAIL?									

* Heating oil piping installed prior to Sept. 16, 1991 must be sleeved. After that date, piping must be secondarily contained and continuously electronically monitored.

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

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

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

Spill Buckets *(complete for all spill buckets installed)*

		Pass	Fail	Pass	Fail	Pass	Fail	Pass	Fail
36	Lid in good condition?								
37	Lid not touching fill cap?								
38	Clean?								
39	Liquid tight?								
40	Fill cap and gasket in good condition?								
41	Drop tube? (gasoline/manual stick tanks)								
42	Ends within 6 inches of tank bottom? <i>(gasoline)</i>								
PASS or FAIL?									

Double-Walled Spill Buckets

		Pass	Fail	Pass	Fail	Pass	Fail	Pass	Fail
43	Gauge indicator visible?								
44	Floats are properly placed?								
45	All floats are functioning properly?								
46	Interstitial space in liquid tight condition?								
PASS or FAIL?									

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

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Stage 1 Vapor Recovery

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

Vent Pipes

Item	Tank/Chamber # Product								
		Pass	Fail	Pass	Fail	Pass	Fail	Pass	Fail
52	Vent pipes at least 12 feet above ground level? (Class I)								
53	Vents have proper vent caps?								
54	Vent pipe solidly supported and vertical?								
55	Vent pipe outlets positioned such that vapors will not pose a hazardous condition								
PASS or FAIL?									

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

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56	Emergency Electrical Disconnect properly labeled and accessible?	Pass		Fail	
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57	Big Red Button immediately accessible to attendant?	Pass		Fail		N/A	
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Required only if tank or piping was installed after April 28, 2004

Dispenser Area

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

NOTES: 1) If there are more than seven (7) dispensers, please use additional "Dispenser Area" forms.
2) Since dispensers are not associated with tanks, any FAIL on this page is only recorded in the first tank column on the Summary page. So, if all dispensers are a PASS, only "X" the one dispenser PASS box in the first column of the summary page.

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

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Temporarily Out of Service (OOS) Tanks

Fill out this section for any tank that is neither receiving nor dispensing oil and has been or is intended to be out of service for a period exceeding three months. Prior to returning to service, facilities must submit a complete and passing annual inspection of all facility components. Facilities that have been out of service for more than **12 months** without receiving the Department's permission in writing are required to be properly closed.

Item	Tank # Volume Product								
71	Date of last dispensing or delivery (Month/Day/Year)								
		Pass	Fail	Pass	Fail	Pass	Fail	Pass	Fail
72-a	Tank pumped out? (Less than 1" product, water, and/or residual)								
	OR								
72-b	Electronic Monitoring (tank & piping) is properly operating? (Note: CTI's must complete Line Items 13 & 16 - 21 for facilities using electronic monitoring in lieu of emptying OOS tank(s).)								
73	Vent lines open and functioning properly?								
74	All other lines, pumps, manways and ancillary equipment capped and secured?								
		Pass	Fail	Pass	Fail	Pass	Fail	Pass	Fail
	PASS or FAIL?								

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

You may use this area for additional comments from previous pages. Include the line item to which it pertains.

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Annual Tightness Testing

This section is for tanks that are operating beyond the 30-year warranty and require annual testing beginning in the 35th year. Tanks that are exempt from this requirement are UST's with a brine interstice and piping systems that are single walled safe suction piping. If a facility is exempt, please submit this form with a comment on what is exempt annually. (This does not apply to consumptive use heating oil tanks.)

Tank Secondary Containment Integrity Testing (dry method)

Item	Tank/Chamber # Volume Product								
		1 hour	2 hours	1 hour	2 hours	1 hour	2 hours	1 hour	2 hours
75	Tank Material								
76	Test Start Time								
77	Initial Vacuum Reading. Inches Hg								
78	Test Duration								
79	End time								
80	Final Vacuum Reading. Inches Hg.								
81	Is the annular space Dry After the Test?	Yes	No	Yes	No	Yes	No	Yes	No
	Pass or Fail?	P	F	P	F	P	F	P	F
82	Test Results Pass or Fail?								

Piping Secondary Containment Integrity Testing

	Tank/Chamber # Product								
		Yes	No	Yes	No	Yes	No	Yes	No
83	Piping Material								
84	Test Start Time								
85	Initial Test Pressure, psig								
86	End Test Time								
87	Final Test Pressure, psig								
88	Is there a change in pressure?	Yes	No	Yes	No	Yes	No	Yes	No
	Pass or Fail?	P	F	P	F	P	F	P	F
89	Test Results Pass or Fail?								

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