



# Wyoming Storage Tank Program Operator's Annual Inspection



<b>Date:</b>	<b>Wyoming Facility Number</b>
<b>Facility Name:</b>	<b>Owner Name</b>
<b>Address:</b>	<b>Mailing Address:</b>
<b>City:</b>	<b>City, State, Zip:</b>
<b>Phone:</b>	<b>Phone:</b>
<b>Tester</b>	<b>Tester License Number</b>

TANKS AND PIPING	TANK OR COMPARTMENT# _____	TANK OR COMPARTMENT# _____	TANK OR COMPARTMENT# _____	TANK OR COMPARTMENT# _____
Status ( <i>Active or Taken-Out-of-Use</i> )				
Capacity ( <i>Gallons</i> )				
Product ( <i>Specify type</i> )				
Tank Construction Material				
Compartment Tank ( <i>Yes or No</i> )				
Double-Wall Tank ( <i>Yes or No</i> )				
Piping Type ( <i>Suction or Pressurized</i> )				
Piping Material ( <i>FRP/Flex/Steel</i> )				
Double-Wall Piping ( <i>Yes or No</i> )				
Emergency Power Generator ( <i>Yes or No</i> )				
Type of Overfill Prevention				

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Status ( <i>Active or Taken-Out-of-Use</i> )				
Capacity ( <i>Gallons</i> )				
Product ( <i>Specify type</i> )				
Tank Construction Material				
Compartment Tank ( <i>Yes or No</i> )				
Double-Wall Tank ( <i>Yes or No</i> )				
Piping Type ( <i>Suction or Pressurized</i> )				
Piping Material ( <i>FRP/Flex/Steel</i> )				
Double-Wall Piping ( <i>Yes or No</i> )				
Emergency Power Generator ( <i>Yes or No</i> )				
Type of Overfill Prevention				

# Line Testing

<b>LINE LEAK DETECTORS</b>	TANK OR COMPARTMENT# _____	TANK OR COMPARTMENT# _____	TANK OR COMPARTMENT# _____	TANK OR COMPARTMENT# _____
Product				
Type of Line Leak Detection(MLLD/ELLD/Sump Sensor)				
Brand of Line Leak Detector				
Simulated Leak Rate (ELLD/MLLD)				
Did Line Leak Detector Function Properly				
<b>LINE TIGHTNESS TESTING</b>	TANK OR COMPARTMENT# _____	TANK OR COMPARTMENT# _____	TANK OR COMPARTMENT# _____	TANK OR COMPARTMENT# _____
Product				
Leak Rate				
Test Start Time				
Test End Time				
Test Length				

<b>LINE LEAK DETECTORS</b>	TANK OR COMPARTMENT# _____	TANK OR COMPARTMENT# _____	TANK OR COMPARTMENT# _____	TANK OR COMPARTMENT# _____
Product				
Type of Line Leak Detection(MLLD/ELLD/Sump Sensor)				
Brand of Line Leak Detector				
Simulated Leak Rate (ELLD/MLLD)				
Did Line Leak Detector Function Properly				
<b>LINE TIGHTNESS TESTING</b>	TANK OR COMPARTMENT# _____	TANK OR COMPARTMENT# _____	TANK OR COMPARTMENT# _____	TANK OR COMPARTMENT# _____
Product				
Leak Rate				
Test Start Time				
Test End Time				
Test Length				

NOTES: \_\_\_\_\_

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# TANK LEAK DETECTION

TANKS	TANK OR COMPARTMENT#	TANK OR COMPARTMENT#	TANK OR COMPARTMENT#	TANK OR COMPARTMENT#
Capacity ( <i>Gallons</i> )				
Product ( <i>Specify type</i> )				
Tank Construction Material				
Compartment (Yes or No)				
Primary Tank Leak Detection Method (ATG/SIR/Interstitial/GW/VM/MTG)				
Double-Wall Tank ( <i>Yes or No</i> )				
How Close is ATG Calibration(If ATG is Primary Method)				
Are Probes Clean (If Applicable)				
Are probes Functional (Interstitial Monitoring)				
Additional Information				

TANKS	TANK OR COMPARTMENT#	TANK OR COMPARTMENT#	TANK OR COMPARTMENT#	TANK OR COMPARTMENT#
Capacity ( <i>Gallons</i> )				
Product ( <i>Specify type</i> )				
Tank Construction Material				
Compartment (Yes or No)				
Primary Tank Leak Detection Method (ATG/SIR/Interstitial/GW/VM/MTG)				
Double-Wall Tank ( <i>Yes or No</i> )				
How Close is ATG Calibration(If ATG is Primary Method)				
Are Probes Clean (If Applicable)				
Are probes Functional (Interstitial Monitoring)				
Additional Information				

NOTES: \_\_\_\_\_

WHEN THE OWNER/OPERATOR SUBMITS COPIES OF THIS OAI FORM TO THE DEQ, THEY ARE ALSO REQUIRED TO SUBMIT COPIES OF THE TANK LEAK DETECTION RECORDS FOR THE PRECEDING YEAR.

# INSPECTION OF TANK EQUIPMENT

TANK EQUIPMENT	TANK OR COMPARTMENT#	TANK OR COMPARTMENT#	TANK OR COMPARTMENT#	TANK OR COMPARTMENT#
<b>Turbine Sumps Clean</b>				
<b>Is There Any Visible Damage to Piping?</b>				
<b>No Exposed Wire Connections</b>				
<b>Spill Buckets Clean</b>				
<b>Spill Bucket Drains Operational</b>				
<b>Any Damage to Spill Buckets</b>				
<b>Is Spill Bucket Lid Damaged?</b>				
<b>Is There a Drop Tube?</b>				
<b>Type of Overfill Prevention</b>				
<b>Verified Flapper Valve Has not Been Disabled</b>				
<b>Have Vent Pipes Been Damaged?</b>				
<b>Vent Pipes at least 12' High or 3' Higher Than Roof or Canopy</b>				

TANK EQUIPMENT	TANK OR COMPARTMENT#	TANK OR COMPARTMENT#	TANK OR COMPARTMENT#	TANK OR COMPARTMENT#
<b>Turbine Sumps Clean</b>				
<b>Is There Any Visible Damage to Piping?</b>				
<b>Any Exposed Electrical Connections?</b>				
<b>Spill Buckets Clean</b>				
<b>Spill Bucket Drains Operational</b>				
<b>Any Damage to Spill Buckets</b>				
<b>Is Spill Bucket Lid Damaged?</b>				
<b>Is There a Drop Tube?</b>				
<b>Type of Overfill Prevention</b>				
<b>Verified Flapper Valve Has not Been Disabled</b>				
<b>Have Vent Pipes Been Damaged?</b>				
<b>Vent Pipes at least 12' High or 3' Higher Than Roof or Canopy</b>				

NOTES: \_\_\_\_\_

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# DISPENSERS

DISPENSER EQUIPMENT	DISPENSER # _____	DISPENSER # _____	DISPENSER # _____	DISPENSER # _____
Dispenser Pan Clean?				
Shear Valves Present?				
Shear Valves Anchored?				
Shear Valves Operational?				
Any Leaks?				
Any Exposed Electrical Connections?				
Any Pipe Damage?				

DISPENSER EQUIPMENT	DISPENSER # _____	DISPENSER # _____	DISPENSER # _____	DISPENSER # _____
Dispenser Pan Clean?				
Shear Valves Present?				
Shear Valves Anchored?				
Shear Valves Operational?				
Any Leaks?				
Any Exposed Electrical Connections?				
Any Pipe Damage?				

DISPENSER EQUIPMENT	DISPENSER # _____	DISPENSER # _____	DISPENSER # _____	DISPENSER # _____
Dispenser Pan Clean?				
Shear Valves Present?				
Shear Valves Anchored?				
Shear Valves Operational?				
Any Leaks?				
Any Exposed Electrical Connections?				
Any Pipe Damage?				

## EMERGENCY EQUIPMENT

SAFETY	
Is Emergency Shutoff Visible and Clearly Marked?	
Is Emergency Shutoff at Least 20' and No More Than 100' From Dispensers?	
Is There a Portable Fire Extinguisher No More Than 75' From Dispensers?"	