



**ALASKA DEPARTMENT OF ENVIRONMENTAL CONSERVATION
 UNDERGROUND STORAGE TANK
 Operations Inspection Report
 2013 – Emergency Generator**



Instructions: Only a person currently licensed by the State of Alaska in UST Inspection may fill out this form. Detailed instructions are in the ADEC *UST Operations Inspector Reference Handbook*, available at ADEC or online at these links: <http://www.dec.state.ak.us/spar/ipp/docs/manual1.pdf> and <http://www.dec.state.ak.us/spar/ipp/docs/manual2.pdf>

SECTION 1: GENERAL INFORMATION

FACILITY NAME:	OWNER NAME:
Location Address:	Mailing Address:
City:	City, State, Zip:
Phone:	Phone: Fax:
OPERATOR NAME:	MAILING ADDRESS FOR COMPLIANCE TAG DECALS:
Phone:	Name:
Fax:	Address:
E-mail:	City, State, Zip:

ADEC Facility Number	Inspection Date	UST Inspector License #	UST Inspector Name	All applicable tanks are registered? <input type="checkbox"/> Yes <input type="checkbox"/> No	Current Compliance Tag(s) visible to fuel distributor? <input type="checkbox"/> Yes <input type="checkbox"/> No
Current Class A, B and C Operator Training Certificate(s) on file? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If "No," Explain:</i>				Compliance Tag #s	Decal Expiration Year(s):

Print the ADEC *Facility Tank Summary* if corrections are necessary. *Highlight and make corrections and attach.*
 Use the ADEC Tank number system on the first line. Please number compartmented tanks, for example, as "1A" and "1B."
 Inspect each compartment as if it were an individual tank. *Double-wall piping only refers to the outer wall being factory-made and designed to be installed as double-wall, or as a "petroleum-compatible material that is swage-locked or welded on each end."

TANK AND PIPING (ADEC NUMBER)	TANK #	TANK #	TANK #	TANK #
Owner Tank number, if different				
Status (Active or Taken Out of Service)				
Capacity (Volume in Gallons)				
Product (specify type of petroleum)				
Tank Construction Material				
Compartment Tank (Yes or No)				
Double-Wall Tank (Yes or No)				
Piping Type (Suction or Pressurized)				
Pipe Outer-Wall Construction Material				
Double-Wall Piping* (Yes or No)				
Multiple Pipe Runs per tank (Yes or No), if Yes, show on map, page 2				
Emergency Power Generator (Yes or No)	YES	YES	YES	YES

Questions? 907-269-7679 CHERYL.PAIGE@ALASKA.GOV
 Contact the ADEC UST office: *fax:907-269-7687* <http://www.dec.state.ak.us/spar/ipp/tanks.htm>
 The inspector must submit this report to the owner/operator for review and signature within 30 days, then submit the ORIGINAL, with each page initialed and signed, no later than *September 30* of this inspection year to:
ADEC - Underground Storage Tanks 555 Cordova St Anchorage, 99501-2617

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SKETCH: Draw a basic layout of the UST SYSTEM(s). **Indicate North.** Indicate landmarks.

LEGEND KEY

- (T) Tank, include **ADEC Tank #**
(and identify all compartments)
- (P) Product piping
- (PS) Piping sumps
- (D) Dispensers
- (A) Alarms
- (ATG) Automatic tank gauge consoles
- (RCT) Rectifiers
- (AN) Impressed current anodes
- (S) Structure Contact Points for CP
- (R) Reference cell locations for CP
- Indicate **↑ North Arrow**
- Add GPS Coordinates if known.
- Add Street or Building landmarks

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SECTION 2: TANK TEMPORARILY CLOSED OR TAKEN-OUT-OF-SERVICE

Fill out this section for any tank that is "temporarily closed" (contains product but is out of service for three months or less) or is "taken out-of-service" (is empty and out of service). A complete inspection of these tanks is required. This section does not apply to a tank that is currently in use, or permanently closed **within ADEC regulations**. *Note:* A tank that is not in compliance with Title 18 Alaska Administrative Code 78 *Underground Storage Tank* regulations and industry standards is defined as **substandard** and must be permanently closed *within 12 months of the determination*.

ANSWER YES OR NO	TANK #	TANK #	TANK #	TANK #
Tank contains less than one inch of product				
Tank is vented and fill pipe is locked or secured to prevent access				
Date tank was "temporarily closed" or "taken out-of-service" (MONTH/YEAR)				

SECTION 3: RELEASE DETECTION SUMMARY

OPERATION AND MAINTENANCE - SYSTEM REPAIR

Since the last inspection:	TANK#	PIPE#	TANK#	PIPE#	TANK#	PIPE#	TANK#	PIPE#
Has tank or piping been repaired? (YES OR NO)								
Was the UST system tightness tested or internally inspected within 30 days of repair? (YES OR NO)								

Emergency Generators (EG) are exempt from Release Detection monitoring requirements (*18 AAC 78.060*) but owners and/or operators **must report suspected or known releases** and take appropriate action to assess and remediate.

Use the full *Inspection Report* form if the owner wants to inspect and document the operations and maintenance of their installed Release Detection methods.

SUSPECTED RELEASE NOTIFICATION

Is the UST system monitored monthly?	TANK#	PIPE#	TANK#	PIPE#	TANK#	PIPE#	TANK#	PIPE#
Leak Detection Results: has tank and/or piping had two <i>consecutive</i> months of non-passing (fail, inconclusive, invalid, etc.) results? (YES OR NO)								
If yes, was it reported to ADEC as a suspected release and investigated? (YES OR NO)								

**REPORT ALL KNOWN OR POTENTIAL SPILLS OR LEAKS TO THE
ADEC UST PREVENTION MANAGER: 907-269-3055 FAX: 269-7687
and Call your local ADEC Spill Response Office:**

Area	Phone	FAX
Central (Anchorage)	269-3063	269-7648
Northern (Fairbanks)	451-2121	451-2362
Southeast (Juneau)	465-5340	465-2237

<http://www.dec.state.ak.us/spar/spillreport.htm>
1-800-478-9300 after business hours

NOTES: _____

SECTION 4: SPILL AND OVERFILL PREVENTION

4.A. SPILL PREVENTION DEVICE

#	ANSWER YES OR NO FOR EACH TANK	Tank #	Tank #	Tank #	Tank #
1	Equipped with spill bucket or other approved device				
2	Spill bucket is clean and free of debris and water				
3	Spill bucket is free of cracks, gaps or holes				
4	Fill Pipe has drop tube, and is installed free of abnormalities (rusty, bent, cracks or holes) especially at connections to tank and/or spill bucket				
5	Spill device not required. <i>Tank that receives less than 25 gallons of petroleum per delivery is not required to have a spill device.</i>				
Spill device passes inspection. Blocks 1 through 4 are YES (or Block 5 is YES).					

Note: If any answer to Blocks 1 through 4 is NO, explain below. List any problems noted during inspection. Note corrections on Addendum.

4.B. OVERFILL DEVICE

#	DESCRIBE TYPE OF EQUIPMENT PRESENT BLOCKS 3-8 ANSWER YES OR NO	Tank #	Tank #	Tank #	Tank #
1	Overfill device present (<i>list all</i>): Automatic Shutoff (AS), Ball Float Valve (BFV), High Level Alarm (HLA), Other				
2	Indicate delivery method (gravity or metered flow)				
3	Owner/operator ensures releases due to spilling or overfilling do not occur, for example, product is measured prior to each delivery to ensure enough room in tank for delivery. All fuel deliveries are monitored by operator <i>and</i> distributor.				
4a	Visually observed overfill housing; device is present				
4b	Documentation of installation provided <i>OR</i> service provider has certified that overfill device operates and is functional.				
AUTOMATIC SHUT-OFF ONLY					
5	Visual observation indicates the drop tube is unobstructed (anything that would render the shut-off device ineffective)				
BALL FLOAT VALVE AND VENT RESTRICTOR					
6	BFV and/or vent restrictor material is compatible with UST system configuration, product, delivery, and use.*****				
EXTERNAL HIGH LEVEL ALARM ONLY					
7	Alarm is tested and is functioning properly at 90%, and is audible or visible to the driver at the point of transfer.				
OVERFILL DEVICE NOT REQUIRED					
8	Tank receives less than 25 gallons of petroleum per delivery (is not required to have an overfill device).				
Overfill device passes inspection. Blocks 3 through 7 (as applicable) are YES (or Block 8, overfill device is not required).					

Note: If the answer to any question is NO, explain below. List any problems noted during inspection. Note corrections on Addendum.

******* Ball float valves must be removed to pass inspection if the conditions listed in Title 18 Alaska Administrative Code 78.040(e) exist:**

Title 18 AAC 78.040(e) 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 or a vent restrictor shut-off device on that system: (1) a tank that receives a pumped delivery; (2) suction piping with air eliminators; (3) remote fill pipes and gauge openings; (4) an emergency generator.

DEFICIENCIES: _____

FURTHER RECOMMENDATIONS: _____

SECTION 5: CORROSION PREVENTION

Complete this section even if the tank or piping is made of non-metallic construction material.
Buried metal tank and piping (which includes fittings, flex-connectors, etc.,) must be isolated from soil or cathodically protected.

CHECK TYPE OF CORROSION PROTECTION FOR EACH TANK AND PIPE, AND ANSWER YES, NO, OR NA	TANK #	TANK #	TANK #	TANK #
<input type="checkbox"/> GALVANIC CATHODIC PROTECTION (TANK AND PIPING)				
1	Tank passed test in accordance with NACE Standard RP-0285. (Attach completed CP Test Form) ****			
2	Pipe passed test in accordance with NACE Standard RP-0285. (Attach completed CP Test Form) ****			
3	Record of last two cathodic protection tests on file with Owner or Operator. CP tests performed by Alaska-certified Worker <i>LICENSE # NAME:</i>			
4	Cathodic Protection system was tested and inspected within six months of repair of UST system.			
Galvanic Cathodic Protection passes inspection. Blocks 1 and 2 are YES .				
<input type="checkbox"/> IMPRESSED CURRENT CATHODIC PROTECTION (TANK AND PIPING)				
5	System has power and it is turned on. ****			
6	60-day log is present and filled out properly. ****			
7	Tank passed test in accordance with NACE Standard RP-0285. (Attach completed CP Test form) ****			
8	Pipe passed test in accordance with NACE Standard RP-0285. (Attach completed CP Test form) ****			
9	Record of last two cathodic protection tests on file with Owner or Operator. Tests performed by Alaska-certified Worker: <i>LICENSE # NAME:</i>			
10	Cathodic Protection system tested and inspected within six months of repair of UST system.			
Impressed Current Cathodic Protection passes inspection. Blocks 5 through 8 are Yes .				
<i>Note: If the answer in any Block is NO, explain below. List any problems noted during inspection, even those that were corrected.</i>				
**** PRIOR TO SYSTEM REPAIR OR ADJUSTMENT, NOTIFY ADEC IF AN ANSWER IN BLOCKS 1 THROUGH 10 IS NO .				

IF TANK OR PIPE HAS CATHODIC PROTECTION: THE COMPLETED CP TEST FORM IS ATTACHED

<input type="checkbox"/> INTERNALLY LINED (ONLY FOR TANKS WITH NO OTHER CORROSION PREVENTION):				
11	Internal liner passed required periodic inspection. (Tank has liner only with no cathodic protection) ATTACH REPORT			
12	Date liner installed (MONTH/YEAR)			
13	Date last inspection due. (MONTH/YEAR)			
14	Next Inspection due date. (MONTH/YEAR) <i>(Tank has liner only with no cathodic protection)</i>			
<input type="checkbox"/> NON-METAL CONSTRUCTION MATERIAL (TANK MEETS CORROSION PREVENTION):				
15	Tank: Outer wall made of non-metallic material such as fiberglass or fiberglass clad steel. YES OR NO			
16	Pipe: Outer wall made of non-metallic material such as fiberglass or corrugated plastic. YES OR NO			
17	Were any of the following conditions observed in flexible piping: swelling, elongation, kinking, wrinkling, blistering, delaminating, softness, mold growth, or other abnormalities? If so, please attach digital photographs and describe.			

Notes: _____

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Owner/Operator's Initials: _____
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SECTION 6: GENERAL COMMENTS

Use this section to list additional comments not listed in the previous pages. Attach an additional page if necessary.

Inspectors are required to report unusual operating conditions to DEC within 10 days of the inspection

(18 AAC 78.017(k)(3). Note any substandard tank, piping or ancillary equipment: _____

SECTION 7: CERTIFICATION

FILL OUT THE FOLLOWING:	TANK #	TANK #	TANK #	TANK #
Use these codes: P = Pass Inspection, F = Fail Inspection, NA = Not Applicable.				
Release Detection (Tank only)				
Release Detection (Piping only)				
Spill Device (Tank only)				
Overfill Device (Tank only)				
Corrosion Protection (Tank only)				
Corrosion Protection (Piping only)				
Passes Inspection (Pass/Fail only)				
Tank Release Detection Record Keeping enter number of months with passing records **				
Piping Release Detection Record Keeping enter number of months with passing records **				
** Review <i>Leak Detection Record Keeping Fact Sheet</i> . If less than eight months of passing records, the tank or piping is on LEAK DETECTION PROBATION . The Owner/Operator signs the <i>Leak Detection Probation Agreement</i> (below) with the Inspector.				

The department's Underground Storage Tank database will be updated with information listed in this inspection report and the attached Facility Tank Summary printout.

<p>I, the certified Inspector, have performed this UST system inspection and believe the contents of this report to be true and accurate at the time of inspection.</p> <p>I certify I have no significant financial interest in this UST facility.</p> <p>Facility # _____ (<i>fill in</i>).</p> <p>Print Name: _____</p> <p>Signature: _____</p> <p>E-Mail: _____</p> <p>Phone: _____</p> <p>Inspector ID #: _____ Date: _____</p>	<p>I, the Owner/Operator (<i>circle one</i>), have read this Inspection Report and have been told the condition of my UST facility, including all deficiencies, corrections and recommendations.</p> <p><u>All applicable pages are initialed and included in this submittal.</u></p> <p>Print Name: _____</p> <p>Signature: _____</p> <p>E-Mail: _____</p> <p>Phone: _____</p> <p>Date: _____</p>
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Please return this ORIGINAL REPORT, signed and initialed, *no later than* September 30 of this inspection year to:

ADEC Underground Storage Tanks
 555 Cordova Street
 Anchorage, Alaska 99501-2617
 fax: **907-269-7687**

SECTION 8: ADDENDUM

FACILITY #

FACILITY NAME

Use this section to note any deficiency corrections or repairs that were made *after the initial inspection*. The UST third-party *Operations Inspection* should be a 'snapshot' completed prior to any repairs or adjustments that would affect whether or not a UST would *pass* or *fail*. List each corrected item separately. If you have any questions, please call the UST office at ADEC, at **907-269-7679** or **907-269-3055**. Use additional copies of this page if necessary. Fax completed form to **907-269-7687**, or email it to Cheryl.Paige@alaska.gov.

Item 1.

Date of Work: _____ Tank *or* Pipe #: _____ is now: **PASS** OR **FAIL** the Inspection (circle one)
Description of Repair or Deficiency Correction: _____

UST Worker Name: _____ Alaska UST Worker License # _____
UST Worker Signature: _____ Date _____

Item 2.

Date of Work: _____ Tank *or* Pipe #: _____ is now: **PASS** OR **FAIL** the Inspection (circle one)
Description of Repair or Deficiency Correction: _____

UST Worker Name: _____ Alaska UST Worker License # _____
UST Worker Signature: _____ Date _____

Item 3.

Date of Work: _____ Tank *or* Pipe #: _____ is now: **PASS** OR **FAIL** the Inspection (circle one)
Description of Repair or Deficiency Correction: _____

UST Worker Name: _____ Alaska UST Worker License # _____
UST Worker Signature: _____ Date _____

Item 4.

Date of Work: _____ Tank *or* Pipe #: _____ is now: **PASS** OR **FAIL** the Inspection (circle one)
Description of Repair or Deficiency Correction: _____

UST Worker Name: _____ Alaska UST Worker License # _____
UST Worker Signature: _____ Date _____

Please return original form to ADEC <i>no later than thirty days after</i> the UST work to repair the deficiency is completed to:	ADEC Underground Storage Tanks 555 Cordova Street Anchorage, Alaska 99501-2617
Questions? Contact the ADEC UST office:	Larry.Brinkerhoff@alaska.gov 907-269-3055 fax: 907-269-7687 Cheryl.Paige@alaska.gov 907-269-7679 Internet: http://www.dec.state.ak.us/spar/ipp/tanks.htm

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Owner/Operator's Initials: _____
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CATHODIC PROTECTION TEST

This form is to be used with the third-party UST Operations Inspection or for an independent Cathodic Protection Test.

FACILITY NAME:	OWNER NAME:
ADEC FACILITY #:	Mailing Address
Physical Location	City, State, Zip
City	Phone
Phone	OPERATOR NAME:
MAILING ADDRESS (if different)	Phone
Address	Fax
City, State, Zip	E-mail:

WEATHER CONDITIONS:	SOIL/BACKFILL CONDITIONS (check all that apply):				
TEMPERATURE:	MOIST	DRY	SAND	GRAVEL	LOAM

INITIAL

CHECKLIST [MINIMUM REQUIREMENTS]

- Reviewed the cathodic protection system's design: location of tanks, lines, anodes, testing locations, and structure to soil potential readings. For impressed current systems include structure to soil native potential readings and rectifier amp and voltage settings.
- Reviewed record of previous cathodic protection system inspection: tank to soil potential readings, test locations, and previous inspectors' comments and observations. For impressed current systems, review the record for previous rectifier amp and voltage readings and record current readings.
- Provided site diagram with testing locations properly marked.
- Tested the system for electrical continuity: tanks, product lines, flex connectors, vent lines, conduit and other tank system equipment.
- Conducted structure-to-soil potentials on all protected tanks, piping, and flex connectors at a minimum of three per tank: one along the centerline, and one at either end. For each product line, tested above piping at the ends and middle (away from anode locations). Conduct additional tests on long piping runs.
- For impressed current system, conducted structure-to-soil potentials for rectifier instant off readings. For polarization readings not meeting the -850 mV instant-off requirement, tested for 100 mV polarization decay.
- For impressed current system, checked rectifier operation and current-to-anodes at any junction boxes in system. Asked owner if any physical changes have been made at site since installation.
- Provided written explanation to the site owner on the cathodic protection systems operating status, recommendations, and any repairs and attached it to this form.

CATHODIC PROTECTION SYSTEM CERTIFICATION

I have completed this form *including the above checklist* and *certify* the cathodic protection system is operating according to its design standards, and is providing cathodic protection to the tanks and piping:
 Yes No Date: _____

Signature of Tester _____
 Print name of tester _____
 Alaska UST Worker # _____
 (or PE stamp for corrosion expert)

Mail form to: ADEC Storage Tank Program
 555 Cordova Street
 Anchorage, Alaska 99501

Questions? Call ADEC at **907-269-7679**
or email Cheryl.Paige@alaska.gov
<http://www.dec.state.ak.us/spar/ipp/tanks.htm>

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Owner/Operator's Initials: _____
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FACILITY NAME

ADEC FACILITY #

SITE DIAGRAM

Sketch the facility below showing tanks, piping, buildings, vent lines and dispenser islands. Include all surface openings to tanks for pumps, fill pipes, tank monitoring, etc. Provide tank identification. On the diagram identify reference cell test locations with an "R" and a sequential number (R1, R2, etc.). Do the same for structure locations using "S" (S1, S2, etc.). You do not need to add continuity readings on the site diagram.

If the cathodic protection testing is done at the same time as the Operations Inspection Report, one diagram (on page 2 of the report) is sufficient as long as the *cell-test locations* and the *structure-locations* are clearly identified.

When taking structure-to-soil potential readings, the reference cell must be as close to the structure as possible and be in direct contact with the soil or backfill material around the tank and piping. For tank potential readings, soil or backfill may be accessed through openings for pump risers, tank monitors, etc. directly above tank when available. Permanent cathodic protection monitoring stations providing access to soil or backfill may need to be established through concrete or asphalt paving above tank and piping. Do not take structure-to-soil potential readings with the reference cell directly on concrete or asphalt paving. Potential readings made in this manner are not valid and will not be accepted.

COMPARE PAST CATHODIC PROTECTION SYSTEM SURVEY RESULTS WITH CURRENT READINGS TAKEN AT THE SAME LOCATION. LOOK FOR TRENDS.

RECTIFIER READINGS (FOR IMPRESSED CURRENT SYSTEM ONLY)

Design settings: Amperes _____ Volts _____
Current readings: Amperes _____ Volts _____
Initial Tap Settings _____
If adjusted, Final Tap Settings _____

Comments:

Reason for Tap Setting Adjustment:

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Date: _____

Continuity Measurements
 (Required for Impressed Current, as Needed for Galvanic)
 Select Method: **Fixed-Reference or Structure-to-Structure**

Fixed Reference, Moving Ground Method

Tank ID	Reference Cell * Location (Describe)	Contact Point (Describe)	Voltage (mV)	Comments: Continuous, Isolated
Tank #				

Tank #				

Tank #				

Tank #				

Structure-to-Structure Method

Tank ID #	Structure Contact Point (check for each tank)		Second Point of Contact ** (describe)	Voltage (mV)	Comments: Continuous or Isolated
	Test Station	Tank Bottom			
Tank #					

Tank #					

Tank #					

Tank #					

* The reference cell must be in contact with soil. Use the area around the riser pipes, vent pipes, fill-buckets, open earth near the tank, or open earth 30 feet from the tank.

** Second Point of Contact can include any metal object that may have dielectric contact with the tank including product piping, vent or fill pipe risers, leak detection devices, etc.