

## INSTRUCTIONS FOR THE QUARTERLY TANK MAINTENANCE INSPECTION CHECKLIST

The following instructions are designed to assist the applicant in properly completing the *Quarterly Tank Maintenance Inspection Checklist*, form 8000-FM-OOGM0136. Please type or print clearly when completing the form. Pursuant to 25 Pa. Code Section 78.57(h), conventional well owners are required to report tank deficiencies quarterly. Operators should complete the checklist each quarter by checking "S" or "U" and "Y" or "N" as appropriate for each item. Unsatisfactory (U) conditions are those conditions that may cause potential leaks, spills, or environmental degradation if allowed to remain uncorrected. For example, areas on tank exteriors that are unprotected or containment structures and foundations that are crumbling, rusting, and remain in general disrepair should be noted. No (N) should be checked if conditions for those items indicated are not met, for example, vents blocked by an obstruction or unsecured drain valve. Specific reference for each tank or area that is unsatisfactory or does not meet the conditions indicated should be made in the Reference column. Comments should then be made for each reference in the Comments section on the back of the sheet. An example would be checking "N" for the item "Vents clear of restrictions," writing "Tank #5" in the Reference column and then writing "vent obstructed by bird nest" in the Comment section. In this example the date of repair, or removal of a bird nest, should be noted in the Comments section of the form. Individuals completing the inspection should include the nearest well API No. when a Well Pad I.D. is not available, their name, and the date the inspection was completed. Completed checklists should be maintained for one year and made available to the Department of Environmental Protection (DEP) upon request. Deficiencies identified during the inspection must be reported to the DEP within three days of the inspection, as required by Section 78.57(h).

This quarterly checklist covers all aboveground storage tanks at the facility. The checklist must be completed by a person knowledgeable of the tank system's operation and maintenance. This person may be a company employee or a representative of a third party. The person does not have to be a DEP certified inspector.

Contact the appropriate DEP Oil and Gas District Office for assistance in meeting quarterly tank inspection requirements detailed in Ch. 25 Pa. Code § 78.57(h):

Pennsylvania Department of Environmental Protection  
 Oil and Gas Management Program  
 Northwest District Office

230 Chestnut Street	Telephone No.	814.332.6860
Meadville, PA 16335-3481	Fax No.	814.332.6120

Pennsylvania Department of Environmental Protection  
 Oil and Gas Management Program  
 Southwest District Office

400 Waterfront Drive	Telephone No.	412.442.4024
Pittsburgh, PA 15222-4745	Fax No.	412.442.4328

Pennsylvania Department of Environmental Protection  
 Oil and Gas Management Program  
 Eastern District Office

208 West Third Street	Telephone No.	570.327.3636
Williamsport, PA 17701-6448	Fax No.	570.327.3420

## QUARTERLY TANK MAINTENANCE INSPECTION CHECKLIST

Operator Name \_\_\_\_\_ Facility Name \_\_\_\_\_

	Quarter 1 (Jan Feb Mar)	Quarter 2 (Apr May Jun)	Quarter 3 (Jul Aug Sep)	Quarter 4 (Oct Nov Dec)
<b>I. Visual Check for Deterioration</b>				
Condition of tank exterior	<input type="checkbox"/> S <input type="checkbox"/> U	<input type="checkbox"/> S <input type="checkbox"/> U	<input type="checkbox"/> S <input type="checkbox"/> U	<input type="checkbox"/> S <input type="checkbox"/> U
Condition of aboveground piping	<input type="checkbox"/> S <input type="checkbox"/> U	<input type="checkbox"/> S <input type="checkbox"/> U	<input type="checkbox"/> S <input type="checkbox"/> U	<input type="checkbox"/> S <input type="checkbox"/> U
Condition of foundations and supports	<input type="checkbox"/> S <input type="checkbox"/> U	<input type="checkbox"/> S <input type="checkbox"/> U	<input type="checkbox"/> S <input type="checkbox"/> U	<input type="checkbox"/> S <input type="checkbox"/> U
Condition of secondary containment	<input type="checkbox"/> S <input type="checkbox"/> U	<input type="checkbox"/> S <input type="checkbox"/> U	<input type="checkbox"/> S <input type="checkbox"/> U	<input type="checkbox"/> S <input type="checkbox"/> U
<b>II. Containment Areas</b>				
Level of standing water in containment	<input type="checkbox"/> S <input type="checkbox"/> U	<input type="checkbox"/> S <input type="checkbox"/> U	<input type="checkbox"/> S <input type="checkbox"/> U	<input type="checkbox"/> S <input type="checkbox"/> U
Drain valves secured in a closed position	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N
Containment clear of fire hazard and debris	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N
<b>III. Leak Detection System</b>				
Leak detection system monitored	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N
Containment clear of regulated substances	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N
No evidence of release from tank or piping	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N
No evidence of release from ancillary equipment	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N
<b>IV. Ancillary Equipment (if installed)</b>				
Valves functioning properly	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N
Vents clear of restrictions	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N
Monitoring device functioning properly	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N
Overfill prevention operating properly	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N
<b>V. Safety Precautions</b>				
Safety equipment in place and operative	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N
Safety precautions posted	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N

Well Pad ID / Nearest Well API No. \_\_\_\_\_

Inspection Completed by: \_\_\_\_\_

Dates: \_\_\_\_\_

**Symbols:** S = Satisfactory U = Unsatisfactory Y = Yes N = No List comments on the back of this sheet.

**Note:** Symbol 'S' or 'Y' indicate compliance. Symbol 'U' or 'N' should be accompanied with a date corrected in the comment section on the back of this sheet. If any of the sections are not applicable, please mark N/A

