

**Final Amendments
to the
California Code of Regulations
Title 23. Waters
Division 3. State Water Resources Control Board
and Regional Water Quality Control Boards
Chapter 16. Underground Storage Tank
Regulations**

**TEXT
REGULATIONS**

**State Water Resources Control Board
Division of Water Quality**

The proposed changes: insertions shown as underline and deletions shown as ~~strikethrough~~.

TITLE 23. WATERS
DIVISION 3. STATE WATER RESOURCES CONTROL BOARD AND
REGIONAL WATER QUALITY CONTROL BOARDS
CHAPTER 16. UNDERGROUND TANK REGULATIONS

Article 10. Permit Application, Quarterly Report and Trade Secret Request Requirements

§ 2713. Local Agency Reporting Requirements

- (a) Each local agency shall transmit unauthorized release information, submitted by the owner or operator, to the appropriate ~~regional board~~ Regional Board through the California Environmental Reporting System or a local reporting portal.
- (b) ~~Local agencies~~ Each local agency shall transmit unauthorized release update report information, submitted by the owner or operator pursuant to section 2712, to the appropriate ~~regional board~~ Regional Board for sites where they are overseeing cleanup. Local agencies shall transmit this unauthorized release update information on a quarterly schedule established by the ~~board~~ Board.
- (c) On a semi-annual basis, each local agency shall send to the ~~board~~ Board, information pertaining to local underground storage tank program implementation and enforcement activities. This information shall be submitted using a local information management system, local reporting portal, or the California Environmental Reporting System, and shall include, but not be limited to the number of:
- (1) Tanks subject to regulation
 - (2) Regulated facilities
 - (3) Facility inspections conducted
 - (4) Inspected facilities in compliance with release detection, spill prevention, overfill prevention, corrosion protection, financial responsibility, and designated operator training and inspection ~~and release prevention~~ requirements
 - (5) Underground storage tank systems that received a red tag pursuant to Article 10.5, including:
 - (A) The name and ~~address~~ California Environmental Reporting System Identification Number of the facility at which the tank system is located;
 - ~~(B) The names of the owner and operator of the tank system;~~

- ~~(G)~~ (B) The red tag's identification number;
- ~~(D)~~ (C) The date the red tag was affixed to the tank system;
- ~~(E)~~ (D) The specific violation for which the tank system received the red tag; and
- ~~(F)~~ (E) The date the red tag was removed from the tank system.

(d) (1) No later than January 31 of each year, each local agency shall report to the Board all underground storage tank facilities in the California Environmental Reporting System with the underground storage tank reporting requirement identified as "Applicable + Always" which have not had a compliance inspection performed during the previous year, and specify the reason for which no inspection was performed.

(2) The report shall include the following California Environmental Reporting System items: CERSID, Facility Name, UST Reporting Requirement, UST Last Inspection Date, and written explanation why the compliance inspection was not performed.

~~(d)~~ (e) ~~Local agencies~~ Each local agency shall report formal and informal enforcement actions, including the specific violation for which the local agency took the enforcement action, as specified in Title 27, section 15290 through a local information management system, local reporting portal, or the California Environmental Reporting System.

Authority cited: Sections 25299.3 and 25299.7, Health and Safety Code.

Reference: Sections 25286, 25292.3, 25296.35 and 25404, Health and Safety Code.

§ 2716. Designated UST Operator Visual Inspection.

- (a) On and after October 1, 2018, all underground storage tank systems shall have a visual inspection performed by a designated UST operator at least once every 30 days in accordance with all subdivisions below.
- (b) The designated UST operator visual inspection shall identify compliance issues which cause the underground storage tank system to be out of compliance with this chapter and include, but not be limited to, all of the following:
 - (1) Review of the previous "Designated Underground Storage Tank Operator Visual Inspection Report" to verify each compliance issue identified by the designated UST operator during the previous visual inspection required by subdivision (a) above, has a documented action taken in response;

- (2) Review of the release detection alarm history since the previous visual inspection required by subdivision (a) above, to verify that each alarm condition was documented and responded to appropriately;
 - (3) Review of the testing and maintenance records for the underground storage tank system to verify that all required testing and maintenance have been complete;
 - (4) Review of the facility employee training records to verify that all facility employees have been trained in accordance with section 2715(c);
 - (5) Inspect the spill container for damage and for the presence of any hazardous substance, water, or debris;
 - (6) Inspect the fill pipe for obstructions;
 - (7) Inspect the fill cap to verify it is securely on the fill pipe;
 - (8) Inspect under-dispenser containment areas for damage and for the presence of any hazardous substance, water, or debris and check that the monitoring equipment in these areas is located in the proper position to detect a leak-release at the earliest possible opportunity; and
 - (9) Inspect containment sumps that have had an alarm since the previous visual inspection required by subdivision (a) above, for which there is no record of a service technician visit. Inspect the containment sumps for damage and for the presence of any hazardous substance, water, or debris and check that the monitoring equipment in these containment sumps is located in the proper position to detect a leak-release at the earliest possible opportunity.
- (c) The results of the designated UST operator(s) visual inspection shall be recorded on the "Designated Underground Storage Tank Operator Visual Inspection Report" located in Appendix XIII. The report shall include, but not be limited to, all of the following:
- (1) A copy of documentation demonstrating action taken in response to each compliance issue identified by the designated UST operator during the previous visual inspection required by subdivision (a) above;
 - (2) A list of each compliance issue identified by the designated UST operator during the previous visual inspection, required by subdivision (a) above, for which there is no record of action taken to correct;
 - (3) A copy of the alarm history since the previous visual inspection required by subdivision (a) above;

- (4) A copy of documentation demonstrating action taken in response to each alarm since the previous visual inspection required by subdivision (a) above;
 - (5) A list of each alarm since the previous visual inspection, required by subdivision (a) above, for which there is no documentation of the alarm condition and action taken in response;
 - (6) A list of each area inspected and whether each area inspected is acceptable or needs follow-up action taken; and
 - (7) A list of the dates for all required testing and maintenance that has occurred.
- (d) Within 48 hours of the completion of the designated UST operator visual inspection required by subdivision (a) above, the designated UST operator shall sign and provide the owner or operator with a copy of the “Designated Underground Storage Tank Operator Visual Inspection Report.”
- (e) Within ~~48~~ 72 hours of being provided a signed copy of the “Designated Underground Storage Tank Operator Visual Inspection Report,” the owner or operator shall:
- ~~(1) provide~~ Provide a description of each corrective action taken or to be taken for any compliance issues discovered during the inspection. ~~The description shall be provided on the a~~ copy of the “Designated Underground Storage Tank Operator Visual Inspection Report” signed by the designated UST operator; ~~and and the owner or operator shall~~
 - ~~(2) sign~~ Sign and date the report, acknowledging the results of the inspection. ~~identified compliance issues.~~
- (f) Owners or operators shall maintain a copy of the monthly inspection records of inspections performed before October 1, 2018 and all attachments for 12 months. On and after October 1, 2018, copies of the “Designated Underground Storage Tank Operator Visual Inspection Report” and all attachments shall be maintained for 36 months. The records shall be maintained on-site or, if approved by the local agency, off-site at a readily accessible location.

Authority cited: Section 25299.3, Health and Safety Code.

Reference: Sections 25281, 25284.1 and 25404, Health and Safety Code; and 40 CFR § 280.36.

These appendices have been removed from regulations:

Appendix VI Monitoring System Certification Form
Appendix VII Secondary Containment Testing Report Form
Appendix VIII Spill Container Testing Report Form
Appendix IX Overfill Prevention Equipment Inspection Report Form
Appendix XI Designated Underground Storage Tank Operator Identification Form
Appendix XIII Designated Underground Storage Tank Operator Visual Inspection Report

The appendices have been replaced by the following documents.

Appendix VI
Underground Storage Tank
Monitoring System Certification Form

TYPE OF ACTION

Installation

Repair

12 Month

<u>1. FACILITY INFORMATION</u>		
<u>CERS ID</u>	<u>Certification Date</u>	
<u>Facility Name</u>		
<u>Facility Address</u>	<u>City</u>	<u>ZIP Code</u>
<u>2. SERVICE TECHNICIAN INFORMATION</u>		
<u>Company Performing the Certification</u>	<u>Phone</u>	
<u>Mailing Address</u>		
<u>Service Technician Performing Test</u>		
<u>Contractor/Tank Tester License Number</u>		
<u>ICC Number</u>	<u>ICC Expiration Date</u>	
<u>3. TRAINING AND CERTIFICATIONS</u>		
<u>Manufacturer and Test Equipment Training Certifications</u>	<u>Expiration Date</u>	
<u>4. CERTIFICATION BY SERVICE TECHNICIAN CONDUCTING TEST</u>		
<u><i>I hereby certify that the monitoring system is operational in accordance with California Code of Regulations, title 23, division 3, chapter 16, section 2638; that required supporting documentation is attached; and all information contained herein is accurate.</i></u>		
<u>Service Technician Signature</u>	<u>Date</u>	<u>Total # of Pages</u>

CERS = California Environmental Reporting System, GPH = Gallons Per Hour, ID = Identification, ICC = International Code Council, LLD = Line Leak Detector, NA = Not Applicable, SW = Single-Walled, UDC = Under-Dispenser Containment, UST = Underground Storage Tank, VPH = Vacuum/Pressure/Hydrostatic

Underground Storage Tank Monitoring System Certification Form

5. MONITORING SYSTEM AND PROGRAMMING					
<u>A separate Monitoring System Certification Form must be prepared for each control panel.</u>					
<u>Make of Monitoring System Control Panel</u>	<u>Model of Monitoring System Control Panel</u>	<u>Software Version Installed</u>			
<u>Attach the post-certification reports if the monitoring system is capable of generating either; <input type="checkbox"/> Monitoring System Set-up <input type="checkbox"/> Alarm History Report</u>			<u>Yes</u>	<u>No</u>	<u>NA</u>
<u>All monitoring equipment is operational per manufacturer's specifications?</u>			<input type="checkbox"/>	<input type="checkbox"/>	
<u>Secondary containment systems are free of damage, debris, or liquid?</u>			<input type="checkbox"/>	<input type="checkbox"/>	
<u>Are the audible and visual alarms operational?</u>			<input type="checkbox"/>	<input type="checkbox"/>	
<u>All sensors have been: 1) visually inspected for wiring kinks, breaks and residual buildup on floats; and 2) tested for functionality and confirmed operational?</u>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<u>Are all sensors installed to detect a release at the earliest opportunity in the secondary containment?</u>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<u>The monitoring system set-up was reviewed, and proper settings confirmed?</u>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<u>Was the monitoring control panel's backup battery visually inspected, functionally tested, and confirmed operational?</u>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<u>Does the flow of fuel stop at the dispenser if a release is detected in the under-dispenser containment?</u>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<u>Does the turbine automatically shut down if the piping secondary containment monitoring system fails to operate or is electrically disconnected?</u>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<u>Does the turbine automatically shut down if the piping secondary containment monitoring system detects a release? Which sensors initiate positive shut down? (Check all that apply) <input type="checkbox"/> Sump <input type="checkbox"/> UDC</u>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<u>If monitoring system alarms are relayed to a remote monitoring center, is all communication equipment operational?</u>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Describe all answers marked "No" or "Fail" and proposed remedy in **Section 9.**
List all monitoring equipment either replaced or repaired in **Section 9**

Underground Storage Tank Monitoring System Certification Form

8. IN-TANK GAUGING TESTING

<input type="checkbox"/> Check this box if tank gauging is used only for inventory control.	<u>Yes</u>	<u>No</u>	<u>NA</u>
<input type="checkbox"/> Check this box if NO tank gauging equipment is installed. <i>(Do not complete this section if either box is checked.)</i>			
<u>All wiring has been: 1) visually inspected for kinks, breaks and proper entry and termination; and 2) tested for ground faults?</u>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<u>Were all in-tank gauging probes visually inspected for damage and residue buildup to ensure that floats move freely, functionally tested, and confirmed operational?</u>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<u>Was accuracy of system's product level readings tested?</u>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<u>Was accuracy of system's water level readings tested?</u>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<u>Were all probes reinstalled properly?</u>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<u>Were all items on the equipment manufacturer's maintenance checklist completed?</u>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

<u>Probe ID</u>	<u>Probe Model</u>	<u>Tanks Monitored</u>	<u>Pass</u>	<u>Fail</u>
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>

9. COMMENTS

Describe all answers marked "No" or "Fail" and proposed remedy.
List all monitoring equipment either replaced or repaired.

**Underground Storage Tank
Monitoring System Certification Form**

10. MONITORING SITE PLAN

Date site plan was prepared:

If a site plan has been prepared that shows all required information, you may include it, rather than this page, with your Monitoring System Certification Form. The site plan must show the general layout of tanks and identify locations of the monitoring panel, and all leak detection equipment and monitoring locations. Include a legend for all symbols depicted.

Appendix VII
Underground Storage Tank
Secondary Containment Testing Report Form

TYPE OF ACTION

Installation

Repair

6 Month

36 Month

<u>1. FACILITY INFORMATION</u>		
<u>CERS ID</u>	<u>Test Date</u>	
<u>Facility Name</u>		
<u>Facility Address</u>	<u>City</u>	<u>ZIP Code</u>
<u>2. SERVICE TECHNICIAN INFORMATION</u>		
<u>Company Performing the Test</u>	<u>Phone</u>	
<u>Mailing Address</u>		
<u>Service Technician Performing Test</u>		
<u>Contractor/Tank Tester License Number</u>		
<u>ICC Number</u>	<u>ICC Expiration Date</u>	
<u>3. TRAINING AND CERTIFICATIONS</u>		
<u>Manufacturer and Test Equipment Training Certifications</u>	<u>Expiration Date</u>	
<u>4. TEST PROCEDURE INFORMATION</u>		
<u>Test Procedures Used</u>	<u>Components Tested</u>	
<u>5. CERTIFICATION BY SERVICE TECHNICIAN CONDUCTING TEST</u>		
<u>I hereby certify that the secondary containment was tested in accordance with California Code of Regulations, title 23, division 3, chapter 16, section 2637; that required supporting documentation is attached; and all information contained herein is accurate. I understand that test procedures shall be made available upon request by the governing authority.</u>		
<u>Service Technician Signature</u>	<u>Date</u>	<u>Total # of Pages</u>

CERS = California Environmental Reporting System, ICC = International Code Council, ID = Identification, NA = Not Applicable, UDC = Under-Dispenser Containment,

Underground Storage Tank Secondary Containment Testing Report Form

6. TANK SECONDARY CONTAINMENT TEST

Test Method Developed by Manufacturer Industry Standard Professional Engineer

Test Type Pressure Vacuum Hydrostatic

Test Equipment Used:

<u>Tank ID</u>				
<u>Tank Manufacturer</u>				
<u>Tank Capacity</u>				
<u>Test Start Time</u>				
<u>Initial Reading</u>				
<u>Test End Time</u>				
<u>Final Reading</u>				
<u>Change in Reading</u>				
<u>Pass/Fail Criteria</u>				
<u>Tightness Test Results</u>	<input type="checkbox"/> Pass <input type="checkbox"/> Fail	<input type="checkbox"/> Pass <input type="checkbox"/> Fail	<input type="checkbox"/> Pass <input type="checkbox"/> Fail	<input type="checkbox"/> Pass <input type="checkbox"/> Fail

7. PIPE SECONDARY CONTAINMENT TEST

Test Method Developed by Manufacturer Industry Standard Professional Engineer

Test Type Pressure Vacuum Hydrostatic

Test Equipment Used:

<u>Pipe Run ID</u>				
<u>Pipe Manufacturer</u>				
<u>Test Start Time</u>				
<u>Initial Reading</u>				
<u>Test End Time</u>				
<u>Final Reading</u>				
<u>Change in Reading</u>				
<u>Pass/Fail Criteria</u>				
<u>Tightness Test Results</u>	<input type="checkbox"/> Pass <input type="checkbox"/> Fail	<input type="checkbox"/> Pass <input type="checkbox"/> Fail	<input type="checkbox"/> Pass <input type="checkbox"/> Fail	<input type="checkbox"/> Pass <input type="checkbox"/> Fail

<u>Pipe Run ID</u>				
<u>Pipe Manufacturer</u>				
<u>Test Start Time</u>				
<u>Initial Reading</u>				
<u>Test End Time</u>				
<u>Final Reading</u>				
<u>Change in Reading</u>				
<u>Pass/Fail Criteria</u>				
<u>Tightness Test Results</u>	<input type="checkbox"/> Pass <input type="checkbox"/> Fail	<input type="checkbox"/> Pass <input type="checkbox"/> Fail	<input type="checkbox"/> Pass <input type="checkbox"/> Fail	<input type="checkbox"/> Pass <input type="checkbox"/> Fail

Additional copies of this page may be attached.

All tests marked "Fail" and any repairs made before or during the tightness test must be described in the COMMENTS section.

Underground Storage Tank
Secondary Containment Testing Report Form

8. SUMP/UDC TEST

Test Method Developed by Manufacturer Industry Standard Professional Engineer

Test Type Pressure Vacuum Hydrostatic

Test Equipment Used:

<u>Sump/UDC ID</u>				
<u>Sump Manufacturer</u>				
<u>Sump Depth (inches)</u>				
<u>Sump Bottom to Top of Highest Pipe Penetration (inches)</u>				
<u>Test Start Time</u>				
<u>Initial Reading</u>				
<u>Test End Time</u>				
<u>Final Reading</u>				
<u>Change in Reading</u>				
<u>Pass/Fail Criteria</u>				
<u>Tightness Test Results</u>	<input type="checkbox"/> Pass <input type="checkbox"/> Fail	<input type="checkbox"/> Pass <input type="checkbox"/> Fail	<input type="checkbox"/> Pass <input type="checkbox"/> Fail	<input type="checkbox"/> Pass <input type="checkbox"/> Fail

<u>Sump/UDC ID</u>				
<u>Sump Manufacturer</u>				
<u>Sump Depth (inches)</u>				
<u>Sump Bottom to Top of Highest Pipe Penetration (inches)</u>				
<u>Test Start Time</u>				
<u>Initial Reading</u>				
<u>Test End Time</u>				
<u>Final Reading</u>				
<u>Change in Reading</u>				
<u>Pass/Fail Criteria</u>				
<u>Tightness Test Results</u>	<input type="checkbox"/> Pass <input type="checkbox"/> Fail	<input type="checkbox"/> Pass <input type="checkbox"/> Fail	<input type="checkbox"/> Pass <input type="checkbox"/> Fail	<input type="checkbox"/> Pass <input type="checkbox"/> Fail

Additional copies of this page may be attached.

All tests marked "Fail" and any repairs made before or during the tightness test must be described in the COMMENTS section.

Underground Storage Tank
Secondary Containment Testing Report Form

8. SUMP/UDC TEST (continued)

Test Method Developed by Manufacturer Industry Standard Professional Engineer

Test Type Pressure Vacuum Hydrostatic

Test Equipment Used:

<u>Sump/UDC ID</u>				
<u>Sump Manufacturer</u>				
<u>Sump Depth (inches)</u>				
<u>Sump Bottom to Top of Highest Pipe Penetration (inches)</u>				
<u>Test Start Time</u>				
<u>Initial Reading</u>				
<u>Test End Time</u>				
<u>Final Reading</u>				
<u>Change in Reading</u>				
<u>Pass/Fail Criteria</u>				
<u>Tightness Test Results</u>	<input type="checkbox"/> Pass <input type="checkbox"/> Fail	<input type="checkbox"/> Pass <input type="checkbox"/> Fail	<input type="checkbox"/> Pass <input type="checkbox"/> Fail	<input type="checkbox"/> Pass <input type="checkbox"/> Fail

<u>Sump/UDC ID</u>				
<u>Sump Manufacturer</u>				
<u>Sump Depth (inches)</u>				
<u>Sump Bottom to Top of Highest Pipe Penetration (inches)</u>				
<u>Test Start Time</u>				
<u>Initial Reading</u>				
<u>Test End Time</u>				
<u>Final Reading</u>				
<u>Change in Reading</u>				
<u>Pass/Fail Criteria</u>				
<u>Tightness Test Results</u>	<input type="checkbox"/> Pass <input type="checkbox"/> Fail	<input type="checkbox"/> Pass <input type="checkbox"/> Fail	<input type="checkbox"/> Pass <input type="checkbox"/> Fail	<input type="checkbox"/> Pass <input type="checkbox"/> Fail

Additional copies of this page may be attached.

All tests marked "Fail" and any repairs made before or during the tightness test must be described in the COMMENTS section.

Underground Storage Tank
Secondary Containment Testing Report Form

9. COMMENTS

All tests marked "Fail" and any repairs made before or during the tightness test must be described in the COMMENTS section.

Appendix IX
Underground Storage Tank
Overfill Prevention Equipment Inspection Report Form

TYPE OF ACTION

Installation

Repair

36 Month

<u>1. FACILITY INFORMATION</u>		
<u>CERS ID</u>	<u>Inspection Date</u>	
<u>Facility Name</u>		
<u>Facility Address</u>	<u>City</u>	<u>ZIP Code</u>
<u>2. SERVICE TECHNICIAN INFORMATION</u>		
<u>Company Performing the Inspection</u>	<u>Phone</u>	
<u>Mailing Address</u>		
<u>Service Technician Performing Inspection</u>		
<u>Contractor/Tank Tester License Number</u>		
<u>ICC Number</u>	<u>Expiration Date</u>	
<u>3. TRAINING AND CERTIFICATIONS</u>		
<u>Manufacturer and Test Equipment Training Certifications</u>	<u>Expiration Date</u>	
<u>4. INSPECTION PROCEDURES INFORMATION</u>		
<u>Inspection Procedures Used</u>	<u>Components Inspected</u>	
<u>5. CERTIFICATION BY SERVICE TECHNICIAN CONDUCTING INSPECTION</u>		
<u>I hereby certify that the OPE was inspected in accordance with California Code of Regulations, title 23, division 3, chapter 16, section 2637.2; that required supporting documentation is attached; and all information contained herein is accurate. I understand that test procedures shall be made available upon request by the governing authority.</u>		
<u>Service Technician Signature</u>	<u>Date</u>	<u>Total # of Pages</u>

CERS = California Environmental Reporting System, ID = Identification, ICC = International Code Council, OPE = Overfill Prevention Equipment

Appendix VIII
Underground Storage Tank
Spill Container Testing Report Form

TYPE OF ACTION

Installation

Repair

12 Month

<u>1. FACILITY INFORMATION</u>		
<u>CERS ID</u>	<u>Test Date</u>	
<u>Facility Name</u>		
<u>Facility Address</u>	<u>City</u>	<u>ZIP Code</u>
<u>2. SERVICE TECHNICIAN INFORMATION</u>		
<u>Company Performing the Test</u>	<u>Phone</u>	
<u>Mailing Address</u>		
<u>Service Technician Performing Test</u>		
<u>Contractor/Tank Tester License Number</u>		
<u>ICC Number</u>	<u>ICC Expiration Date</u>	
<u>3. TRAINING AND CERTIFICATIONS</u>		
<u>Manufacturer and Test Equipment Training Certifications</u>	<u>Expiration Date</u>	
<u>4. TEST PROCEDURE INFORMATION</u>		
<u>Test Procedures Used</u>	<u>Components Tested</u>	
<u>5. CERTIFICATION BY SERVICE TECHNICIAN CONDUCTING TEST</u>		
<u>I hereby certify that each spill container was tested in accordance with California Code of Regulations, title 23, division 3, chapter 16, section 2637.1; that required supporting documentation is attached; and all information contained herein is accurate. I understand that test procedures shall be made available upon request by the governing authority.</u>		
<u>Service Technician Signature</u>	<u>Date</u>	<u>Total # of Pages</u>

CERS = California Environmental Reporting System, ID = Identification, ICC = International Code Council

Underground Storage Tank Spill Container Testing Report Form

6. SPILL CONTAINER DETAILS

Test Method Developed by Manufacturer Industry Standard Professional Engineer

Test Type Pressure Vacuum Hydrostatic

<u>Tank ID</u>				
<u>Spill Container Manufacturer:</u>				
<u>Method of Cathodic Protection</u>	<input type="checkbox"/> Nonmetallic <input type="checkbox"/> Other	<input type="checkbox"/> Nonmetallic <input type="checkbox"/> Other	<input type="checkbox"/> Nonmetallic <input type="checkbox"/> Other	<input type="checkbox"/> Nonmetallic <input type="checkbox"/> Other
<u>Is the spill container minimum capacity five gallons excluding riser volume?</u>	<input type="checkbox"/> Yes <input type="checkbox"/> No*	<input type="checkbox"/> Yes <input type="checkbox"/> No*	<input type="checkbox"/> Yes <input type="checkbox"/> No*	<input type="checkbox"/> Yes <input type="checkbox"/> No*
<u>Method to keep spill container empty</u>	<input type="checkbox"/> Drain <input type="checkbox"/> Pump <input type="checkbox"/> Other	<input type="checkbox"/> Drain <input type="checkbox"/> Pump <input type="checkbox"/> Other	<input type="checkbox"/> Drain <input type="checkbox"/> Pump <input type="checkbox"/> Other	<input type="checkbox"/> Drain <input type="checkbox"/> Pump <input type="checkbox"/> Other
<u>Spill Container Test Results</u>	<input type="checkbox"/> Pass <input type="checkbox"/> Fail	<input type="checkbox"/> Pass <input type="checkbox"/> Fail	<input type="checkbox"/> Pass <input type="checkbox"/> Fail	<input type="checkbox"/> Pass <input type="checkbox"/> Fail

<u>Tank ID</u>				
<u>Spill Container Manufacturer:</u>				
<u>Method of Cathodic Protection</u>	<input type="checkbox"/> Nonmetallic <input type="checkbox"/> Other	<input type="checkbox"/> Nonmetallic <input type="checkbox"/> Other	<input type="checkbox"/> Nonmetallic <input type="checkbox"/> Other	<input type="checkbox"/> Nonmetallic <input type="checkbox"/> Other
<u>Is the spill container minimum capacity five gallons excluding riser volume?</u>	<input type="checkbox"/> Yes <input type="checkbox"/> No*	<input type="checkbox"/> Yes <input type="checkbox"/> No*	<input type="checkbox"/> Yes <input type="checkbox"/> No*	<input type="checkbox"/> Yes <input type="checkbox"/> No*
<u>Method to keep spill container empty</u>	<input type="checkbox"/> Drain <input type="checkbox"/> Pump <input type="checkbox"/> Other	<input type="checkbox"/> Drain <input type="checkbox"/> Pump <input type="checkbox"/> Other	<input type="checkbox"/> Drain <input type="checkbox"/> Pump <input type="checkbox"/> Other	<input type="checkbox"/> Drain <input type="checkbox"/> Pump <input type="checkbox"/> Other
<u>Spill Container Test Results</u>	<input type="checkbox"/> Pass <input type="checkbox"/> Fail	<input type="checkbox"/> Pass <input type="checkbox"/> Fail	<input type="checkbox"/> Pass <input type="checkbox"/> Fail	<input type="checkbox"/> Pass <input type="checkbox"/> Fail

8. COMMENTS

Describe all answers marked "Other," "No," or "Fail" and each proposed remedy.

* Mark here if:

Spill containers do not have a minimum capacity of five gallons and require replacement.

Additional copies of this page may be attached.

Appendix XI
Underground Storage Tank
Designated UST Operator Identification Form

TYPE OF ACTION

New UST Installation

New/Changed Designated Operator

<u>1. FACILITY INFORMATION</u>		
<u>CERS ID</u>	<u>Facility Name</u>	
<u>Facility Address</u>	<u>City</u>	<u>ZIP Code</u>

<u>2. DESIGNATED UST OPERATOR INFORMATION</u>	
<i><u>Print names exactly as shown on the ICC certification.</u></i>	

<u>Name of Designated UST Operator</u>	<u>ICC Certification</u>
<u>Mailing Address</u>	<u>Phone</u>
<u>Name of Designated UST Operator</u>	<u>ICC Certification</u>
<u>Mailing Address</u>	<u>Phone</u>
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<u>Mailing Address</u>	<u>Phone</u>
<u>Name of Designated UST Operator</u>	<u>ICC Certification</u>
<u>Mailing Address</u>	<u>Phone</u>

Additional copies of this page may be attached.

CERS = California Environmental Reporting System, ID = Identification, ICC = International Code Council, UST = Underground Storage Tank

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5. OWNER/OPERATOR DESCRIPTION OF FOLLOW-UP ACTION

Number the follow up actions to correspond to appropriate compliance issues from Section 3.

6. OWNER / OPERATOR ACKNOWLEDGEMENT OF INSPECTION RESULTS

I have reviewed the results of the designated UST operator inspection report and provided a description of the action(s) taken or to be taken to correct any compliance issues discovered.

Name of UST Owner / Operator (print)

UST Owner/Operator Signature

Date Signed

7. INSPECTION HISTORY

<u>Has each follow-up action of Section 3 from the previous Designated UST Operator Inspection Report been completed appropriately?</u> <i>(Attach documentation verifying appropriate service to this report.)</i>	<u>Yes</u> <input type="checkbox"/>	<u>No</u> <input type="checkbox"/>	<u>NA</u> <input type="checkbox"/>
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8. RELEASE DETECTION ALARM HISTORY

<u>Attach a copy of the alarm history report/log to this report.</u>	<u>Yes</u>	<u>No</u>	<u>NA</u>
<u>Is the monitoring system powered on and in proper operating mode?</u>	<input type="checkbox"/>	<input type="checkbox"/>	
<u>Has each alarm since the previous inspection been responded to appropriately?</u> <i>(Attach documentation verifying appropriate service to this report.)</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<u>Have all containment sumps, that have had an alarm since the previous designated UST operator inspection report, been responded to by a qualified service technician?</u>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

All answers marked "No" must be described by the designated UST operator in Section 3.

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9. UST SYSTEM INSPECTION

List below and in Section 3 all containment sumps that have had a release detection alarm since the previous Designated UST Operator Inspection Report and have not been responded to by a qualified service technician. Containment sumps listed below require a visual inspection for damage, water, debris, hazardous substance, and proper sensor location.

Is the containment sump free of damage, water, debris, and hazardous substances?

<u>Containment Sump ID</u>	<u>Yes</u>	<u>No</u>	<u>Containment Sump ID</u>	<u>Yes</u>	<u>No</u>
	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>

Are all sensors in visually inspected containment sumps located to detect a release at the earliest opportunity?

Is the spill containment free of damage, water, debris, and hazardous substances? Is the fill pipe free of obstructions? Is fill cap securely on the fill pipe?

<u>Spill Containment ID</u>	<u>Yes</u>	<u>No</u>	<u>Spill Containment ID</u>	<u>Yes</u>	<u>No</u>
	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>

Is the UDC free of damage, water, debris, and hazardous substances and all sensors located to detect a release at the earliest opportunity? No UDC(s) at this facility

<u>UDC ID</u>	<u>Yes</u>	<u>No</u>	<u>UDC ID</u>	<u>Yes</u>	<u>No</u>
	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>

Mechanical float mechanisms used in UDCs.

All answers marked "No" must be described by the designated UST operator in Section 3.

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<u>10. TESTING AND MAINTENANCE</u>	<u>Yes</u>	<u>No</u>	<u>NA</u>	<u>Date last performed</u>	
<u>Has monitoring system certification been completed within the past 12 months?</u>	<input type="checkbox"/>	<input type="checkbox"/>			
<u>Has spill container testing been completed within the past 12 months?</u>	<input type="checkbox"/>	<input type="checkbox"/>			
<u>Has overfill prevention equipment inspection been completed within the past 36 months?</u>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
<u>Has secondary containment testing been completed within the past 36 months?</u>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
<u>Has tank tightness testing been completed within required timeframes?</u>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
<u>Has line tightness testing been completed within the required timeframes?</u>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
<u>Other Test / Maintenance:</u>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
<u>Other Test / Maintenance:</u>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
<u>Other Test / Maintenance:</u>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
<u>11. FACILITY EMPLOYEE TRAINING</u>				<u>Yes</u>	<u>No</u>
<u>Have all individuals performing facility employee duties received the required facility employee training within the past 12 months?</u>				<input type="checkbox"/>	<input type="checkbox"/>
<u>13. COMMENTS</u>					
<u><i>This section may be used to record comments or observations that are not current compliance deficiencies.</i></u>					

All answers marked "No" must be described by the designated UST operator in Section 3.