



Bureau of Environmental Cleanup & Brownfields

Welcome to the 2019 Administrative & Underground Storage Tank Inspector Seminar



Tom Wolf, Governor

Patrick McDonnell, Secretary

Introductions

Central Office Staff

- **Joshua Blanco** - Solid Waste Program Specialist - Supervisor of UST Unit
- **Cheryl Mauch** – Environmental Trainee – UST Unit
- **Chantelle King** - Environmental Trainee - UST Unit
- **Anne Toth** - Solid Waste Program Specialist - Supervisor of Certification Unit
- **Wendy Davis** – Certification Unit

Introductions

Regional Office Staff

Ground Rules

- Please turn all cell phones and electronic devices to vibrate or silent mode.
- If there is an emergency, proceed to the closest emergency exit and gather outside.
- There will be 2 short breaks of 10 to 15 minutes.
- We are all guests in this building. Please respect the building and the grounds. Please dispose of all garbage and take all of your belongings when leaving.

Ground Rules - Questions

Questions!

- We understand there are many, many questions regarding regulation amendments and the new/revised forms.
- Today's presentation is designed to answer as many questions as possible in the time allotted.
- We will do our best to manage the time and presentation flow while answering questions from the group.
- Our contact information is provided at the end of the presentation for any remaining questions.

Let's start with:

Administrative Information



Administrative Training 2019

**For Tank Handlers holding certification categories: UMX, UMR,
UTT, AMMX, AMNX, AMR, AFMX, AFR, AMEX, ACVL, TL**

▶ PA Chapter 245 Regulation Changes

Changes to PA Chapter 245 (Administration of the Storage Tank and Spill Prevention Program) were published in the Pa Bulletin on December 22, 2018.

- **Items to be covered in administrative training:**
 - **Certification**
 - **Standards of Performance**
 - **Permitting**
 - **Registration**
 - **Online Initiatives and Administrative Reminders**

➤ Certification (§ 245.110 and § 245.111)

Certification

Certification

- **New Certification Category: UMI**
 - **Allowed Activities:**
 - Minor modifications to UST systems
 - Evaluation and Testing of overfill prevention equipment, containment sumps, spill prevention equipment, and release detection equipment
 - **Qualifications:**
 - 2 years experience
 - Technical Training (UMX initial course)
 - 10 minor modifications
 - **Obtaining Certification:**
 - Application, Attachment A, Training Course Certificate
 - Pass Administrative and UMX Exams

Certification

- **Minor Modification**
 - Does not alter the design of the storage tank system or facility but may affect the integrity of the tank system or facility
- **Maintenance**
 - Normal operational upkeep to prevent a storage tank system or facility from releasing regulated substances
- **Guidance Document**
 - Storage Tank Modification and Maintenance Issues
 - Document No. 263-0900-001
 - March 29, 2014

Certification

- **UMX and AMMX**
 - The activity requirement to apply is now **10 complete installations or major modifications (at least 5 installations)**
 - **Reminder: if you already hold UMX then no activities are required to apply for AMMX**
- **IAF/IAM**
 - **Once certified must complete a Department-provided training prior to conducting inspections**
- **Exams**
 - **Passing exam scores are valid for 2 years**
 - **Exam fee currently \$80 per test**

Certification

- **Companies and Individuals**
 - Certification can be suspended for violations of The Clean Streams Law, the Air Pollution Control Act or the Solid Waste Management Act even if it's not part of a tank handling activity
- **Study Guides**
 - Study guides have been updated and are available on the website
 - Hard copies were mailed to all individuals with current exam eligibility

Standards of Performance (§ 245.132)

Standards of Performance

Standards of Performance (§ 245.132)

TANK INSTALLERS INDEMNIFICATION PROGRAM (TIIP) (Section 245.132 (b))

A company that employs an individual certified in the UMX, UMR, UMI or UTT category or an individual certified in the UMX, UMR, UMI or UTT category who is not employed by a certified company shall participate in the Tank Installer Indemnification Program (TIIP) as required under section 704(a)(1) of the act (35 P.S. § 6021.704(a)(1)) and shall provide timely payment of TIIP fees as required under section 705(d)(1) and (e) of the act (35 P.S. § 6021.705(d)(1) and (e)) and § 977.19(b) (relating to certified company fees for the Underground Storage Tank Indemnification Fund).

Standards of Performance

Tank Installers Indemnification Program (TIIP)

- **Also applies to companies that employ individuals holding the tank lining (TL) certification which perform certified activities on underground tanks.**
- **Underground Storage Tank Indemnification Fund (USTIF) regulations, § 977.19, Certified Company Fees, mentions storage tank liner (TL) as a category required to pay the fees if activities performed on underground tanks**

Standards of Performance

The Department WILL be taking enforcement action against companies or individuals who have delinquent TIIP fees.

Standards of Performance

- **Inspection activities for modifications must be reported to the Department within 30 days**
 - Was 60 days
 - Still 60 days for other inspection reports

Standards of Performance

- **New Regs Clarify the reporting requirements of certified individuals**
 - **We will go into details during the technical seminar part of today's training**

▶ Training Approval (§ 245.141)

Training Course Approval

▶ Training Approval

- **New regs clarify what must be submitted for approval of technical training courses:**
 - **Application with general information**
 - **Instructor information**
 - **Test information**
 - **Other Information:**
 - **Copies of presentations**
 - **Presenter notes**
 - **Training handouts**
 - **References**

▶ Permitting (§ 245.201)

Permitting

▶ Permitting

- **Operating Permits**
 - **Sections of the regulations having to do with “Permits-by-Rule” (§ 245.211) and “General Operating Permits” (§ 245.212 and § 245.211) were removed. These are now called “Operating Permits.”**

▶ Permitting

- **Site Specific Installation Permits (§ 245.231)**
 - **Required for:**
 - **New aboveground storage tank systems with a capacity greater than 21,000 gallons at an existing large aboveground storage tank facility**
 - **New large aboveground storage tank facilities**
 - **New tank systems (UST or AST) storing highly hazardous substances**
 - **New UST field constructed storage tank systems not installed within a previously registered underground storage tank system**
 - **No SSIP needed for “Tank within a Tank”**
 - **Applies only to USTs where a new tank is built inside of the old one**
 - **Does not apply to any other field constructed underground tanks**
 - **Does not apply to aboveground tanks**

▶ Permitting

- **SSIPs will expire 5 years from the date of issuance unless the Department receives an extension request in writing and grants the request**
- **Spill Prevention Response Plan must include the proposed storage tanks**

Registration (§ 245.41)

Registration

Registration

- **New regs clarify that information for operators of underground tanks must be included with registration forms**
- **New regs clarify that a person who sells a regulated tank or property with a regulated tank must notify the purchaser, in writing, of a tank owner's obligations**

Registration – Temporarily Out of Service

TOS for Underground Storage Tanks:

- **New regs clarify that owners and operators must empty a tank being placed temporarily out-of-service prior to submitting the amended registration form.**
 - The Department will ask for a statement or proof that this has been done
- **Clarify that the Department may require testing to verify tightness, compatibility, and operability of tanks being taken from Temporary Out-of-Service status to operating status.**
 - Department technical staff will review requests to put tanks back into operating status and determine what needs to be done

Registration – Temporarily Out of Service

TOS for Large Aboveground Storage Tanks

- **New regs clarify and add language to conditions of out of service status.**
- **TOS period is 5 years unless Department receives extension request in writing and grants the request**
 - Previous variance provision removed
- **The Department may impose conditions and require submission of documentation for TOS extensions**
- **Required inspections may be delayed if agreed upon by the Department**

Registration – Temporarily Out of Service

TOS for Small Aboveground Storage Tanks

- **Added section for TOS for small aboveground tanks**
- **Tanks must be empty**
- **TOS period is 5 years unless Department receives extension request in writing and grants the request**
- **The Department may impose conditions and require submission of documentation for TOS extensions**
- **Required inspections may be delayed if agreed upon by the Department**

Online Initiatives

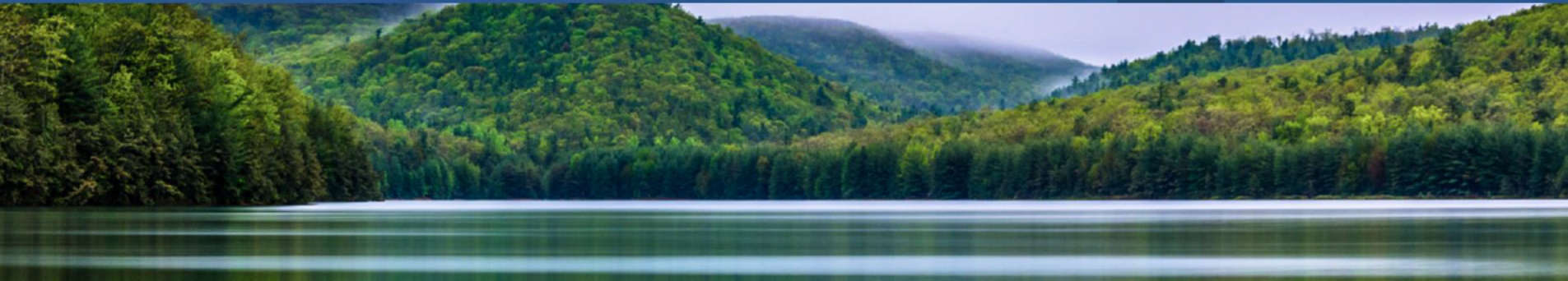
www.dep.pa.gov



- What's new in storage tanks
- Most forms have been updated
- Online registration fee payment for tank owners (current)
- Online submittal of forms, applications, etc. (in progress)
- "Revisions to Storage Tanks Regulations" page

PA Chapter 245 Regulation Changes

For a comprehensive list of the changes made to 25 Pa. Code, Chapter 245, please visit the new “Revisions to Storage Tank Regulations” page on the Storage Tanks Website.



- Report An Incident
- Regional Resources
- Newsroom
- Grants
- Reports
- Public Records
- eComment
- Contact DEP

[DEP](#) > [Businesses](#) > [Land](#) > Storage Tanks

Welcome to Division of Storage Tanks

In accordance with the Department of Environmental Protection's mission, the Storage Tank Program will protect Pennsylvania's air, land and water from storage tank releases and provide for the health and safety of its citizens. Storage Tank Program staff will work as partners with individuals, organizations, governments and businesses to prevent releases from storage tanks and restore our natural resources when releases do occur. Under the [Storage Tank and Spill](#)

- Revisions to Storage Tank Regulations
- About Storage Tanks
- ePermitting



2018 Revisions to Pennsylvania's Storage Tank Regulations

The DEP Division of Storage Tanks published revisions to storage tank regulations (25 Pa. Code, Chapter 245) on December 22, 2018. Here you'll find a [summary](#) of the changes, new and updated forms, and helpful information about the revisions to assist in maintaining regulatory compliance. If you have any questions, please contact the DEP Division of Storage Tanks at 1-800-42-TANKS (toll-free in PA) or 717-772-5599 (local and out-of-state) or by email at ra-tanks@pa.gov.

New and Updated Forms

Underground Storage Tank Testing Forms

- [Overfill Prevention Evaluation Form](#) (2630-FM-BECB0018) (Word and PDF)
- [Automatic Line Leak Detector Functionality Testing Form](#) (2630-FM-BECB0021) (Word and PDF)
- [Pressure/Vacuum Monitoring Functionality Testing Form](#) (2630-FM-BECB0017) (Word and PDF)
- [Groundwater/Vapor Monitoring System Functionality Testing Form](#) (2630-FM-BECB0019) (Word and PDF)
- [Sensor Functionality Testing Form](#) (2630-FM-BECB0020) (Word and PDF)
- [Automatic Tank Gauge Functionality Testing Form](#) (2630-FM-BECB0015) (Word and PDF)
- [Spill Prevention Equipment/Containment Sump Integrity Testing Form](#) (2630-FM-BECB0016) (Word and PDF)

Inspection Forms

- [Aboveground Storage Tank Inspection Summary](#) (2630-FM-BECB0150) (Word and PDF)
- [Aboveground Storage Tank Lining Inspection Summary](#) (2630-FM-BECB0014) (Word and PDF)
- [Underground Storage Tank Facility Operations Inspection Form](#) (2630-FM-BECB0501a) (Word and PDF)

Release Reporting Form

- [Notification of Release - Notification of Contamination Form](#) (2630-FM-BECB0082)

Educational Material

- [25 Pa. Code, Chapter 245](#)
- [DEP Storage Tanks Fact Sheets](#)
- [DEP Storage Tanks Technical Guidance Documents](#)
- [Presentation on Amendments to Chapter 245](#)
- [US EPA Technical Compendium](#)
- DEP Storage Tanks Technical Compendium

Summary of Regulatory Changes

Subchapter A: General Provisions +

Subchapter B: Certification Program +

Subchapter C: Permitting +

Subchapter D: Corrective Action +

Subchapter E: Technical Standards for USTs +



Reminders

Administrative Reminders

- **Know your certification expiration date**
- **Start to schedule training 12 – 18 months before expiration**
- **Don't forget to submit application form and training certificates when ready to renew**
- **If you need to take an exam submit application at least 60 days before the exam date**
- **Make sure you let us know when changes occur (address, employer, email address, etc.)**
- **Signatures**
- **Check website for updated forms, applications, etc.**
- **Stay current with TIIP fees**

Any Questions?



**Let's move onto the:
UST Technical Information**

Regulation Amendments: Definition Changes

245.1 Definition Additions, Amendments, Deletions

- **Added** the following terms:
 - Aboveground Storage Tank System
 - Containment Sump
 - Environmental Covenant
 - Immediate Threat of Contamination
 - Release
 - Repair
 - Spill Prevention Equipment
- **Amended** Definitions
 - Tank Handling Activities
 - Underground Storage Tank
- **Deleted** definitions
 - Actively involved
 - Interim certification
 - Reportable Release

Regulation Amendments: Definition Changes

245.1 Definitions

Release - Spilling, leaking, emitting, discharging, escaping, leaching or disposing from a storage tank into surface waters and groundwaters of this Commonwealth or soils or subsurface soils in an amount equal to or greater than the reportable released quantity determined under section 102 of the Comprehensive Environmental Response, Compensation, and Liability Act of 1980 (42 U.S.C.A. § 9602), and regulations promulgated thereunder, or an amount equal to or greater than a discharge as defined in section 311 of the Federal Water Pollution Control Act (33 U.S.C.A. § 1321) and regulations promulgated thereunder. **The term also includes spilling, leaking, emitting, discharging, escaping, leaching or disposing from a storage tank into a containment structure or facility that poses an immediate threat of contamination of the soils, subsurface soils, surface water or groundwater.**

Regulation Amendments: Definition Changes

245.1 Definitions

- **More on “Immediate Threat of Contamination”**
 - Equal to or greater than reportable released quantity (Hazardous)
 - Any amount (Petroleum)

Except

- **Less than 25 gallons of Petroleum spilled in a liquid tight containment sump or emergency containment structure as a result of a tank handling activity where the Certified Installer has complete control over the regulated substance and prior to the Certified Installer leaving the site, the total volume of the regulated substance is recovered and removed.**

▶ Immediate Threat of Contamination: Yes or No?



Regulation Amendments: Definition Changes

Amended Definition: Tank Handling Activities

Tank handling activities—Activities to install, modify, perform change-in-service or close all or part of a storage tank system or storage tank facility. The term does not include maintenance activities.

Amended UST Definition

The definition of Underground Storage Tank was amended. The following UST systems are now regulated under Chapter 245:

- **A wastewater treatment tank system**
 - Wastewater treatment tank systems not part of a wastewater treatment facility regulated under Section 307(b) or 402 of the Clean Water Act
- **A UST containing radioactive material**
 - UST systems containing radioactive material or coolants that are regulated under the Atomic Energy Act of 1954
- **A UST emergency generator system at a nuclear power generation facility**
 - USTs that are part of an emergency generator system at a nuclear power generation facility licensed by the Nuclear Regulatory Commission and subject to NRC requirements regarding design and quality criteria

Amended UST Definition

“New” USTs

Must Register with DEP no later than **February 20, 2019**:

- **A wastewater treatment tank system**
- **A UST containing radioactive material**
- **A UST emergency generator system at a nuclear power generation facility**

Install Date	Is not required to comply with:
On or After May 7, 1985	Inspections, spill and overflow, water checks, operator training, and release detection
Before May 7, 1985	Inspections, spill and overflow, water checks, operator training, release detection, AND performance standards AND corrosion protection

Amended UST Definition

The definition of Underground Storage Tank was amended. The following UST systems are now regulated under Chapter 245:

- **Field-constructed hazardous substance underground storage tanks at facilities regulated under the Safe Drinking Water Act**
 - These tanks were installed prior to October 11, 1997
 - They were previously regulated under the Safe Drinking Water Act by policy
 - The policy was rescinded on January 19, 2019 when the recession was published in the *PA Bulletin*

Amended UST Definition

“New” USTs

Must Register with DEP no later than **February 20, 2019**:

- **Field-constructed hazardous substance underground storage tanks at facilities regulated under the Safe Drinking Water Act**
 - **Temporarily excluded from §§ 245.421, 245.422, 245.431, 245.432, 245.437, and 245.441-245.446, until December 22, 2019.**

Corrective Action Regulation Amendments

Owner or Operator Reporting Requirements

- **Owner or Operator Reporting**
 - Shall report a Release
 - Shall report a Suspected Release if investigation cannot determine whether a release has occurred (15 days from indication of a release)
 - Shall report a non-release if removal of the regulated substance cannot be accomplished within 24 hours. (telephone or email)

Corrective Action Regulation Amendments

When is an **owner or operator**
NOT required to report a release to DEP?

- Release Reporting to DEP is not required if:
 - 1) The release is under control
 - 2) The substance is completely contained
 - 3) The substance is completely recovered and removed within 24 hours of the release
- AND it is one of these two types of release:
 - A release of petroleum to an aboveground surface, including within an emergency containment structure, that is less than 25 gallons
 - A release of petroleum to a containment sump if the total volume of the release is contained below the lowest sump penetration

Corrective Action Regulation Amendments

Remedial Actions

- **Added reporting requirements on Responsible Party**
 - **No later than 24 hours notify the Department:**
 - **after the initiation of interim remedial actions**
 - **of providing an alternate source of water**
 - **after the initiation of site characterization activities**

Corrective Action Regulation Amendments

Remedial Actions

- **Added posting requirements in the *PA Bulletin* to the Department**
 - Following submission of a complete remedial action plan (and completion report) selecting the background or Statewide health standard or site-specific standard
 - A notice of DEP's final action
- **Added authority to the Department**
 - The Department may require the responsible party to suspend remedial action and notify the Department, by telephone or e-mail, within 24 hours of suspension

Release Reporting for Certified Individuals

Remember: Owner and Operator reporting requirements are not the same as the reporting requirements for certified installers and certified inspectors.

245.132 Standards of Performance require:

(4) Report the following to the Department while performing services as a certified installer or certified inspector:

- (i) A release of a regulated substance.**
- (ii) Suspected or confirmed contamination of soil, surface or groundwater from regulated substances.**
- (iii) A regulated substance observed in a containment structure or facility.**

(5) Report to the Department a failed test of spill prevention equipment, containment sumps and overflow prevention equipment conducted as required in this chapter.

Release Reporting for Certified Individuals

Remember: Owner and Operator reporting requirements are not the same as the reporting requirements for certified installers and certified inspectors.

Note: The revised reporting form has been renamed to:
Notification of Release - Notification of Contamination 2620-FM-BECB0082

As with all forms, please use the most recent revision.

Release? Required to Report to DEP?



Release Detection Changes

Changes to Release Detection Requirements

- 245.441(e) required monthly monitoring of existing tank systems (installed prior to 11/10/2007) with double-walled pressurized piping and containment sumps at the piping junctures and dispensers
 - The monthly sump check requirement has been removed.
 - There is NO monthly sump check requirement unless the piping installation date (after 11/10/2007) requires that the facility conduct interstitial monitoring.
- European (Safe) suction piping systems must maintain clear documentation showing the piping system meets safe suction installation requirements. **No other piping release detection is required regardless of installation date.**
 - Newly installed systems must be double-walled
 - The exemption of conducting piping release detection is **NOT** dependent on installation date

Release Detection Changes

Changes to Release Detection Requirements

- **Pressurized piping systems require line leak detectors.**

Install Date	Line Leak Detectors Shall
On or Before 11/10/2007	Restrict or Shutoff flow of regulated substances through the piping if unattended and open for business
After 11/10/2007	Automatic Pump Shutoff that shutoffs flow of regulated substances through the piping

(see upcoming slide for emergency generators LLD exceptions)

Emergency Generator USTs

Emergency Generator USTs are no longer deferred from release detection

Install Date	Release Detection Required By
After December 22, 2018	At Installation
After November 10, 2007	On or Before December 22, 2019
On or Before November 10, 2007	On or Before December 22, 2020

USTs used solely with an emergency generator that have pressurized piping:

- **NOT** required restrict or shutoff flow of regulated substances
- An audible or visual alarm must be installed and configured in lieu of regulated substance flow restriction or shutoff

Release Detection Changes - SIR

Changes to Release Detection Requirements Statistical Inventory Reconciliation (SIR)

- SIR results must be provided at the conclusion of the 30-day monitoring period.
 - There is **NO** longer a 20 day grace period (after the 30-day monitoring period) for the return of results.
- From EPA's Technical Compendium (discussion on next page):
 - <https://www.epa.gov/ust/underground-storage-tank-ust-technical-compendium-about-2015-ust-regulations#releasedetection>

Release Detection Changes - SIR

Changes to Release Detection Requirements Statistical Inventory Reconciliation (SIR)

- Owners and operators of underground storage tanks using SIR to meet the federal tank release detection requirement must determine the leak status of their underground storage tanks **within the 30-day monitoring period.**
- For UST system owners and operators who use SIR methods that have difficulty meeting the tank release detection requirement, owners can address this by:
 - Conducting a more frequent analysis;
 - Sending data more expeditiously by electronic means;
 - Using a SIR vendor that currently meets the 30-day requirement;
 - Discussing changing method or data collection procedures with their SIR vendor in order to meet EPA's release detection requirement; or
 - Using another type of release detection method.

Note: SIR Vendors have been aware of this change since 2015 or earlier.

UST Testing and Walkthroughs

Periodic Testing and Walkthrough Inspections

245.31 -- 245.437 -- 245.438

- **Required Periodic Walkthrough Inspections by Operators**
- **Required Periodic Testing of UST Components**
 - **DEP-certified individuals required to conduct periodic testing**
 - **Valid Periodic Testing is documented on DEP provided forms**

UST Testing Activities

245.31 Testing Activities

(new title, formerly Tightness Testing Activities)

- Added 245.31(f) indicating that the periodic testing required in 245.437 must be conducted by **DEP-certified individuals** holding the appropriate certification and documented on a **DEP form**.
- The following periodic testing may be required:

Overfill Prevention Equipment

Containment Sumps

Spill Prevention Equipment

Release Detection Equipment

UST Testing Activities

245.31 Testing Activities

- 245.31 (a)-(e) continue to provide requirements for Tightness Testing Activities
- Tightness Testing required by 245.442 or upon DEP request must be conducted by **DEP-certified UTT** and documented appropriately based on manufacturer's guidance for the written test report

UST Testing Certifications

	UMX/UMI	UTT	IUM
Spill Prevention Equipment	X	X	X
Containment Sumps	X	X	X
Overfill Prevention Equipment	X		
Release Detection Equipment	X	X	X
Tank/Piping Tightness Testing		X	

UST Testing Activities

Questions:

Is a DEP-certified UTT allowed to conduct overfill prevention equipment evaluations?

My company has our own overfill prevention equipment evaluation form. Can we still use our form to meet the DEP requirements?

UST Periodic Testing Requirements

New Periodic Testing Requirements	Timeframe	Exceptions
Spill Prevention Equipment	3 Years	X
Containment Sumps	3 Years	X
Overfill Prevention Equipment	3 Years	
Release Detection Equipment	Annual	X

- **Some designs of double-walled** Spill Prevention Equipment and Containment Sumps can be monitored by periodic walkthrough inspections & not have to conduct periodic testing.
- Containment Sumps must routinely contain product and be used for **Interstitial Monitoring** to require periodic testing.
- Handheld Release Detection Equipment (Bailers and Gauge Sticks) are checked during periodic walkthrough inspections.

UST Periodic Testing Requirements

When is the Testing Required and Determining Compliance for New Periodic Testing Phase-In	FOI Before December 22, 2019	FOI after December 22, 2019 and on or before December 21, 2021	FOI after December 21, 2021
Spill Prevention Equipment, Containment Sumps, Overfill Prevention Equipment, and Release Detection Equipment*	Not Required	Prior to FOI	Not Later than December 21, 2021

* Piping Release Detection **Line Leak Detector Operability Testing** was required prior to December 22, 2018 and is required for all FOIs.

UST Periodic Testing – Overfill Prevention Equipment

Overfill Prevention Equipment Evaluations

- Ball Floats
 - **NO** installs, repairs, replacements, or upgrades after December 22, 2018
 - Ball Floats that **FAIL** an Overfill Evaluation or cannot be evaluated shall be replaced with another form of overfill prevention equipment.
 - During the installation of different type of overfill prevention equipment (e.g. drop tube shutoff valve or overfill alarm), the entire ball float assembly must be removed.
- Current Overfill Prevention Options must be able to:
 - Automatically shut off flow at no more than 95% full **OR**
 - Alert the transfer operator at no more than 90% full
 - Alternative Methods for both options were deleted.
- Overfill Prevention Equipment must be permanently installed.
- Newly installed Overfill Prevention Equipment must be tested at installation.
- **New Form**: Underground Storage Tank Overfill Prevention Evaluation Form **2630-FM-BECB0018**

UST Periodic Testing – Overfill Prevention Equipment

2630-FM-BECB0018 1/2019
Form



COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF ENVIRONMENTAL PROTECTION
BUREAU OF ENVIRONMENTAL CLEANUP AND BROWNFIELDS

UNDERGROUND STORAGE TANK OVERFILL PREVENTION EVALUATION FORM

I. FACILITY INFORMATION – Type or print (in ink) all items.					
Facility ID #:		Facility Name:			
Facility Street Address:					
Facility Telephone:		County:		Municipality:	
II. TESTER INFORMATION					
Tester Name:		Tester Cert. #:		Tester Telephone:	
Company Name:		Company Cert. #:		Test Date:	
III. TANK AND DEVICE INFORMATION					
Tank Number					
Tank Capacity					
Tank Diameter					
Product Stored					
Overfill Manufacturer					
Overfill Model					
Product Delivery Method	<input type="checkbox"/> Pressurized <input type="checkbox"/> Gravity	<input type="checkbox"/> Pressurized <input type="checkbox"/> Gravity	<input type="checkbox"/> Pressurized <input type="checkbox"/> Gravity	<input type="checkbox"/> Pressurized <input type="checkbox"/> Gravity	<input type="checkbox"/> Pressurized <input type="checkbox"/> Gravity
Overfill Type	<input type="checkbox"/> Drop Tube Shutoff <input type="checkbox"/> Alarm <input type="checkbox"/> Ball Float <input type="checkbox"/> Whistle Vent	<input type="checkbox"/> Drop Tube Shutoff <input type="checkbox"/> Alarm <input type="checkbox"/> Ball Float <input type="checkbox"/> Whistle Vent	<input type="checkbox"/> Drop Tube Shutoff <input type="checkbox"/> Alarm <input type="checkbox"/> Ball Float <input type="checkbox"/> Whistle Vent	<input type="checkbox"/> Drop Tube Shutoff <input type="checkbox"/> Alarm <input type="checkbox"/> Ball Float <input type="checkbox"/> Whistle Vent	<input type="checkbox"/> Drop Tube Shutoff <input type="checkbox"/> Alarm <input type="checkbox"/> Ball Float <input type="checkbox"/> Whistle Vent
IV. TEST INFORMATION (Complete all applicable overfill types)					
A. DROP TUBE SHUTOFF DEVICE					
Drop tube and float free of debris?	<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	<input type="checkbox"/> Yes <input type="checkbox"/> No
Float and poppet move freely?	<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	<input type="checkbox"/> Yes <input type="checkbox"/> No
Poppet enters flow path when float is engaged?	<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	<input type="checkbox"/> Yes <input type="checkbox"/> No
Tank capacity when flow is stopped (%)					
B. OVERFILL ALARM					
Visible or audible to delivery driver?	<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	<input type="checkbox"/> Yes <input type="checkbox"/> No
Probe and float in good condition?	<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	<input type="checkbox"/> Yes <input type="checkbox"/> No
Float moves freely?	<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	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does simulated overfill trigger alarm?	<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	<input type="checkbox"/> Yes <input type="checkbox"/> No
Tank capacity when alarm is triggered (%)					

2630-FM-BECB0018 1/2019
Form

Facility ID #: _____ Facility Name: _____ Test Date: _____

C. BALL FLOAT VALVE									
Straight drop tube installed?	<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	<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	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is the only fill present a direct fill?	<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	<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	<input type="checkbox"/> Yes <input type="checkbox"/> No
Ball and cage present and in good condition?	<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	<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	<input type="checkbox"/> Yes <input type="checkbox"/> No
Ball moves freely in cage?	<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	<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	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is the bleed hole unobstructed?	<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	<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	<input type="checkbox"/> Yes <input type="checkbox"/> No
Tank capacity when flow is restricted (%)									
D. WHISTLE VENT ALARM									
Permanently Installed?	<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	<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	<input type="checkbox"/> Yes <input type="checkbox"/> No
Audible to delivery driver?	<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	<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	<input type="checkbox"/> Yes <input type="checkbox"/> No
Tank capacity when whistle stops (%)									
V. TEST RESULTS									
<small>Any "No" answer in Section IV indicates the overfill device fails. Failed tests must be reported by submitting this form to the appropriate regional office. Underground Storage Tanks may not receive product deliveries without functional overfill prevention.</small>									
	<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	<input type="checkbox"/> Pass
VI. COMMENTS									
<small>The comments section should be used to note additional information discovered or actions taken during functionality testing that affect compliance at the facility. For example, include comments concerning any observations made by the tester that would affect the test results. Include actions taken to repair or replace failed devices. Installation, repair and removal of overfill prevention devices requires the use of a Department certified individual. Failed ball float valves may not be repaired or replaced; an alternate form of overfill prevention must be installed. If additional comment sheets are needed, label each sheet with the report header information and attach the sheet(s) to the back of this form.</small>									
VII. OWNER'S REPRESENTATIVE CERTIFICATION									
<small>I have reviewed this report. I certify under penalty of law as provided in 18 PA C.S.A. Section 4904 (relating to unsworn falsification to authorities), that the information provided by me is true, accurate, and complete to the best of my knowledge and belief.</small>									
Signature: _____								Date Signed: _____	
VIII. TESTER CERTIFICATION									
<small>By signing this document as the Tester, I certify under penalty of law as provided in 18 PA C.S.A. Section 4904 (relating to unsworn falsification to authorities), that the information provided by me is true, accurate, and complete to the best of my knowledge and belief.</small>									
Tester's Signature: _____								Date Signed: _____	

▶ UST Periodic Testing – Overfill Prevention Equipment

UST Overfill Prevention Evaluation



UST Periodic Testing – Overfill Prevention Equipment

UST Overfill Prevention Evaluation Form

- The form should be **complete**
- Failed tests should be reported to appropriate regional office within 48 hours
 - Submission of a copy of the report form is required
- **YES, we expect the owners or owner’s representative to sign the form.**
 - Other than failures report distribution is:
 - DEP-certified individual maintains a copy
 - Copy is provided to the owner/operator
- **Note: Overfill evaluations involving the removal or installation of the overfill prevention device have always been and will continue to be a tank handling activity requiring the use of a UMX or UMI DEP-certified individual.**

Break

Spill Prevention Equipment & Containment Sumps

Spill Prevention Equipment & Containment Sump Evaluations

- Containment Sumps used for Interstitial Monitoring must be evaluated periodically
- **Some designs of double-walled** spill prevention & containment sumps when **properly monitored by periodic walkthrough inspections** are not required to test for liquid tightness
 - The periodic walkthrough inspection documentation should specifically document checks to verify that the interstice on each double-walled component is free of leaks
 - If walkthrough inspections are discontinued, evaluations are due within 30 days.
- Newly installed Spill Prevention Equipment & Containment Sumps must be tested at installation.
- **New Form**: Underground Storage Tank Spill Prevention Equipment/Containment Sump Integrity Testing Form **2630-FM-BECB0016**

Spill Prevention Equipment & Containment Sumps

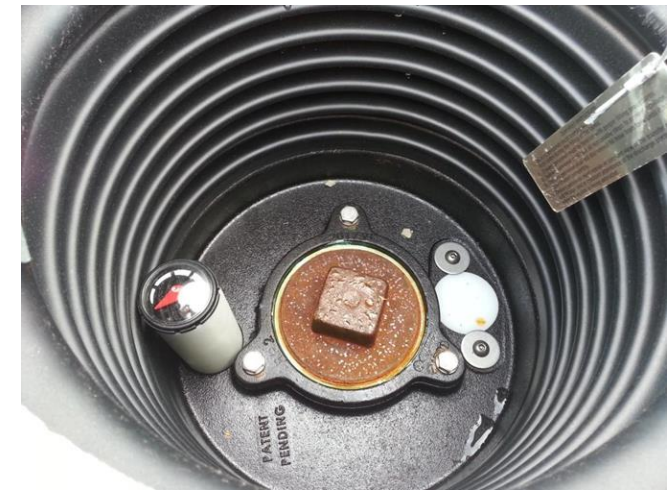
Spill Prevention Equipment & Containment Sump Evaluations

- Evaluations performed **after December 22, 2018** must be completed by the appropriately DEP-certified individual to be recognized by DEP as **valid**.
 - **This includes tests performed:**
 - **At Installation**
 - **Following a repair**
 - **To meet the 3 year testing requirement**
 - **For a suspected release investigation**
- Preventive maintenance tests of spill prevention equipment:
 - Can be done without a certified individual
 - Will **NOT** be recognized by DEP as valid
 - Any failures constitute a suspected release and must be investigated by the tank owner.

Spill Prevention Equipment & Containment Sumps

Double-Walled Spill Prevention Equipment:

- Inspecting the gauge every 30 days during walkthrough inspections does not exempt it from periodic testing
- Double-walled spill prevention equipment and containment sumps with a sensor in a dry interstice must do periodic testing
- If owner/operators were able to check vacuum, pressure, or liquid interstitial integrity indicators every 30 days they would be exempt from periodic testing
 - Spill prevention equipment would need to have a gauge and be under constant pressure or vacuum **or**
 - Spill prevention equipment would have to have a brine filled interstice with a level gauge



Spill Prevention Equipment & Containment Sumps



Double-Walled Spill Prevention Equipment?



Spill Prevention Equipment & Containment Sumps

Double-Walled Spill Prevention Equipment?

- This does not get them out of the 3 year testing requirement.
 - Would have to have a single-walled spill prevention equipment and a double-walled larger containment sump with the ability to conduct constant interstitial monitoring on the larger containment sump in order to get out of the 3 year testing requirement.
- Both need 30 day walkthrough inspections
- Either one needs to be tested every 3 years



Spill Prevention Equipment & Containment Sumps

Adequate Spill Prevention Equipment?



Spill Prevention Equipment & Containment Sumps

2630-FM-BECB0016 Rev. 1/2019
Form



COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF ENVIRONMENTAL PROTECTION
BUREAU OF ENVIRONMENTAL CLEANUP AND BROWNFIELDS

UNDERGROUND STORAGE TANK SPILL PREVENTION EQUIPMENT/CONTAINMENT SUMP INTEGRITY TESTING FORM

I. FACILITY INFORMATION – Type or print (in ink) all items.					
Facility ID #:	Facility Name:				
Facility Street Address:					
Facility Telephone:	County:	Municipality:			
II. TESTER INFORMATION					
Tester Name:	Tester Cert. #:	Tester Telephone:			
Company Name:	Company Cert. #:	Test Date:			
III. TEST METHOD					
Method Used	<input type="checkbox"/> Hydrostatic ¹	<input type="checkbox"/> Vacuum	<input type="checkbox"/> Pressure		
	<input type="checkbox"/> Other _____				
Method Developer	<input type="checkbox"/> Manufacturer	<input type="checkbox"/> Industry Standard _____	<input type="checkbox"/> Other _____		
IV. VISUAL INSPECTION INFORMATION					
Tank Number					
Product Stored					
Containment Number ²					
Containment Type	<input type="checkbox"/> Dispenser <input type="checkbox"/> Tank Top Sump <input type="checkbox"/> Fill Spill Bucket <input type="checkbox"/> Transition	<input type="checkbox"/> Dispenser <input type="checkbox"/> Tank Top Sump <input type="checkbox"/> Fill Spill Bucket <input type="checkbox"/> Transition	<input type="checkbox"/> Dispenser <input type="checkbox"/> Tank Top Sump <input type="checkbox"/> Fill Spill Bucket <input type="checkbox"/> Transition	<input type="checkbox"/> Dispenser <input type="checkbox"/> Tank Top Sump <input type="checkbox"/> Fill Spill Bucket <input type="checkbox"/> Transition	<input type="checkbox"/> Dispenser <input type="checkbox"/> Tank Top Sump <input type="checkbox"/> Fill Spill Bucket <input type="checkbox"/> Transition
Manufacturer					
Model ³					
Were There Visible Cracks, Holes or Other Failures in the Containment?	<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	<input type="checkbox"/> Yes <input type="checkbox"/> No
Was There Product in the Containment Prior to Testing?	<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	<input type="checkbox"/> Yes <input type="checkbox"/> No
Was Product and Debris Removed from the Containment Prior to Testing?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
V. VISUAL RESULT⁴	<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	<input type="checkbox"/> Pass <input type="checkbox"/> Fail
<p>1. Describe level measurement methods in Section IX. Comments.</p> <p>2. Designate each device tested, numerically or by code, on the site drawing in Section X.</p> <p>3. If model cannot be determined, describe device construction (Single-walled/Double-walled, Fiberglass, HDPE, etc.)</p> <p>4. Failed visual inspections may constitute a suspected release. Certified Individuals must report confirmed or suspected contamination to DEP within 48 hours of observing it. Facility owners/operators must investigate suspected releases within 7 days. If a release is observed, it must be reported to the DEP by telephone within 24 hours and in writing within 15 days.</p>					

2630-FM-BECB0016 Rev. 1/2019
Form

Facility ID #: _____ Facility Name: _____ Test Date: _____

VI. TESTING INFORMATION					
Tank Number					
Product Stored					
Containment Number ¹					
Test Start Time					
Test Start Level					
Test End Time					
Test End Level					
Test Period					
Level Change					
Pass/Fail Threshold					
VII. TEST RESULT²	<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	<input type="checkbox"/> Pass <input type="checkbox"/> Fail
<p>1. Designate each device tested, numerically or by code, on the site drawing in Section X.</p> <p>2. Failed test results constitute a suspected release. Certified Individuals must report confirmed or suspected contamination to DEP within 48 hours of observing it. This form must be submitted to the appropriate regional office with the notification of contamination form. Facility owners/operators must investigate suspected releases within 7 days. If a release is observed, it must be reported to DEP by telephone within 24 hours and in writing within 15 days.</p>					
VIII. FAILURE DESCRIPTION					
<p>If any device fails visual inspection or testing, describe the reason for the failure and the location of the failure for each failed device (i.e. "Cracked entry boot 4" from the bottom of dispenser sump #A1" or "Hole in bottom of Tank 002 fill spill bucket")</p>					



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DEPARTMENT OF ENVIRONMENTAL PROTECTION

Spill Prevention Equipment & Containment Sumps

2630-FM-BECB0016 Rev. 1/2019
Form

Facility ID #: _____ Facility Name: _____ Test Date: _____

IX. COMMENTS

The comments section should be used to note additional information discovered or actions taken during integrity testing that affect compliance at the facility. For example, include comments concerning any observations made by the tester that would affect the test results.

Include actions taken to repair or replace failed devices. Repairs to containment sumps and spill prevention equipment require the use of a DEP certified individual.

If additional comment sheets are needed, label each sheet with the report header information and attach the sheet(s) to this form.

HYDROSTATIC TEST LEVEL MEASUREMENT

If devices were tested using a hydrostatic test, describe how level measurements were taken (i.e. from the bottom up, from the top down, from a mark on the sump wall)

X. SITE DRAWING

Provide a detailed site drawing of the applicable UST(s), product piping, fill lines, and containment device layout in the space below (or attach a detailed site drawing prepared on a separate sheet). In addition, clearly indicate which devices were tested. Label each device tested with a unique number or code, used in Sections IV and VI, above. Any other pertinent information should also be included.

VII. OWNER'S REPRESENTATIVE CERTIFICATION

I have reviewed this report. I certify under penalty of law as provided in 18 PA C.S.A. Section 4904 (relating to unsworn falsification to authorities), that the information provided by me is true, accurate, and complete to the best of my knowledge and belief.

Signature: _____

Date Signed: _____

VIII. TESTER CERTIFICATION

By signing this document as the Tester, I certify under penalty of law as provided in 18 PA C.S.A. Section 4904 (relating to unsworn falsification to authorities), that the information provided by me is true, accurate, and complete to the best of my knowledge and belief.

Tester's Signature: _____

Date Signed: _____



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DEPARTMENT OF ENVIRONMENTAL PROTECTION

Spill Prevention Equipment & Containment Sumps

UST Spill Prevention & Containment Sump Evaluation Form

- The form should be **complete**
- Visual Inspections should be conducted **FIRST**
 - When a visual inspection fails, a liquid test should not be conducted until repair or replacement is conducted
- Tests shall be conducted according to manufacturer requirements or a nationally recognized standard (see 245.437(b))
 - Validity of the test will be evaluated based on the method noted on the test form.
- Failed tests, including visual inspection fails, must be reported to appropriate regional office within 48 hours
 - Submission of a copy of the report form is required with the Notification of Contamination Form
- YES, we expect the owners or owner's representative to sign the form.

UST Periodic Testing – Release Detection Equipment

Release Detection Equipment Evaluations

- **New Forms:** Underground Storage Tank
 - **Automatic Line Leak Detector Functionality Testing Form**
 - 2630-FM-BECB0021
 - **Automatic Tank Gauge Functionality Testing Form**
 - 2630-FM-BECB0015
 - **Groundwater / Vapor Monitoring System Functionality Testing Form**
 - 2630-FM-BECB0019
 - **Pressure / Vacuum Monitoring Functionality Testing Form**
 - 2630-FM-BECB0017
 - **Sensor Functionality Testing Form**
 - 2630-FM-BECB0020

UST Periodic Testing – Release Detection Equipment

Release Detection Equipment Evaluations

What should the facility be testing?

19. This tank supplies an emergency generator					
20. Tank release detection	■	■	■	■	■
21. Piping small release detection (0.2 gph monthly or 0.1 gph annually)	■	■	■	■	■
22. Pressure (line 13 is C or D) piping line leak detector (LLD Function - 3 gph at 10 lbs psi or equivalent within 1 hr)	■	■	■	■	■
23. LLD function includes a positive turbine pump shutoff ⁵	■	■	■	■	■

- Any Release Detection Equipment necessary to accomplish the methods of Release Detection reported on page 2 of the FOI report form.
 - Any additional release detection methods reported and used to establish release detection compliance within the 12 months of release detection reviewed for the FOI.
 - Newly installed release detection equipment must be tested at installation.
- Back up methods **NEVER** intended to accomplish release detection regulatory compliance do not need to be tested.

UST Periodic Testing – Release Detection Equipment

Release Detection Equipment Evaluation Forms

2630-FM-DECB0021 1/2019
Form



COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF ENVIRONMENTAL PROTECTION
BUREAU OF ENVIRONMENTAL CLEANUP AND BROWNFIELDS

UNDERGROUND STORAGE TANK AUTOMATIC LINE LEAK DETECTOR FUNCTIONALITY TESTING FORM

I. FACILITY INFORMATION – Type or print (in ink) all items.									
Facility ID #:		Facility Name:							
Facility Street Address:									
Facility Telephone:		County:			Municipality:				
II. TESTER INFORMATION									
Tester Name:		Tester Cert. #:			Tester Telephone:				
Company Name:		Company Cert. #:			Test Date:				
III. TEST PROCEDURE – Briefly describe procedure(s) used to test the line leak detector(s) (i.e. PEI/IRP1200, manufacturer's testing procedure, etc.)									
IV. LINE LEAK DETECTOR TESTING INFORMATION – When more than five LLDs are tested at a facility, use additional testing forms.									
Tank Number									
Product Stored									
Line Number ¹									
Manufacturer									
Model									
Leak Detector Type	<input type="checkbox"/> Electronic <input type="checkbox"/> Mechanical	<input type="checkbox"/> Electronic <input type="checkbox"/> Mechanical	<input type="checkbox"/> Electronic <input type="checkbox"/> Mechanical	<input type="checkbox"/> Electronic <input type="checkbox"/> Mechanical	<input type="checkbox"/> Electronic <input type="checkbox"/> Mechanical	<input type="checkbox"/> Electronic <input type="checkbox"/> Mechanical	<input type="checkbox"/> Electronic <input type="checkbox"/> Mechanical	<input type="checkbox"/> Electronic <input type="checkbox"/> Mechanical	<input type="checkbox"/> Electronic <input type="checkbox"/> Mechanical
STP Operating Pressure									
A. MECHANICAL LINE LEAK DETECTORS									
Check Valve Holding Pressure									
Metering Pressure									
Opening Time									
Simulated leak causes slow-flow	<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	<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	<input type="checkbox"/> Yes <input type="checkbox"/> No
Leak detector resets when line pressure is bled off to zero	<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	<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	<input type="checkbox"/> Yes <input type="checkbox"/> No
B. ELECTRONIC LINE LEAK DETECTORS									
Simulated leak causes an alarm	<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	<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	<input type="checkbox"/> Yes <input type="checkbox"/> No
Simulated leak disables the STP ²	<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	<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	<input type="checkbox"/> Yes <input type="checkbox"/> No
V. TEST RESULT³	<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	<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	<input type="checkbox"/> Pass <input type="checkbox"/> Fail

1. Designate each product line, on which a line leak detector was tested, numerically or by code on the site drawing.
2. Required for pressurized piping systems installed after November 10, 2007, using LLD for 3gph piping release detection.
3. Failed line leak detectors must be repaired or replaced immediately.

2630-FM-DECB0021 1/2019
Form

Facility ID #:	Facility Name:	Test Date:
VI. COMMENTS		
The comments section should be used to note additional information discovered or actions taken during functionality testing that affect compliance at the facility. For example, include comments concerning any observations made by the tester that would affect the test results. Include actions taken to repair or replace failed devices. If additional comment sheets are needed, label each sheet with the report header information and attach the sheet(s) to the back of this form.		
VII. SITE DRAWING		
Provide a detailed site drawing of the applicable UST(s), product piping, and containment structure layout in the space below (or attach a detailed site drawing prepared on a separate sheet). Any other pertinent information should also be included.		
VIII. OWNER'S REPRESENTATIVE CERTIFICATION		
I have reviewed this report. I certify under penalty of law as provided in 18 PA C.S.A. Section 4004 (relating to uniform identification to authorities), that the information provided by me is true, accurate, and complete to the best of my knowledge and belief.		
Signature:	Date Signed:	
VIII. TESTER CERTIFICATION		
By signing this document as the Tester, I certify under penalty of law as provided in 18 PA C.S.A. Section 4004 (relating to uniform identification to authorities), that the information provided by me is true, accurate, and complete to the best of my knowledge and belief.		
Tester's Signature:	Date Signed:	



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UST Periodic Testing – Release Detection Equipment

Did you see footnote #3?

It said, “Failed line leak detectors must be repaired or replaced immediately.”

Any UST system with a pressurized piping product delivery system must operate continuous piping release detection capable of detecting a release of 3 gallons per hour at all times.

If a release detection evaluation has found that equipment responsible for continuous monitoring is failing, is a facility able to operate in compliance prior to repair or replacement?

Note: Some release detection component replacements are not considered tank handling activities. Examples: Sensor replacements and like-for-like line leak detectors replacements.

UST Periodic Testing – Release Detection Equipment

2630-FM-BECB0015 12/2018



COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF ENVIRONMENTAL PROTECTION
BUREAU OF ENVIRONMENTAL CLEANUP AND BROWNFIELDS

UNDERGROUND STORAGE TANK AUTOMATIC TANK GAUGE FUNCTIONALITY TESTING FORM

I. FACILITY INFORMATION – Type or print (in ink) all items.									
Facility ID #:		Facility Name:							
Facility Street Address:									
Facility Telephone:		County:			Municipality:				
II. TESTER INFORMATION									
Tester Name:		Tester Cert. #:			Tester Telephone:				
Company Name:		Company Cert. #:			Test Date:				
III. AUTOMATIC TANK GAUGE <input type="checkbox"/> Pass <input type="checkbox"/> Fail									
ATG Manufacturer:				ATG Model:					
Detected leak will trigger an alarm?		<input type="checkbox"/> Yes <input type="checkbox"/> No		Battery Backup Functional?		<input type="checkbox"/> Yes <input type="checkbox"/> No			
ATG software properly programmed?		<input type="checkbox"/> Yes <input type="checkbox"/> No		Is the ATG equipped with CITLDS?		<input type="checkbox"/> Yes <input type="checkbox"/> No			
III. TEST PROCEDURE – Briefly describe procedure(s) used to test the probes (i.e. PEI/RP1200, manufacturer's testing procedure, etc.)									
IV. PROBE AND TESTING INFORMATION									
Tank Number									
Product Stored									
Manufacturer									
Model									
Measured Product Level (in.)									
ATG Product Level (in.)									
Measured Water Level (in.)									
ATG Water Level (in.)									
Measured product and water levels match ATG values?	<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	<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	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is the probe in a good state of repair?	<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	<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	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is the ATG console clear of alarms?	<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	<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	<input type="checkbox"/> Yes <input type="checkbox"/> No
Float(s) move freely	<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	<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	<input type="checkbox"/> Yes <input type="checkbox"/> No
V. TEST RESULT¹	<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	<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	<input type="checkbox"/> Pass <input type="checkbox"/> Fail

1. Any "No" answer in a required row indicates the probe fails. Failed probes and ATGs must be repaired or replaced immediately.

2630-FM-BECB0015 12/2018
Form

Facility ID #: _____ Facility Name: _____ Test Date: _____

VI. COMMENTS

The comments section should be used to note additional information discovered or actions taken during functionality testing that affect compliance at the facility. For example, include comments concerning any observations made by the tester that would affect the test results. Include actions taken to repair or replace failed devices. If additional comment sheets are needed, label each sheet with the report header information and attach the sheet(s) to the back of this form.

--

VII. SITE DRAWING

Provide a detailed site drawing of the applicable UST(s), product piping, and containment structure layout in the space below (or attach a detailed site drawing prepared on a separate sheet). Any other pertinent information should also be included.

--

VII. OWNER'S REPRESENTATIVE CERTIFICATION

I have reviewed this report. I certify under penalty of law as provided in 18 PA C.S.A. Section 4904 (relating to unsworn falsification to authorities), that the information provided by me is true, accurate, and complete to the best of my knowledge and belief.

Signature: _____ Date Signed: _____

VIII. TESTER CERTIFICATION

By signing this document as the Tester, I certify under penalty of law as provided in 18 PA C.S.A. Section 4904 (relating to unsworn falsification to authorities), that the information provided by me is true, accurate, and complete to the best of my knowledge and belief.

Tester's Signature: _____ Date Signed: _____



UST Periodic Testing – Release Detection Equipment

2630-FM-BECB0019 1/2019
Form



COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF ENVIRONMENTAL PROTECTION
BUREAU OF ENVIRONMENTAL CLEANUP AND BROWNFIELDS

UNDERGROUND STORAGE TANK GROUNDWATER / VAPOR MONITORING SYSTEM FUNCTIONALITY TESTING FORM

I. FACILITY INFORMATION – Type or print (in ink) all items.					
Facility ID #:		Facility Name:			
Facility Street Address:					
Facility Telephone:		County:		Municipality:	
II. TESTER INFORMATION					
Tester Name:		Tester Cert. #:		Tester Telephone:	
Company Name:		Company Cert. #:		Test Date:	
III. TEST PROCEDURE – Briefly describe procedure(s) used to evaluate/test the groundwater or vapor monitoring system.					
IV. GROUNDWATER/VAPOR MONITORING SYSTEM TESTING INFORMATION					
Tank Number					
Product Stored					
Site evaluated by a licensed professional under the Engineer, Land Surveyor and Geologist Law to ensure compliance with 25 Pa. Code Chapter 245.444 and to establish the number and positioning of monitoring wells that will detect releases within the excavation zone from any portion of the tank that routinely contains product. <input type="checkbox"/> Yes <input type="checkbox"/> No					
Written site evaluation readily available at the facility: <input type="checkbox"/> Yes <input type="checkbox"/> No				Date of site evaluation:	
Name of licensed professional:				License number:	
Wells are installed in accordance with the site evaluation:				<input type="checkbox"/> Yes <input type="checkbox"/> No	
<input type="checkbox"/> A. GROUNDWATER MONITORING					
Product detection devices can detect 1/8-inch or less of leaked product on top of the groundwater:				<input type="checkbox"/> Yes <input type="checkbox"/> No	
Electronic sampling equipment tested and operating properly:				<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
Date sampling equipment was last calibrated:					
<input type="checkbox"/> B. VAPOR MONITORING					
Monitoring devices are capable of detecting increases in concentrations of stored regulated substances:				<input type="checkbox"/> Yes <input type="checkbox"/> No	
Electronic sampling equipment tested and operating properly:				<input type="checkbox"/> Yes <input type="checkbox"/> No	
Date sampling equipment was last calibrated:					
V. TEST RESULT <input type="checkbox"/> Pass <input type="checkbox"/> Fail					
Any "No" answer in Section IV. Indicates the Groundwater or Vapor monitoring system fails. Failure of a release detection method may constitute a suspected release. Certified Individuals must report confirmed or suspected contamination to the Department within 48 hours of observing it. Facility owners/operators must investigate suspected releases within 7 days. If a reportable release is confirmed, it must be reported to the Department by telephone within 24 hours and in writing within 15 days. requires immediate repair or replacement.					

2630-FM-BECB0019 1/2019
Form

Facility ID #: _____ Facility Name: _____ Test Date: _____

VI. COMMENTS	
The comments section should be used to note additional information discovered or actions taken during testing that affect compliance at the facility. For example, include comments concerning any observations made by the tester that would affect the test results. Include actions taken to repair or replace failed devices. If additional comment sheets are needed, label each sheet with the report header information and attach the sheet(s) to the back of this form.	
VII. SITE DRAWING	
Provide a detailed site drawing of the applicable UST(s), product piping, and monitoring well locations (or attach a detailed site drawing prepared on a separate sheet). Any other pertinent information should also be included.	
VII. OWNER'S REPRESENTATIVE CERTIFICATION	
I have reviewed this report. I certify under penalty of law as provided in 18 PA C.S.A. Section 4904 (relating to unsworn falsification to authorities), that the information provided by me is true, accurate, and complete to the best of my knowledge and belief.	
Signature:	Date Signed:
VIII. TESTER CERTIFICATION	
By signing this document as the Tester, I certify under penalty of law as provided in 18 PA C.S.A. Section 4904 (relating to unsworn falsification to authorities), that the information provided by me is true, accurate, and complete to the best of my knowledge and belief.	
Tester's Signature:	Date Signed:



pennsylvania

DEPARTMENT OF ENVIRONMENTAL PROTECTION

UST Periodic Testing – Release Detection Equipment

2630-FM-BECB0017 1/2019
Form



COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF ENVIRONMENTAL PROTECTION
BUREAU OF ENVIRONMENTAL CLEANUP AND BROWNFIELDS

UNDERGROUND STORAGE TANK PRESSURE / VACUUM MONITORING FUNCTIONALITY TESTING FORM

I. FACILITY INFORMATION – Type or print (in ink) all items.							
Facility ID #:		Facility Name:					
Facility Street Address:							
Facility Telephone:		County:			Municipality:		
II. TESTER INFORMATION							
Tester Name:		Tester Cert. #:		Tester Telephone:			
Company Name:		Company Cert. #:		Test Date:			
III. TEST PROCEDURE – Briefly describe procedure(s) used to test the probes (i.e. PEI/RP1200, manufacturer’s testing procedure, etc.)							
IV. PRESSURE/VACUUM MONITORING							
Tank Number							
Product Stored							
Line Number ¹	<input type="checkbox"/> N/A	<input type="checkbox"/> N/A	<input type="checkbox"/> N/A	<input type="checkbox"/> N/A	<input type="checkbox"/> N/A	<input type="checkbox"/> N/A	<input type="checkbox"/> N/A
ATG Manufacturer							
ATG Model							
P/V Monitoring System Manufacturer							
P/V Monitoring System Model							
P/V Monitoring System is functional	<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	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Manufacturer’s test method followed	<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	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Interstice is air tight	<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	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Leak in interstice triggers alarm	<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	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Leak in piping interstice disables STP ²	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
V. TEST RESULT³	<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	<input type="checkbox"/> Pass <input type="checkbox"/> Fail	<input type="checkbox"/> Pass <input type="checkbox"/> Fail	<input type="checkbox"/> Pass <input type="checkbox"/> Fail
<ol style="list-style-type: none"> Designate each product line that has its interstice under pressure or vacuum by P/V system numerically or by code on the site drawing. Required for pressurized piping systems installed after November 10, 2007, using P/V monitoring for 3gph piping release detection. Any “No” answer in a required row indicates the P/V system fails. Failed leak detection systems must be repaired or replaced immediately. 							

2630-FM-BECB0017 1/2019
Form

Facility ID #: _____ Facility Name: _____ Test Date: _____

VI. COMMENTS	
The comments section should be used to note additional information discovered or actions taken during functionality testing that affect compliance at the facility. For example, include comments concerning any observations made by the tester that would affect the test results. Include actions taken to repair or replace failed devices.	
If additional comment sheets are needed, label each sheet with the report header information and attach the sheet(s) to the back of this form.	
VII. SITE DRAWING	
Provide a detailed site drawing of the applicable UST(s), product piping, and containment structure layout in the space below (or attach a detailed site drawing prepared on a separate sheet). Any other pertinent information should also be included.	
VII. OWNER’S REPRESENTATIVE CERTIFICATION	
I have reviewed this report. I certify under penalty of law as provided in 18 PA C.S.A. Section 4004 (relating to unsworn falsification to authorities), that the information provided by me is true, accurate, and complete to the best of my knowledge and belief.	
Signature: _____	Date Signed: _____
VIII. TESTER CERTIFICATION	
By signing this document as the Tester, I certify under penalty of law as provided in 18 PA C.S.A. Section 4904 (relating to unsworn falsification to authorities), that the information provided by me is true, accurate, and complete to the best of my knowledge and belief.	
Tester’s Signature: _____	Date Signed: _____



UST Periodic Testing – Release Detection Equipment

UST Release Detection Evaluation Form(s)

- These forms should be **complete**
- YES, we expect the owners or owner’s representative to sign the form.
 - The owner’s representative signature proves the form was received by the appropriate individuals at the facility.
- DEP considers DEP-certified Installers and Inspectors to act as extensions of the DEP
 - During tank handling, testing and inspection compliance documentation should be generated for tank owners/operators
 - Making the tank owner/operator aware of compliance requirements including maintaining records provided as part of certified activities

UST Periodic Testing – Release Detection Equipment

UST Release Detection Evaluation



UST Periodic Testing – Questions

My Testing was completed before the forms are available, what should we do?

Yes, we need the testing to be considered **VALID** by DEP

No, we don't need it to be considered **VALID** by DEP

Transfer your data to the appropriate DEP-provided forms. Be sure to complete the form including required signatures.

Take no additional actions; documentation will not be used for compliance.

Note: This discussion only applies to periodic testing. Any repair or installation required testing conducted after December 22, 2018 MUST be completed on the DEP-provided form.

UST Periodic Testing Questions – Multiple Options

If I have 2 forms of Overfill Prevention Equipment or Release Detection Equipment, do I need to test it all?

1. Equipment must be tested to be valid
2. Equipment reported on the FOI form as being used to accomplish Release Detection or Overfill Prevention shall be tested (phase-in date appropriate)
3. Other equipment **DOES NOT** need to be tested
 1. Equipment that is not tested would not be considered valid as an alternative method in situations where the primary method fails.

Examples on Next Slide

UST Periodic Testing Questions – Multiple Options

Overfill Prevention Example		Release Detection Example	
Drop Tube Installed	Listed on FOI Form	Sensor in Interstitial	Listed on FOI Form
High Level Alarm Installed	Not Listed	ATG Probe	Not Listed on FOI Form
The Drop Tube must be tested.		The sensor in interstice and console must be tested, the probe does not require testing.	

UST Testing Certifications

Review: Who can do each type of testing

	UMX/UMI	UTT	IUM
Spill Prevention Equipment	X	X	X
Containment Sumps	X	X	X
Overfill Prevention Equipment	X		
Release Detection Equipment	X	X	X
Tank/Piping Tightness Testing		X	

UST Periodic Walkthrough Requirements

New Periodic Walkthrough Requirements	Start After	Timeframe	Exceptions
Spill Prevention Equipment	December 22, 2019	Monthly	X
Release Detection Equipment Operation		Monthly	
Containment Sump		Annual	
Handheld Release Detection Equipment		Annual	

-- Spill Prevention Equipment receiving deliveries less often than 30 days may check prior to each delivery. **Delivery records should be maintained as part of log.**

-- Containment Sumps and Spill Prevention Equipment that is double walled must have interstitial area checked for leaks in lieu of periodic testing requirements. **Failure to conduct these checks will trigger the periodic test requirement within 30 days.**

UST Periodic Walkthrough Requirements

New Periodic Walkthrough Requirements	Check For	Resolution
Spill Prevention Equipment	Damage	Repair or Replace
	Liquid or Debris	Clean
	Fill Pipe Obstructions	Remove
Double Wall Spill Prevention	Fill Cap is Secure	Repair or Replace
	Leak Free Interstitial Space	Repair or Replace
Release Detection Equipment Operation	Alarms	Suspected Release Investigation
	Records	

UST Periodic Walkthrough Requirements

New Periodic Walkthrough Requirements	Check For	Resolution
ALL Containment Sumps	Damage	Repair or Replace
	Liquid or Debris	Clean
Double Wall Containment Sumps	Leak Free Interstitial Space	Repair or Replace
Handheld Release Detection Equipment	Operability and Serviceability	Repair or Replace

Note: Periodic walkthrough inspection requirements for containment sumps are **NOT** restricted to containment sumps conducting interstitial monitoring. All containment sumps shall be checked at a minimum every 12 months.

Break

Tank Handling Notification Requirements

Notification shall be submitted to DEP (the appropriate regional office) **30 Days Prior** to commencing certain Tank Handling Activity and all Closure Activities

Installation - 245.421(a)(2)	Permanent Closure and Change-in-service
Tank	Tanks
Piping System	Replacement, Removal and Closure-in-place of underground product piping or remote fill lines
Replacement Dispenser (new to the facility)	
Additional Dispenser	
	Major Modification involving removal of a dispenser*

Tank Handling Notification Requirements

Notification shall be submitted to DEP on the most recent revision of the Underground Storage Tank System Installation-Closure Notification Form 2630-FM-BECB0127.

Note: After December 22, 2018, if a dispenser is removed and a major modification is performed involving excavation beneath the dispenser, it is also a partial system closure requiring a 30-day Closure Notification and sampling. These requirements apply in all cases including when the original dispenser is reinstalled.

245.433 Compatibility

Compatibility Requirements

- All UST components have been required to be compatible with the substance store; however, the regulation amendments make clear DEP can request verification.
- DEP has provided a required form for documenting this verification.
 - Alternative Fuel Storage Tank Installation/Conversion Form 2630-FM-BECB0608
- DEP has provided a fact sheet for understanding equipment compatibility requirements in particular when storing biofuels or biofuel blends.

Compatibility Requirements

- Prior to issuing an operating permit to a newly installed storage tank or existing storage tank changing the substance stored, if it will store:
 - Gasoline-ethanol blends containing **greater than 10%** alternative fuel
 - Biodiesel or biodiesel blended fuel containing **greater than 5%** biodiesel
- The Alternative Fuel Storage Tank Installation/Conversion Form shall be submitted, reviewed, and approved.

Alternative Fuels Factsheet



UNDERGROUND STORAGE TANK (UST) EQUIPMENT COMPATIBILITY & STORAGE OF BIOFUELS AND BIOFUEL BLENDS

Federal and Pennsylvania release prevention laws require that regulated underground storage tank (UST) systems be constructed or lined with material that is compatible with the substance stored. Compatibility, in this sense, refers to the ability of both the storage tank system components and the stored substance to maintain their respective physical and chemical properties upon contact with one another for the design life of the tank system.

Because the physical and chemical properties inherent to biofuels, such as ethanol and biodiesel, differ from their conventional petroleum fuel counterparts, some UST equipment and components that are compatible with conventional petroleum fuels are not compatible with biofuels or biofuel blends. Higher biofuel blends – such as gasoline-ethanol blends containing greater than 10 percent ethanol, and biodiesel-blended fuel containing greater than five percent biodiesel – can degrade many non-metallic materials, such as natural rubber, polyurethane, older adhesives, certain elastomers, and polymers used in flex piping, bushings, gaskets, meters, and filters. They can also degrade soft metals, such as zinc, brass, aluminum, lead, and copper.

Whether a newly installed UST system or an existing UST system that has been converted to store a different substance, the components of the UST system must satisfy the compatibility requirement before receiving delivery of product into the UST. The following UST system components should be compatible with the substance stored:

- Tank or internal tank lining
- Spill buckets and containment sumps
- Overfill prevention equipment
- Drop tube
- Fill and riser caps
- Line leak detector
- Release detection floats, sensors, and probes
- Piping and flexible connectors
- Sealants (including pipe dope and thread sealant)
- Fittings, gaskets, o-rings, bushings, couplings, and boots
- Suction pump and components
- Submersible turbine pump and components
- Product shear valve
- Dispensers and hanging hardware

Owners and operators of USTs storing ethanol blends may use the following code to comply with the compatibility requirement:

- American Petroleum Institute Publication 1626 (API RP 1626), "Storing and Handling Ethanol and Gasoline-Ethanol Blends at Distribution Terminals and Service Stations."

There are a number of resources available to assist UST owners and operators with determining equipment compatibility with biofuels and biofuel blends, including:

- The Environmental Protection Agency's Office of Underground Storage Tanks maintains information about biofuels and links to resources relevant to storing ethanol and biodiesel in USTs: www.epa.gov/ust/alternative-fuels-and-underground-storage-tanks-usts.
- The Petroleum Equipment Institute maintains an online database that contains information on equipment compatibility with ethanol-blended and biodiesel-blended fuels. Listings include product specifications and links to manufacturers: www.pei.org.
- The Steel Tank Institute maintains information about biofuels storage and links to tank manufacturers' statements of compatibility: www.steeftank.com.

In addition to the material compatibility of UST equipment with the substance stored, the functional capability of equipment used to meet the UST system operating requirements – such as overfill prevention and release detection equipment – may be dependent on the substance stored, as documented by equipment manufacturers' product literature and performance claims, or by third-party evaluations.

The Department of Environmental Protection (DEP) recommends that UST owners and operators utilize the following checklist when installing a new UST system, or converting an existing UST system, for storage of gasoline-ethanol blends containing greater than 10 percent ethanol, or biodiesel-blended fuel containing greater than five percent biodiesel.

The most recent revision of the Fact Sheet can be found in the Storage Tanks Facts Sheets section of the DEP website.

Provides resources available for:

- understanding compatibility issues
- finding manufacturers' statements of compatibility
- other related information.



Alternative Fuels Factsheet: Page 2

Before Biofuel is Transferred to the Tank

- Determine storage tank system equipment compatibility with the product to be stored. Complete DEP form 2630-FM-BECB0608, *Alternative Fuel Storage Tank Installation/Conversion Form*.
- Check for water in the tank. No level of water is acceptable for gasoline-ethanol blends due to the possibility of phase separation.
- Check all visible fittings and connections at the top of the tank to ensure tightness (no vapors escape and no water enters).
- Ensure that the appropriate vent top (pressure vacuum/updraft) is present for the type of product being stored.
- Ensure that Stage I Vapor Recovery is installed and operational, if required.
- Ensure that sump and spill containment covers prevent water from entering.
- Ensure that water infiltration problems are fixed if necessary.
- Ensure that the tank has been cleaned of all water and sediment.
- Fill Labeling: identify the fill port and paint access covers according to API RP 1637.
- Dispenser Labeling: label dispenser in compliance with Federal and State regulations.
- New UST installation:** Within 30 days after installation, and prior to product delivery, submit to DEP a completed permit application 2630-PM-BECB0514, *Storage Tanks Registration/Permit Application Form*, to register the UST and apply for an operating permit. Include the completed *Alternative Fuel Storage Tank Installation/Conversion Form*.

First Delivery

- Tank filled to 80 percent capacity as recommended by the Renewable Fuels Association (RFA) and kept as full as possible for seven to 10 days.
- Have dispenser calibrated prior to any retail sales.
- Conduct a precision test of the tank system (0.1 gph leak rate) with automatic tank gauge (ATG) system within seven days after tank is filled to make sure the UST system is tight and the leak detection equipment is operating properly. Investigate any "Fail" results according to the suspected release investigation requirements.
- Test for water (use alcohol compatible paste if gauging a UST storing an ethanol blend) at the beginning of each shift for the first 48 hours after delivery (RFA). If there is water in the tank – remove it, find out how it got there, and fix it so it does not occur again.
- Existing UST conversion:** Within 30 days of changing the substance stored in the UST, submit to DEP a completed form 2630-FM-BECB0607, *Storage Tank Registration Amendment Form*, to amend the UST registration information. Include the completed *Alternative Fuel Storage Tank Installation/Conversion Form*.

Ongoing Maintenance

- Check regularly for water. No level of water is acceptable for gasoline-ethanol blends.
- If product seems to pump slowly, check, and replace filters.
- Calibrate the dispenser meter at the time of conversion and two weeks after conversion to verify meter accuracy. Particulate materials may cause excessive wear of the meter, which would require more frequent calibration (see API RP 1626).
- Conduct daily, visual inspections of the dispenser and dispenser sump (secondary containment) beneath the dispenser (if one is installed) and perform periodic walkthrough inspections.

For additional information on Pennsylvania's Storage Tank Program or to obtain forms, contact:

Central Office, Bureau of Environmental Cleanup and Brownfields, Division of Storage Tanks, P.O. Box 8762, Harrisburg, PA 17105-8762, 717-772-5599, 800-42-TANKS (in PA only)

For more information, visit www.dep.pa.gov, Businesses > Land > Storage Tanks.

Provides checklist of actions for:

1. Prior to placing alternative fuels in the storage tank system
2. In conjunction with the first delivery
3. For ongoing maintenance of the storage tank system



Alternative Fuel Storage Tank Installation / Conversion Form

- The form is signed by the tank owner or owner’s representative.
- The form is signed by a Professional Engineer for any components that have unknown compatibility, is unlisted, or the manufacturer’s certification is not available.
- Finally, the form is signed by the PA DEP certified installer (UMX or AMMX).
- **The ultimate responsibility lies on the UMX/AMMX to ensure that all system components are compatible with the substance stored.**

Hose(s)				<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	
INSTALLER CERTIFICATION – (Required)					
Based on my personal observation of the storage tank system and review of the substance compatibility documentation for the storage tank system components, I certify that the storage tank system satisfies the compatibility requirements of Act 32 and Chapter 245. I also certify under penalty of law, as provided in 18 PA C.S.A. Section 4904 (relating to unsworn falsification to authorities), that the information provided on this form is true, accurate and complete to the best of my knowledge and belief.					
Installer Name		Installer Cert. No.	Company Name		Company Cert. No.
Installer Signature			Date		
PROFESSIONAL ENGINEER CERTIFICATION – (Only if needed. See the instructions for Sections II(a) and II(b))					
Based on my personal observation of the storage tank system and review of the substance compatibility documentation for the storage tank system components, I certify that the storage tank system satisfies the compatibility requirements of Act 32 and Chapter 245. I also certify under penalty of law, as provided in 18 PA C.S.A. Section 4904 (relating to unsworn falsification to authorities), that the information provided on this form is true, accurate and complete to the best of my knowledge and belief.					
P.E. Name		PA License No.	Phone No.	P.E. Signature	Date
V. OWNER CERTIFICATION – (Required)					
My signature represents to the Department that I own or represent the owner of the storage tank. I have reviewed the completed form, and I certify under penalty of law as provided in 18 PA C.S.A. Section 4904 (relating to unsworn falsification to authorities) that the information provided on this form is accurate and complete to the best of my knowledge and belief.					
Owner/Representative Name		Owner/Representative Signature		Phone No.	Date
<input type="checkbox"/> Facility Owner		<input type="checkbox"/> Owner's Representative		<input type="checkbox"/> Facility Operator	<input type="checkbox"/> Property Owner
Submital: Within 30 days of the installation of a new storage tank or the conversion of an existing storage tank, mail the completed form to PA DEP at the address listed to the right. →				PA DEP Division of Storage Tanks P.O. Box 8762 Harrisburg, PA 17105-8762	
Recordkeeping: Keep a copy of the completed form as a permanent installation/construction record for the operational life of the storage tank system, and have it available for review upon request by DEP or a certified storage tank inspector.					

Alternative Fuel Storage Tank Installation / Conversion Form

2630-FM-BECB0608 Rev. 8/2017



COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF ENVIRONMENTAL PROTECTION
BUREAU OF ENVIRONMENTAL CLEANUP AND BROWNFIELDS

ALTERNATIVE FUEL STORAGE TANK INSTALLATION/CONVERSION FORM

FOR DEP USE ONLY
Reviewer _____
Date _____

This form is to be completed and signed by the storage tank owner (or owner's representative) and DEP certified tank installer when installing a new storage tank system, or when converting an existing storage tank system, for storage of alternative fuel blends, such as gasoline-ethanol blends containing greater than 10% alternative fuel, or biodiesel or biodiesel blended fuel containing greater than 5% biodiesel. For aboveground storage tank systems, this form only applies to tank systems used for motor vehicle fueling. See the bottom of page 2 for the form submittal and recordkeeping requirements.

DEP recommends that UST owners and operators follow the procedural checklist provided in the Storage Tank Program Fact Sheet 2630-FS-DEP447 *Underground Storage Tank (UST) Equipment Compatibility & Storage of Biofuels and Biofuel Blends*.

I. FACILITY INFORMATION – Type or print (in ink) all items. When completing this form for a new facility, omit the Facility ID.

Facility ID#: _____ Facility Name: _____
Facility Street Address: _____
Facility Telephone: _____ County: _____ Municipality: _____

II (a). **STORAGE TANK & PIPING INFORMATION** – Sections II(a) and II(b) should be completed in full by the storage tank system owner and DEP certified tank installer. Type or print (in ink) all items. Provide the model/brand and equipment manufacturer for each storage tank system component. Write "NA" and check the corresponding box if the tank/piping/dispenser system does not have this component. Write "UNK" if the model/brand or equipment manufacturer cannot be determined. Check the appropriate box(es) to indicate whether or not the component has been confirmed by a Nationally Recognized Testing Laboratory (NRTL), such as Underwriters Laboratories (UL), and/or has been verified by the component manufacturer for use with the substance stored. Only check "No" if the component is neither NRTL listed nor manufacturer verified. Only one storage tank system per form may be listed.

DEP will not approve an operating permit for an alternative fuel storage tank system with "unknown" components, or components that are neither NRTL listed nor manufacturer verified for use with the substance stored, unless a PA licensed professional engineer (P.E.) who has knowledge, experience, and training in materials science determines in his/her professional judgment that those components satisfy the compatibility requirements listed in the Storage Tank Regulations in 25 Pa Code, Chapter 245. The P.E. must sign the certifying statement in Section IV. DEP may request documentation supporting the P.E. determination.

Tank Orientation: Underground Aboveground
Capacity (gallons): _____ Date Installed: _____
 New Tank Existing Tank → DEP Tank #: _____
→ Date of Substance Change: _____

Alternative Fuel Blend (>10% Stored)
 E15 E85 Other _____
Biodiesel Blend (>5% biodiesel) Stored
 B10 B20 Other _____

Component	Model / Brand	Equipment Manufacturer	NRTL Listed or Manufacturer Verified for the Stored Fuel
Storage Tank			<input type="checkbox"/> Listed <input type="checkbox"/> Verified <input type="checkbox"/> No <input type="checkbox"/> NA
Internal Tank Lining			<input type="checkbox"/> Listed <input type="checkbox"/> Verified <input type="checkbox"/> No <input type="checkbox"/> NA
ATG Probe, Float / Sensor			<input type="checkbox"/> Listed <input type="checkbox"/> Verified <input type="checkbox"/> No <input type="checkbox"/> NA
Tank Interstitial Sensor			<input type="checkbox"/> Listed <input type="checkbox"/> Verified <input type="checkbox"/> No <input type="checkbox"/> NA
Spill Bucket			<input type="checkbox"/> Listed <input type="checkbox"/> Verified <input type="checkbox"/> No <input type="checkbox"/> NA
Drop Tube			<input type="checkbox"/> Listed <input type="checkbox"/> Verified <input type="checkbox"/> No <input type="checkbox"/> NA
Overfill Auto Shut-off Valve			<input type="checkbox"/> Listed <input type="checkbox"/> Verified <input type="checkbox"/> No <input type="checkbox"/> NA
Ball Float Valve			<input type="checkbox"/> Listed <input type="checkbox"/> Verified <input type="checkbox"/> No <input type="checkbox"/> NA

Product Pipe Information: New Existing Mixed (New & Existing)
Product Pipe Configuration: Single wall Double wall

Product Pipe			<input type="checkbox"/> Listed <input type="checkbox"/> Verified <input type="checkbox"/> No <input type="checkbox"/> NA
Pipe Fitting / Valve Material			<input type="checkbox"/> Listed <input type="checkbox"/> Verified <input type="checkbox"/> No <input type="checkbox"/> NA
Pipe Sealant / Adhesive			<input type="checkbox"/> Listed <input type="checkbox"/> Verified <input type="checkbox"/> No <input type="checkbox"/> NA
Gaskets / Seals			<input type="checkbox"/> Listed <input type="checkbox"/> Verified <input type="checkbox"/> No <input type="checkbox"/> NA
Flex Connector / Swing Joint			<input type="checkbox"/> Listed <input type="checkbox"/> Verified <input type="checkbox"/> No <input type="checkbox"/> NA
Submersible Turbine Pump			<input type="checkbox"/> Listed <input type="checkbox"/> Verified <input type="checkbox"/> No <input type="checkbox"/> NA
Mechanical Line Leak Detector			<input type="checkbox"/> Listed <input type="checkbox"/> Verified <input type="checkbox"/> No <input type="checkbox"/> NA
Electronic Line Leak Detector			<input type="checkbox"/> Listed <input type="checkbox"/> Verified <input type="checkbox"/> No <input type="checkbox"/> NA
Tank Sump			<input type="checkbox"/> Listed <input type="checkbox"/> Verified <input type="checkbox"/> No <input type="checkbox"/> NA
Tank Sump Sensor			<input type="checkbox"/> Listed <input type="checkbox"/> Verified <input type="checkbox"/> No <input type="checkbox"/> NA
Sump Penetration Fittings			<input type="checkbox"/> Listed <input type="checkbox"/> Verified <input type="checkbox"/> No <input type="checkbox"/> NA
Transition Sump			<input type="checkbox"/> Listed <input type="checkbox"/> Verified <input type="checkbox"/> No <input type="checkbox"/> NA
Transition Sump Sensor			<input type="checkbox"/> Listed <input type="checkbox"/> Verified <input type="checkbox"/> No <input type="checkbox"/> NA

2630-FM-BECB0608 Rev. 8/2017

Facility ID#: _____ Facility Name: _____

II (b). **DISPENSER INFORMATION** – Follow the instructions provided for Section II(a) of this form. If needed, attach an additional copy of this page with Section II(b) completed for each additional dispenser unit installed to the storage tank system.

Dispenser Number:	Dedicated Dispenser Hose: <input type="checkbox"/> Yes <input type="checkbox"/> No	Blending Dispenser: <input type="checkbox"/> Yes <input type="checkbox"/> No	NRTL Listed or Manufacturer Verified for the Stored Fuel
Component	Model / Brand	Equipment Manufacturer	
Dispenser			<input type="checkbox"/> Listed <input type="checkbox"/> Verified <input type="checkbox"/> No <input type="checkbox"/> NA
Suction Pump			<input type="checkbox"/> Listed <input type="checkbox"/> Verified <input type="checkbox"/> No <input type="checkbox"/> NA
Dispenser Sump			<input type="checkbox"/> Listed <input type="checkbox"/> Verified <input type="checkbox"/> No <input type="checkbox"/> NA
Dispenser Sump Sensor			<input type="checkbox"/> Listed <input type="checkbox"/> Verified <input type="checkbox"/> No <input type="checkbox"/> NA
Sump Penetration Fittings			<input type="checkbox"/> Listed <input type="checkbox"/> Verified <input type="checkbox"/> No <input type="checkbox"/> NA
Flex Connector			<input type="checkbox"/> Listed <input type="checkbox"/> Verified <input type="checkbox"/> No <input type="checkbox"/> NA
Emergency (Shear) Valve			<input type="checkbox"/> Listed <input type="checkbox"/> Verified <input type="checkbox"/> No <input type="checkbox"/> NA
Gaskets / Seals			<input type="checkbox"/> Listed <input type="checkbox"/> Verified <input type="checkbox"/> No <input type="checkbox"/> NA
Blending Valve			<input type="checkbox"/> Listed <input type="checkbox"/> Verified <input type="checkbox"/> No <input type="checkbox"/> NA
Check Valve			<input type="checkbox"/> Listed <input type="checkbox"/> Verified <input type="checkbox"/> No <input type="checkbox"/> NA
Meter			<input type="checkbox"/> Listed <input type="checkbox"/> Verified <input type="checkbox"/> No <input type="checkbox"/> NA
Fuel Filters			<input type="checkbox"/> Listed <input type="checkbox"/> Verified <input type="checkbox"/> No <input type="checkbox"/> NA
Break-Away Device			<input type="checkbox"/> Listed <input type="checkbox"/> Verified <input type="checkbox"/> No <input type="checkbox"/> NA
Nozzle(s)			<input type="checkbox"/> Listed <input type="checkbox"/> Verified <input type="checkbox"/> No <input type="checkbox"/> NA
Swivel(s)			<input type="checkbox"/> Listed <input type="checkbox"/> Verified <input type="checkbox"/> No <input type="checkbox"/> NA
Hose(s)			<input type="checkbox"/> Listed <input type="checkbox"/> Verified <input type="checkbox"/> No <input type="checkbox"/> NA

III. INSTALLER CERTIFICATION – (Required)

Based on my personal observation of the storage tank system and review of the substance compatibility documentation for the storage tank system components, I certify that the storage tank system satisfies the compatibility requirements of Act 32 and Chapter 245. I also certify under penalty of law, as provided in 18 PA C.S.A. Section 4904 (relating to unsworn falsification to authorities), that the information provided on this form is true, accurate and complete to the best of my knowledge and belief.

Installer Name: _____ Installer Cert. No.: _____ Company Name: _____ Company Cert. No.: _____
Installer Signature: _____ Date: _____

IV. PROFESSIONAL ENGINEER CERTIFICATION – (Only if needed. See the instructions for Sections II(a) and II(b))

Based on my personal observation of the storage tank system and review of the substance compatibility documentation for the storage tank system components, I certify that the storage tank system satisfies the compatibility requirements of Act 32 and Chapter 245. I also certify under penalty of law, as provided in 18 PA C.S.A. Section 4904 (relating to unsworn falsification to authorities), that the information provided on this form is true, accurate and complete to the best of my knowledge and belief.

P.E. Name: _____ PA License No.: _____ Phone No.: _____ P.E. Signature: _____ Date: _____

V. OWNER CERTIFICATION – (Required)

My signature represents to the Department that I own or represent the owner of the storage tank. I have reviewed the completed form, and I certify under penalty of law as provided in 18 PA C.S.A. Section 4904 (relating to unsworn falsification to authorities) that the information provided on this form is accurate and complete to the best of my knowledge and belief.

Owner/Representative Name: _____ Owner/Representative Signature: _____ Phone No.: _____ Date: _____
 Facility Owner Owner's Representative Facility Operator Property Owner

Submit: Within 30 days of the installation of a new storage tank or the conversion of an existing storage tank, mail the completed form to PA DEP at the address listed to the right. →

Recordkeeping: Keep a copy of the completed form as a permanent installation/construction record for the operational life of the storage tank system, and have it available for review upon request by DEP or a certified storage tank inspector.

PA DEP
Division of Storage Tanks
P.O. Box 8762
Harrisburg, PA 17105-8762



pennsylvania
DEPARTMENT OF ENVIRONMENTAL PROTECTION

Alternative Fuel Storage Tank Installation / Conversion Form

→ Date of Substance Change: _____ D10 D20 Other _____

Component	Model / Brand	Equipment Manufacturer	NRTL Listed or Manufacturer Verified for the Stored Fuel			
Storage Tank			<input type="checkbox"/> Listed	<input type="checkbox"/> Verified	<input type="checkbox"/> No	<input type="checkbox"/> NA
Internal Tank Lining			<input type="checkbox"/> Listed	<input type="checkbox"/> Verified	<input type="checkbox"/> No	<input type="checkbox"/> NA
ATG Probe, Float / Sensor			<input type="checkbox"/> Listed	<input type="checkbox"/> Verified	<input type="checkbox"/> No	<input type="checkbox"/> NA



Important Notes when completing the form

1. Model/Brand Information and Equipment Manufacturer information should be based on inspection by the certified tank handler.
 - i. The Installer Certification statement begins: *'Based on my personal observation'*
2. By selecting a check box of 'Listed' or 'Verified' the installer is indicating compatibility documentation was reviewed for the listed component on that row.
 - i. DEP has requested copies of documents reviewed for verification when DEP has not already verified a component.

Alternative Fuel Storage Tank Installation / Conversion Form

manufacturer verified. Only one storage tank system per form may be listed.

DEP will not approve an operating permit for an alternative fuel storage tank system with "unknown" components, or components that are neither NRTL listed nor manufacturer verified for use with the substance stored, unless a PA licensed professional engineer (P.E.) who has knowledge, experience, and training in materials science determines in his/her professional judgment that those components satisfy the compatibility requirements listed in the Storage Tank Regulations in 25 Pa Code, Chapter 245. The P.E. must sign the certifying statement in Section IV. DEP may request documentation supporting the P.E. determination.

Important Notes when completing the form



1. Please do not waste time for DEP staff, your customer, and yourself by not completing all items on the form.
 - i. The instructions make clear DEP will not approve an operating permit for a storage tank system with unknown components
2. Incorrect, inaccurate, and falsified forms can lead to enforcement action against certified installers and their companies.

Compatibility Resources

Compatibility Resource

- The Association of State and Territorial Solid Waste Management Officials (ASTSWMO) has begun a compatibility tool:
 - Allows for searching by component or manufacturer
 - <http://astswmo.org/ust-compatibility-tool/>



Dispenser Replacements

When must under-dispenser containment be installed?

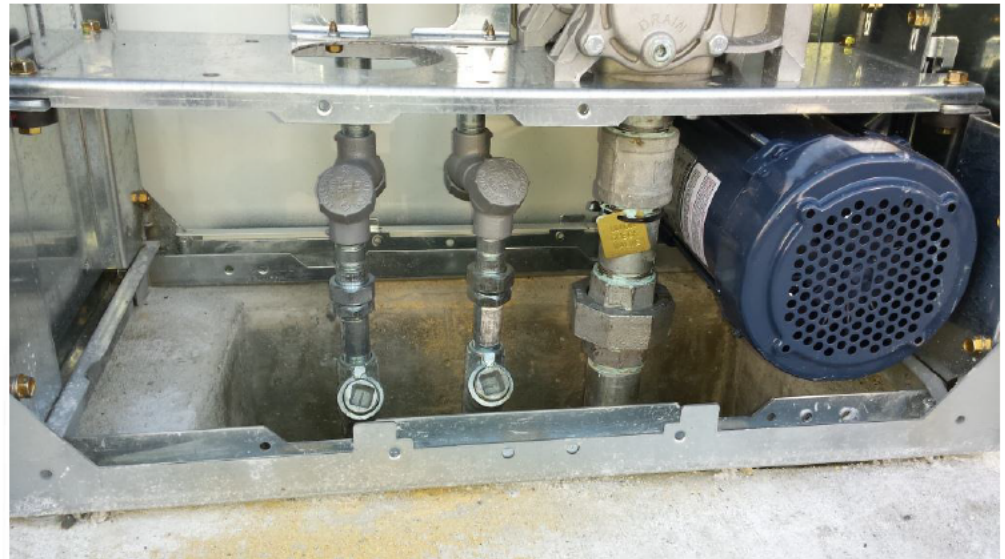
DEP regulations have maintained the existing requirements:

- Under each dispenser of a new or replacement UST system,
- Under each dispenser added to an existing UST system,
- Under an existing dispenser when more than 50 percent of the piping conveying product from the tank to the dispenser is replaced
- **If a major modification as defined in § 245.1 (relating to definitions) is performed at the dispenser area involving excavation beneath the dispenser**

The regulation amendments have added an additional requirement:

- **If an existing dispenser is replaced with another dispenser and all equipment at or below the shear valve needed to connect the dispenser to the underground storage tank system is replaced**
- Replaced means new to this dispenser location. The dispenser can be used, refurbished, or new.

Dispenser Replacements



Additional Required Forms

After December 22, 2018, all Cathodic Protection (CP) Evaluations must be documented on:

Underground Storage Tanks Cathodic Protection System Evaluation Form 2630-FM-BECB0610 to be considered valid by DEP.

See 245.432(a)(1)(iii)

Important Considerations:

- If you are an IUM, even if you do not conducted CP Evaluations, you should already be familiar with this form.
- **Copies must be attached to FOI Report forms for all evaluations conducted after December 22, 2018.**

The Facility Operations Inspection Report Form

- DEP has released a revised (02/19) Underground Storage Tank Facility Operations Inspection Report Form
- The form was previously numbered 2630-FM-BECB0501a. The most recent revision has removed the “a”, so the new form number is 2630-FM-BECB0501.
- **ALL** FOI Report Forms with a Date of First Site Visit of **February 1, 2019** or later must be completed on the most recent revision of the FOI Report Form.

The Facility Operations Inspection Report Form

2630-FM-BECB0501 2/2015
Form



COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF ENVIRONMENTAL PROTECTION
BUREAU OF ENVIRONMENTAL CLEANUP AND BROWNFIELDS
UNDERGROUND STORAGE TANK FACILITY
OPERATIONS INSPECTION REPORT FORM

FOR DEP USE ONLY
Reviewer _____ Date _____
Entered by _____ Date _____

FACILITY INFORMATION

ID Number _____
Name _____
Location _____
Address _____
Municipality _____
GPS Location Lat: _____ Long: _____

Representative Present During Inspection

Name _____
Phone _____
 Owner Operator Employee None

CERTIFIED INSPECTOR

Name _____
ID No. _____
Phone _____
E-mail _____
Date of First Site Visit (month/day/year) _____

TANK OWNER (must be a person or an entity)

Name _____

TANK OPERATOR (if different than owner)

Name _____

Suspected or confirmed contamination observed Yes (notify proper region within 48 hours) No
Improperly closed or unregistered tanks present Yes (provide comment) No
Fire/safety permit(s) available (if required) Yes No N/A
Fire/Safety Permit Number(s) _____ Issued By _____

Amended registration form required for (check all that apply):
 Added tanks Closed tanks Change of operational status (in or out of service)
 Change in substance stored Change of owner Change in tank size

Inspection summary.
Indicate the compliance status of each item below using the following codes: N = Noncompliant; C = Compliant. Note: Yes, No, *, N/A, blanks, or any other markings are not acceptable statements for these fields.

	Y	N	*	N/A	Blank
Registration Certificate Display					
Tank Release Detection					
Tank Release Detection Testing					
Piping Release Detection					
Piping Release Detection Testine					
Overfill Prevention					
Overfill Prevention Testing					
Spill Prevention					
Spill Prevention Testing					
Financial Responsibility					
Walkthrough Inspections					
Tank Construction and Corrosion Protection					
Piping Construction and Corrosion Protection					
Operator Training					

I, the DEP Certified Inspector (IUM), have inspected the entire above referenced facility including examining manways, sumps, monitoring wells and dispensers. Based on my personal observation of the facility and documentation provided by the owner, I certify under penalty of law as provided in 18 PA C.S.A. Section 4904 (relating to unsworn falsification to authorities), that the information provided by me is true, accurate and complete to the best of my knowledge and belief.

Certified Inspector's Signature _____ Date _____

As the representative of the owner or operator, I have reviewed the completed inspection report. I certify under penalty of law as provided in 18 PA C.S.A. Section 4904 (relating to unsworn falsification to authorities), that the information provided by me is true, accurate and complete to the best of my knowledge and belief.

Signature _____ Title _____ Date _____

2630-FM-BECB0501a Rev. 9/2012



COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF ENVIRONMENTAL PROTECTION
BUREAU OF ENVIRONMENTAL CLEANUP AND BROWNFIELDS
STORAGE TANK DIVISION
UNDERGROUND STORAGE TANK FACILITY
OPERATIONS INSPECTION

FOR DEP USE ONLY
Reviewer _____
Date _____
Entered by _____
Date _____

FACILITY INFORMATION

ID Number _____
Name _____
Location _____
Address _____
Municipality _____

Representative Present During Inspection

Name _____
Phone _____
 Owner Operator Employee None

CERTIFIED INSPECTOR

Name _____
ID No. _____
Phone _____
E-mail _____
Date of First Site Visit (month/day/year) _____

OWNER (must be a person)

Name _____

OPERATOR (if different than owner)

Name _____

Financial Responsibility discussed with owner Yes No
 • Provided by USTIF. Owner must have deductibles available as provided in Subchapter H of the regulations.
 • Required of all UST owners except state agencies.

Suspected or confirmed contamination observed Yes (notify proper region within 48 hours) No
 Improperly closed or unregistered tanks present Yes (provide comment) No
 Written instructions/notification procedures are available/posted Yes No
 Amended registration form required for (check all that apply):
 Added tanks Change in substance stored
 Closed tanks Change of operational status (in or out of service)
 Change in tank size Change of owner

Inspection summary.
Indicate the compliance status of each item below using the following codes: N = Noncompliant C = Compliant

	Tank No.	Tank No.	Tank No.	Tank No.	Tank No.
Tank Construction and Corrosion Protection					
Piping Construction and Corrosion Protection					
Spill Prevention					
Overfill Prevention					
Registration Certificate Display					
Tank Release Detection					
Piping Release Detection					
Monthly sump checks					

I, the DEP Certified Inspector (IUM), have inspected the entire above referenced facility including examining manways, sumps, monitoring wells and dispensers. Based on my personal observation of the facility and documentation provided by the owner, I certify under penalty of law as provided in 18 PA C.S.A. Section 4904 (relating to unsworn falsification to authorities), that the information provided by me is true, accurate and complete to the best of my knowledge and belief.

Certified Inspector's Signature _____ Date _____
 As the representative of the owner or operator, I have reviewed the completed inspection report. I certify under penalty of law as provided in 18 PA C.S.A. Section 4904 (relating to unsworn falsification to authorities), that the information provided by me is true, accurate and complete to the best of my knowledge and belief.

Signature _____ Title _____ Date _____

Original: Regional Office - Norristown, Wilkes Barre, Harrisburg, Williamsport, Pittsburgh, or Meadville
 Copy: Owner
 Copy: DEP, Division of Storage Tanks, P.O. Box 6750, Harrisburg, PA 17102-6750
 Copy: Inspector



The Facility Operations Inspection Report Form

Page 1 Changes

Form # - dropped a from the Form #

Form Title – added Report Form to the Title

GPS Location – added to Facility Information

Please begin including GPS Location information

Financial Responsibility discussed with owner - removed

Fire/Safety Permit(s) available – added

Inspection Summary – added notes to instructions

Note: Yes, No, *, N/A, blanks, or any other markings are not acceptable statements for these fields.

Inspection Summary Compliance Categories – additions

Tank Release Detection Testing

Piping Release Detection Testing

Overfill Prevention Testing

Spill Prevention Testing

Financial Responsibility

Walkthrough Inspections

Operator Training

The Facility Operations Inspection Report Form

2630-FM-BECB0501 2/2019
Form

UNDERGROUND STORAGE TANK FACILITY OPERATIONS INSPECTION REPORT FORM

Facility Name _____ Date _____ Facility ID _____

I. TANK SYSTEM INFORMATION. For each tank, fill in the required information using the codes on Page 2-1. Where multiple codes are allowed and used for a specific tank component, describe the arrangement in Section VIII (COMMENTS). (See FOI form instructions for details.)

	Tank No.	Tank No.	Tank No.	Tank No.	Tank No.
1. Tank capacity (name plate gallons)					
2. Substance currently stored (and grade)					
3. Installation date (M/d/yyyy)					
4. This drone tank is manifolded to tank number					
5a. Stick reading of product level, in inches, at time of inspection					
5b. Stick reading of water level, in inches, at time of inspection					
6. Total secondary containment on this tank system					
7. Tank construction and corrosion protection ^{1,3}					
8a. Primary (inner or single-wall) piping construction ^{1,2}					
8b. Secondary (outer) piping construction ^{1,2}					
9a. Number of tank top sumps ⁴					
9b. Number of tank top sumps tested tight ⁴					
10a. Number of transition sumps					
10b. Number of transition sumps tested tight					
11a. Number of connected dispensers					
11b. Number of connected dispensers with pans					
11c. Number of dispenser pans tested tight					
12a. Piping joints/connections construction at tank ^{1,6}					
12b. Piping joints/connections construction at dispenser ^{1,6}					
13. Pumps (product dispensing) system					
14a. Number of spill containments (must be permanently installed)					
14b. Number of spill containments tested tight					
15. Overfill type (must be permanently installed)					
16. Current registration certificate displayed/readily available					
17. Stage I vapor recovery					
18. Stage II vapor recovery					
19. This tank supplies an emergency generator					
20. Tank release detection					
21. Piping small release detection (0.2 gph monthly or 0.1 gph annually)					
22. Pressure (line 13 is C or D) piping line leak detector (LLD Function - 3 gph at 10 lbs psi or equivalent within 1 hr)					
23. LLD function includes a positive turbine pump shutoff ⁵					

¹ Use of codes indicating a component is Unknown should be accompanied with comments in Section VIII and must be marked Non-compliant for the appropriate tank system compliance status in the Inspection summary on Page 1.
² Indicate manufacturer, model, and generation (if applicable) in Section VIII.
³ Indicate manufacturer and construction in Section VIII.
⁴ At tank penetrations that have pipe that routinely contains or conveys product.
⁵ LLD function must include positive turbine shutoff for piping systems installed after 11/10/2007 with pressurized piping systems.
⁶ Use of code (X - None) or (99 - Other) should include comments in Section VIII.

Site drawing / manifold schematic (not master-drone system):

2630-FM-BECB0501a Rev. 9/2012

UNDERGROUND STORAGE TANK FACILITY OPERATIONS INSPECTION

Facility Name _____ Date _____ Facility ID _____

I. TANK SYSTEM INFORMATION. For each tank, fill in the required information and codes from the following list. Where multiple codes are allowed and used for a specific tank component, describe the arrangement in the COMMENTS section. (See FOI form instructions for details.)

	Tank No.	Tank No.	Tank No.	Tank No.	Tank No.	DEP Use
1. Tank capacity (name plate gallons)						
2. Substance currently stored						
3. Installation date (mm/yyyy)						
4. This drone tank is manifolded to tank number						
5. Product level, in inches, at time of inspection						
6. Total secondary containment on this tank system						(16)
7. Tank construction and corrosion protection						(1)
8. Main piping construction and corrosion protection						(2)
9a. Number of tank top sumps ‡						
9b. Number of tank top sumps tested tight ‡						(21)
9c. Spill containment tested tight						(21)
10a. Number of transition sumps						
10b. Number of transition sumps tested tight						(21)
11a. Number of connected dispensers						
11b. Number of connected dispensers with pans						
11c. Number of dispenser pans tested tight						(25)
12a. Piping flexible joints/connectors construction at tank						(PFLX)
12b. Piping flexible joints/connectors construction at dispenser						(PFLX)
13. Pump (product dispensing) system						(4)
14. Spill protection						(6)
15. Overfill type						(7)
16. Current registration certificate display						(8)
17. Stage I vapor recovery						(15)
18. Stage II vapor recovery						(20)

Evaluate the tank system release detection methods carefully before filling in the following rows.

19. Tank release detection						(14)
20. Piping small release detection (0.2 gph monthly or 0.1 gph annually)						(8)
21. Pressure (line 13 is C or D) piping line leak detector (LLD function)						(8)
22. LLD function includes a positive turbine pump shutoff						(23)

‡ At tank penetrations that have pipe that routinely contains or conveys product.

Site drawing / manifold schematic (not master-drone system):

Original: Regional Office - Norristown, Wilkes-Barre, Harrisburg, Williamsport, Pittsburgh, or Meadville
 Copy: Owner
 Copy: DEP, Division of Storage Tanks, P.O. Box 8763, Harrisburg, PA 17105-8763
 Copy: Inspector



▶ The Facility Operations Inspection Report Form

Page 2 Changes

Line 5 – split into 5a and 5b; specifically indicates these should be stick readings, water and product levels

Line 8 – split into 8a and 8b; splits piping construction information into primary and secondary

Line 14 – split into 14a and 14b; requests count of Spill Containments and count tested tight

Line 19 - indicate if the UST supplies an emergency generator

Lines 19-22 – shifted to be lines 20-23

Footnotes Section – expanded to include notes on important items are forgotten, confused or mistaken.

DEP Use Column – deleted

Page 2 - 1 Changes

Codes have been added as necessary.

The Facility Operations Inspection Report Form

Page 2 Changes: Code 8

- Please make sure to fill out both 8a and 8b
- Include the manufacturer and model information on Page 8
- DEP is looking for clarification on whether or not piping is true double-walled piping for flex piping.



The Facility Operations Inspection Report Form

Page 2

What should be entered for Emergency Generators that are not yet required to conduct release detection?

- Enter codes for the release detection that the facility **is planning and able to implement** for that tank system.
 - If the facility does not have a plan at the time of the FOI, this should be noted in the comments including the date that release detection must be implemented by.
- Mark the release detection categories compliant on Page 1.

Install Date	Release Detection Required By
After December 22, 2018	At Installation
After November 10, 2007	On or Before December 22, 2019
On or Before November 10, 2007	On or Before December 22, 2020

The Facility Operations Inspection Report Form

2630-FM-BECB0501 2/2019
Form

UNDERGROUND STORAGE TANK FACILITY
OPERATIONS INSPECTION REPORT FORM

Facility Name _____ Date _____ Facility ID _____

II. RELEASE DETECTION

*Instructions: Check the box to indicate that a criterion has been met.
Circle the box to indicate that a criterion has not been met.
Circle with "N/A" when a criterion is not applicable (provide comment).*

Release Detection Recordkeeping:

- Records may be located at the facility or a readily available alternate site.
- The records include all of the information listed below for chosen release detection methods.
- The inspector has personally reviewed the records.
- If the facility is missing release detection records or if the facility has invalid and/or failing records, enter the dates and results in Section VIII.
- A test with an inconclusive result or failure is an indication of a (suspected) product release and must be investigated within 7 days. Enter the results of any suspected release investigations in Section VIII.
- An empty tank (no more than 1" of product and/or sludge) that is properly registered as temporarily out-of-use is not required to perform release detection. Indicate date emptied in comments.
- Recently installed tank systems must begin performing release detection immediately after receiving product. Indicate date of first product receipt in comments.

Tank System	Tank System	Tank System	Tank System	Tank System

Tank Release Detection Recordkeeping:

tank release detection records for the last 12 months the system contained product are available	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
tank release detection records are all valid and passing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
tank release detection records with invalid or failing reports were properly investigated and documented within 7 days, to confirm or disconfirm the occurrence of a release	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
written certifications or performance claims for the tank release detection method(s) in use are available	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
written documentation of all calibration, maintenance and repair of tank release detection equipment for the last year is available	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
all tank release detection equipment is compatible with the substance stored	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Tank Release Detection Equipment Testing:

electronic and mechanical components of tank release detection equipment tested within the last year and documentation available	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
tester name: _____ tester certification number: _____					
date of last test: _____ result: _____					

Piping Release Detection Recordkeeping:

piping release detection records for the last 12 months the system contained product are available	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
piping release detection records are all valid and passing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
piping release detection records with invalid or failing reports were properly investigated and documented within 7 days, to confirm or disconfirm the occurrence of a release	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
written certifications or performance claims for the piping release detection method(s) in use are available	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
written documentation of all calibration, maintenance and repair of piping release detection equipment for the last year is available	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
all piping release detection equipment is compatible with the substance stored	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Piping Release Detection Equipment Testing:

electronic and mechanical components of piping release detection equipment tested within the last year and documentation available	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
tester name: _____ tester certification number: _____					
date of last test: _____ result: _____					

Page 3 Release Detection Recordkeeping

Release detection recordkeeping questions are contained on Page 3.

Release detection equipment evaluation questions are on Pages 4 and 5.

Both the release detection recordkeeping section and the appropriate release detection equipment sections should be completed.



pennsylvania
DEPARTMENT OF ENVIRONMENTAL PROTECTION

The Facility Operations Inspection Report Form

Instructions and Reminders from Page 3 Release Detection Recordkeeping

- Records may be located at the facility or a readily available alternate site.
- The records include all of the information listed below for chosen release detection methods.
- The inspector has personally reviewed the records.
- If the facility is missing release detection records or if the facility has invalid and/or failing records, enter the dates and results in Section VIII.
- A test with an inconclusive result or failure is an indication of a (suspected) product release and must be investigated within 7 days. Enter the results of any suspected release investigations in Section VIII.
- An empty tank (no more than 1" of product and/or sludge) that is properly registered as temporarily out-of-use is not required to perform release detection. Indicate date emptied in comments.
- Recently installed tank systems must begin performing release detection immediately after receiving product. Indicate date of first product receipt in comments.

The Facility Operations Inspection Report Form

Instructions and Reminders for Page 3 Release Detection Recordkeeping When the **FOI Date of First Site Visit is on or before December 22, 2019**

- On Page 3, the tank and piping release detection equipment sections can be marked N/A.
- On Page 1, the UST can be marked Compliant for Tank Release Detection Testing and Piping Release Detection Testing.

Pages 4 and 5 cover review of the Release Detection Equipment for the UST System

- Complete the sections associated with the release detection methods being used for each UST system, as reported on Lines 20 through 23 on Page 2.
- Appropriate documentation establishing the construction of a European (Safe) suction system is considered the replacement to monthly monitoring or piping tightness testing for these systems.
 - Explanation of the IUM's determination of compliance is a **required** field.

The Facility Operations Inspection Report Form

2630-FM-BECB0501 2/2019
Form

**UNDERGROUND STORAGE TANK FACILITY
OPERATIONS INSPECTION REPORT FORM**

Facility Name _____ Date _____ Facility ID _____

III. EQUIPMENT TESTING

Instructions: Check the box to indicate that a criterion has been met.
Circle the box to indicate that a criterion has not been met.
Circle with "N/A" when a criterion is not applicable (provide comment).

Tank System	Tank System	Tank System	Tank System	Tank System
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Overfill Prevention Testing:

overfill testing conducted within the last 3 years and documentation available	<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"/>
tester name:	date of last test:	result:							

Spill Containment Testing:

spill containment testing conducted within the last 3 years and documentation available	<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"/>
tester name:	date of last test:	result:							
OR									
spill containment is double-walled	<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"/>
both walls of spill containment are monitored at least monthly and documentation available	<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"/>
OR									
tank filled in less than 25 gallon increments	<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"/>

Containment Sump Testing: (Piping release code D and/or L):

containment sump testing conducted within the last 3 years and documentation available	<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"/>
tester name:	date of last test:	result:							
OR									
containment sump(s) is/are double-walled	<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"/>
both walls of sump(s) are monitored at least annually	<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"/>

IV. ON-SITE INSPECTION

Water and Maintenance Check:

water in tank did not exceed tank manufacturer's recommendations, product supplier's guidelines, or 2 inches of accumulation in the bottom of the tank	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
spill prevention equipment is clean and dry	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
tank top containment sumps are clean and dry	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
transition containment sumps are clean and dry	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
under dispenser containment sumps are clean and dry	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

V. IUM Record Review:

Financial Responsibility:

records showing the system participates in USTIF are available (paid USTIF invoices and/or fuel delivery receipts with USTIF fee)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
---	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------

Walkthrough Inspections:

walkthrough inspection records for the last 12 months the system contained product	<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"/>
monthly and annual walkthrough inspections cover all required equipment	<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"/>
deficiencies noted during the walkthrough inspections were properly addressed	<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"/>

Historical Records:

records documenting the underground tank system installation	<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"/>
records documenting underground tank system modification and upgrade activities	<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"/>

Modification Reports (if more room is needed, please continue the chart in the comments section):

date of modification report	tank system component(s) impacted	certified tank handler	tank systems modified						
			<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"/>

- ## Page 6: New Sections
- **Equipment Testing**
 - Overfill Prevention Testing
 - Spill Containment Testing
 - Containment Sump Testing
 - **On-Site Inspection**
 - Water and Maintenance Check
 - **IUM Record Review**
 - Financial Responsibility
 - Walkthrough Inspections
 - Historical Records
 - Modification Reports



The Facility Operations Inspection Report Form

Page 6: Equipment Testing

- **Equipment Testing (When the FOI Date of First Site Visit is on or before December 22, 2019)**
 - On Page 6, the overfill prevention testing, spill prevention testing, and containment sump testing sections can be marked N/A.
 - On Page 1, the UST can be marked Compliant for Overfill Prevention Testing and Spill Prevention Testing.
- **Reminder: Containment Sump Testing is not required for facilities that do not use interstitial monitoring for release detection.**

Containment Sump Testing: (Piping release code D and/or L):

containment sump testing conducted within the last 3 years and documentation available	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
tester name: <input type="text"/>	date of last test: <input type="text"/>	result: <input type="text"/>			
OR					
containment sump(s) is/are double-walled	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
both walls of sump(s) are monitored at least annually	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

The Facility Operations Inspection Report Form

Page 6: On-Site Inspection

- This section covers observations made while the IUM is on-site:
 - These questions previously existed as the water checks checkbox
 - The monthly sump checks checkboxes regard conditions during the Site Visit
 - Note: Monthly containment sump checks are no longer required; therefore, these questions only reflect conditions while the IUM is on-site

Page 6: IUM Record Review

Thoroughly review the facility's records including installation, modification and upgrade activities, walkthrough inspections, and USTIF coverage. Check the appropriate boxes when the facility has met the condition.

The Facility Operations Inspection Report Form

Page 6: IUM Record Review

Financial Responsibility:

records showing the system participates in USTIF are available (paid USTIF invoices and/or fuel delivery receipts with USTIF fee)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
---	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------

- **Financial Responsibility:**
 - **USTIF Billing & Capacity Fees:**
 - When reviewing USTIF coverage, verify the facility does not have an overdue balance with USTIF via USTIF receipts, cancelled checks, etc.
 - **Throughput Fees:**
 - If the facility includes tanks containing substances subject to USTIF throughput fees, verify that a recent bill of lading or other delivery invoice indicates that the throughput fees were paid to the delivery company.
 - If throughput fees were **not** paid to the delivery company, the fees should be paid directly to USTIF.
 - **Examples to follow**

The Facility Operations Inspection Report Form



Commonwealth of PA - USTIF
 901 N 7th Street
 Harrisburg, PA 17102

USTIF Capacity Fee Statement

Account Number [REDACTED]
 Invoice Number [REDACTED]
 Statement Date 01/04/2019
 Due Date 01/31/2019
 Total Due \$3,135.00
 Minimum Due \$522.50



Page 6: IUM Record Review Financial Responsibility – Capacity Fees

- The inspector can review the most recent Fee Statement issued to the facility by USTIF.
 - If there is a \$0.00 Balance or no Past Due amount, the account is most likely current
 - Past Due Amounts Owed will be in **RED**
- Compliance Assessment for Capacity Fees:**
 - Nothing Past Due – **Compliant**
 - Past Due Amount – **Not Compliant**

PLEASE SEE THE REVERSE SIDE FOR MORE INFORMATION

Transaction Date	Description	Amount	Balance
12/05/2018	Balance Forward		\$3,135.00
Total Due			\$3,135.00
	Past Due	\$261.25	
	Minimum Due	\$522.50	

The Facility Operations Inspection Report Form

Page 6: IUM Record Review

Financial Responsibility – Throughput Fees

- The inspector can review a recent Bill of Lading or Sales Invoice.
 - If there is a 0.011 fee assessed per gallon of product this is the USTIF fee
- **Compliance Assessment for Throughput Fees:**
 - 0.011 fee assessed on the provided Bill of Lading or Sales Invoice - **Compliant**
 - No 0.011 fee assessed – **Not Compliant**
 - Unless the facility can show other proof the fee has been paid to USTIF.
- **Examples will be provided on the next 2 slides**

The Facility Operations Inspection Report Form



SALES INVOICE

Page 1 of 1

Sold To:

Shipped To:

Invoice Number:
Date: 12/3/2017

Federal ID:
EPA ID:

Origin: PITTSBURGH,PA-SPMT
Freight Terms: DEL

Contract Reference:
PO Number:
Tax Authority:

Date	Ticket/BOL	Carrier	Product Description	Octane	Quantity	UOB	Price	US Dollars
12/3/2017 05:43:00			87N REGULAR 10% ETH	87	7,901	GG	1.88010	14,854.67
12/3/2017 05:43:00			93N ULTRA 10% ETH	93	1,100	GG	2.26010	2,486.11
								17,340.78
Federal Gasoline LUST Tax					9,001	GG	0.001000	9.00
Federal Gasoline Tax					9,001	GG	0.183000	1,647.18
Federal Oil Spill Tax Cost Recovery - E10					9,001	GG	0.001929	17.36
PA Oil Franchise Tax - Gasoline					9,001	GG	0.582000	5,238.58
PA UST Tax - Gasoline					9,001	GG	0.011000	99.01

THIS VOLUME OF NEAT OR BLENDED ETHANOL IS DESIGNATED AND INTENDED FOR USE AS TRANSPORTATION FUEL OR JET FUEL IN THE 48 U.S. CONTIGUOUS STATES AND HAWAII. ANY PERSON EXPORTING THIS FUEL IS SUBJECT TO THE REQUIREMENTS OF 40 CFR 80.1430.

As of March 1, 2017 all

Invoice	Payment Terms	Due Date	Invoice Total
		Please refer to your draft notification	24,351.91

For any questions, please email Please include the invoice number, a brief description of your inquiry and a contact name, phone number and email.

The Facility Operations Inspection Report Form

INVOICE



Invoice Number: [REDACTED]
 Invoice Date: [REDACTED]
 Order Number: [REDACTED]
 Order Date: 7/30/2018
 Salesperson: [REDACTED]
 Customer Number: [REDACTED]

Sold To: [REDACTED]

Ship To: [REDACTED]

Customer P.O.	Ticket Number	B.O.L. 01	Terms NET 30 DAYS			
Item Number	Unit	Ordered	Shipped	Back Ordered	Price	Amount
UL RFG UL RFG GAS 87	EACH	700.00	700.00	0.00	2.5439	1,780.73
SUPERFUND					0.00214	1.50
LUST					0.00100	0.70
					2.54704	1,782.93

FEDERAL LUST AND SUPERFUND TAXES ARE LISTED AS SEPARATE LINE ITEMS FOR ACCOUNTING PURPOSES ONLY. THESE TAXES WERE INCLUDED IN THE PRICE PER GALLON QUOTED.

[REDACTED] IS A QUALIFIED SMALL BUSINESS CONCERN AS DEFINED UNDER THE #4 PA CODE 2.32

The Facility Operations Inspection Report Form

Page 6: IUM Record Review

- **Financial Responsibility:**
 - **Page 1 Compliance:**
 - If after review of any required throughput and capacity fees, you can check the checkbox, Page 1 can be marked **compliant**
 - If after review, you cannot check the checkbox, Page 1 should be marked **Noncompliant**
 - Please include comments explaining why you were unable to mark the facility compliant
 - The owner or operator should be advised that unpaid USTIF fees for **ANY** UST at the facility will jeopardize USTIF coverage for **ALL** USTs at that facility in the event of a release.
 - Any coaching or assistance (informal training) provided to the owner, Class A, or Class B operators in paying USTIF, maintaining financial responsibility records, or understanding USTIF should be recorded on Page 7 in the Operator Training section.

The Facility Operations Inspection Report Form

Page 6: IUM Record Review

- **Walkthrough Inspections:**
 - **When the FOI Date of First Site Visit is on or before December 22, 2019:**
 - Checkboxes can all be marked N/A
 - Walkthrough Inspections compliance can be marked C on Page 1
 - **When the FOI Date of First Site Visit is between December 22, 2019 and December 22, 2020**
 - The 1st monthly walkthrough inspection should have been no later than January 21, 2020
 - The annual walkthrough inspection may not have been conducted.
 - Required no later than December 22, 2020
 - **When the FOI Date of First Site Visit is after December 22, 2020 the facility shall fully meet the requirements of this section.**
 - **Note: DEP has not provided a form for walkthrough inspections, each facility may create a form appropriate for that facility's needs.**
 - Any format that documents all the requirements of 245.435 & 245.438 is acceptable for compliance

The Facility Operations Inspection Report Form

Page 6: IUM Record Review

- **Historical Records:**
 - These checkboxes are not associated with any compliance categories on Page 1.
- **Modification Reports:**
 - This list is not directly associated with compliance categories on Page 1.
 - Requesting, checking, and logging modification reports ensures that UST system changes are noted which may require specific actions to meet release detection requirements
 - After November 11, 2007
 - New & replacement piping installations require Interstitial Monitoring
 - Spill prevention equipment and containment sumps require liquid tightness testing
 - After December 22, 2018
 - Installations or repairs of spill prevention equipment, overfill prevention equipment, release detection equipment, and containment sumps require testing by an appropriately certified individual. The testing should be documented on a DEP-provided form.

The Facility Operations Inspection Report Form

Page 7: Corrosion Protection Compliance Criteria

- Corrosion Protection Compliance Criteria remains similar to the prior version of the FOI Report Form.
 - **Note:** The UST Cathodic Protection System Evaluation Form(s) (2630-FM-BECB0610) must be attached to this report for the two most recent corrosion protection tests, if testing was conducted after December 22, 2018.
- DEP has noticed an increased frequency of errors in Corrosion Protection reporting:
 - Impressed Current Cathodic Protection systems must complete all of the following sections:
 - Galvanic and Impressed Cathodic Protection
 - Impressed Current Design and Rectifier Output
 - If Cathodic Protection or supplemental anodes were added to an existing tank system, fill in the following (Information is Required for Compliance)
 - Both highlighted sections are frequently skipped.

The Facility Operations Inspection Report Form

Page 7: Operator Training

- Operator Training remains similar to the prior version of the FOI Report Form.
- Informal Training Given by the Inspector. **Areas of noncompliance must be discussed** with the owner, Class A, and/or Class B operator(s). When you speak directly to a Class A or B operator concerning noncompliance, describe the activity in the informal training section. Include the date, who was involved in discussion, their operator class, a description of the topics covered, and the approximate depth of the discussion.
 - Informal training provided by the inspector assist DEP in meeting EPA requirements that retraining be conducted for Class A and Class B operators who have areas of noncompliance identified at their facility.

The Facility Operations Inspection Report Form

Page 8: Comments

The comments section should:

- Accurately describe any unusual circumstances at the facility
- Explain any checkboxes marked N/A
- Clarify any “other” or “unknown” attributes
- Record release detection information for:
 - Periods the UST(s) were empty
 - Missing, Failing, Invalid records by month
- Provide recommendations to the owner or operator of:
 - Actions necessary for compliance
 - Upcoming dates to note
 - Walkthrough Inspection implementation date
 - Next Annual Walkthrough inspection Date
 - Next Corrosion Protection evaluation
 - Next required test for release detection equipment
 - Next required test for spill prevention, overfill prevention, and/or containment sumps
- Describe changes at the facility since the Date of First Site visit that may affect compliance

The Facility Operations Inspection Report Form

Page 8: Comments

Tank Manufacturer		Tank Construction (i.e. Double-walled Act 100 with Anodes)	
Piping Manufacturer	Piping Model/Brand	Piping Generation (if applicable)	

- It is required that IUMs document the tank and piping manufacturer and model information
 - If it cannot be determined, write "unknown" and provide comments as to why it couldn't be determined.

The Facility Operations Inspection Report Form

Page 1: Compliance Assessment

In the next 3 slides, we will discuss which sections of the FOI report form are associated with each compliance category.

Compliance requires that the appropriate checkboxes be checked or an appropriate explanation provided for a marking of N/A

Please Note: The absence of checkboxes associated with a compliance category does not mean the inspector should not check the listed components for presence, proper operation and compliance with manufacturer's specifications.

The Facility Operations Inspection Report Form

Page 1: Compliance Assessment

Compliance Category	Relevant FOI Checkboxes
Registration Certificate Display	Page 2 Line 16 should be marked Y - Yes
Tank Release Detection	Tank Release Detection Testing should be marked compliant and Page 3 Tank Release Detection Recordkeeping should be complete and the Tank Release Detection Equipment section on Page 4 that matches Page 2 Line 20
Tank Release Detection Testing	Page 3 Tank Release Detection Equipment Testing
Piping Release Detection	Piping Release Detection Testing should be marked compliant and Page 3 Piping Release Detection Recordkeeping should be complete and the Piping Release Detection Equipment sections on Pages 4-5 that matches Page 2 Lines 20 and 21
Piping Release Detection Testing	Page 3 Piping Release Detection Equipment Testing

The Facility Operations Inspection Report Form

Page 1: Compliance Assessment

Compliance Category	Relevant FOI Checkboxes
Overfill Prevention	Overfill Prevention Testing should be marked compliant and Page 2 Line 15 completed and must be permanently installed
Overfill Prevention Testing	Page 6 Overfill Prevention Testing
Spill Prevention	Spill Prevention Testing should be marked compliant and Page 2 Lines 14a and 14b completed and must be permanently installed
Spill Prevention Testing	Page 6 Spill Prevention Testing
Financial Responsibility	Page 6 Financial Responsibility

The Facility Operations Inspection Report Form

Page 1: Compliance Assessment

Compliance Category	Relevant FOI Checkboxes
Walkthrough Inspections	Page 6 Walkthrough Inspections
Tank Construction and Corrosion Protection	Appropriate Page 7 sections are completed based on Tank Construction code entered on Page 2 Line 7
Piping Construction and Corrosion Protection	Appropriate Page 7 sections are completed based on Piping Construction code entered on Page 2 Lines 8a and 8b
Operator Training	Page 7 Operator Training should be complete

▶ The Facility Operations Inspection Report Form

Page 1: Finalize the Report

After the compliance determinations have been made and marked on Page 1, check the FOI report for completeness and accuracy.

When final checks have been completed:

- Sign the form
- Review the form with the owner or owner's representative
- Obtain their signature
- Distribute copies of the completed FOI report form.

Updated Storage Tanks Search

<http://www.dep.pa.gov/Business/Land/Tanks/Registration/Pages/Regulated-Tank-List.aspx>

Information on registered storage tanks is available in several formats for online access or downloading:

- **Active storage tank search:** recently upgraded with the ability to display tank system components such as tank type, piping type, release detection methods
- A new Inactive Storage Tank Search was built to return data on tanks that have been closed, removed, exempted, or otherwise removed from registration. This information should be of use to those performing property investigations and environmental assessments
- Storage tank inventory (divided by DEP region) is available to download via Excel spreadsheets

Information is derived from DEP's eFACTS (Environment, Facility, Application, Compliance Tracking System) database.

What Goes Where?

Form	Submission Timeline	Regional	Central
FOI	60 Days	X	X
Lining Inspection	60 Days	X	X
Mod Report	30 Days	X	X
30 day Install/Closure Notice	30 Days Prior	X	
Closure Report	30 Days	X	
Release Reporting	48 Hours	X	
Overfill, Spill Prevention or Containment, and UTT Test Failures	48 Hours	X	
Installation Registration	30 Days		X
Amended Registration (1 Page)	30 Days	X	X
Closure/Removal Registration	30 Days	X	X
TOS Extension Request Letters	Prior to Expiration		X

Report Submittal Emails

- Central Office: tanks@pa.gov
- Region 1 (SE): ra-serotanks@pa.gov
Modification Reports must be mailed.
- Region 2 (NE): ra-nero-tanks@pa.gov
- Region 3 (SC): ra-ep-scro-tanks@pa.gov
- Region 4 (NC): ra-nc-tanks@pa.gov
- Region 5 (SW): ra-pghtanks@pa.gov
- Region 6 (NW): ra-nwro-tanks@pa.gov

Individual emails must be < 10 MB total

Owner & Operator Education

Printable DEP Brochure detailing regulatory changes for owners – found on our Revisions to Pennsylvania's Storage Tank Regulations page.

[DEP](#) > [Businesses](#) > [Land](#) > Storage Tanks

Welcome to Division of Storage Tanks

In accordance with the Department of Environmental Protection's mission, the

Revisions to Storage
Tank Regulations

About Storage Tanks



pennsylvania

DEPARTMENT OF ENVIRONMENTAL PROTECTION

Owner & Operator Education

Release Reporting: When and How



Owner/operator notifies DEP of suspected or confirmed releases:



* Reporting Not Required IF:

Release of petroleum was fully controlled and contained, and the total volume was recovered and removed within 24 hours, AND:

- Was <25 gallons to an above ground surface
OR
- Was to containment sump and the total volume was contained below the lowest sump penetration.

DEP Regional Offices

Southeast Region

2 E. Main St., Norristown, PA 19401
Telephone: 484-250-5900 (24 hours/day)
Bucks, Chester, Delaware, Montgomery, and Philadelphia

Northeast Region

2 Public Square, Wilkes-Barre, PA 18701-1915
Telephone: 570-826-2511 (24 hours/day)
Carbon, Lackawanna, Lehigh, Luzerne, Monroe, Northampton, Pike, Schuylkill, Susquehanna, Wayne, and Wyoming

Southcentral Region

909 Elmerton Ave., Harrisburg, PA 17110
Telephone: 717-705-4700 (business hours)
866-825-0208 (after hours)
Adams, Bedford, Berks, Blair, Cumberland Dauphin, Franklin, Fulton, Huntingdon, Juniata, Lancaster, Lebanon, Mifflin, Perry, and York

Northcentral Region

208 W. Third St., Williamsport, PA 17701
Telephone: 570-327-3636 (24 hours/day)
Bradford, Cameron, Centre, Clearfield, Clinton, Columbia, Lycoming, Montour, Northumberland, Potter, Snyder, Sullivan, Tioga, and Union

Southwest Region

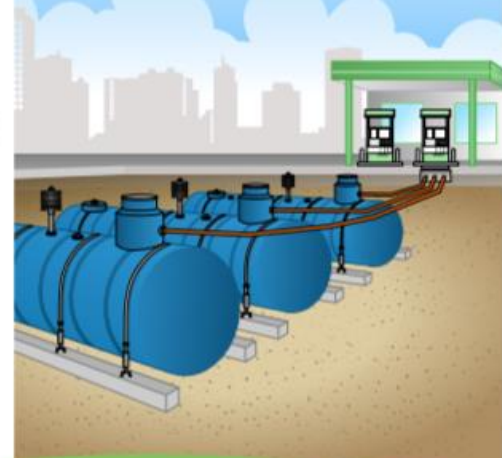
400 Waterfront Drive, Pittsburgh, PA 15222
Telephone: 412-442-4000 (24 hours/day)
Allegheny, Beaver, Cambria, Fayette, Greene, Somerset, Washington, and Westmoreland

Northwest Region

230 Chestnut St., Meadville, PA 16335
Telephone: 814-332-6945 (business hours)
1-800-373-3398 (after hours)
Armstrong, Butler, Clarion, Crawford, Elk, Erie, Forest, Indiana, Jefferson, Lawrence, McKean, Mercer, Venango, and Warren

Know Your UST:

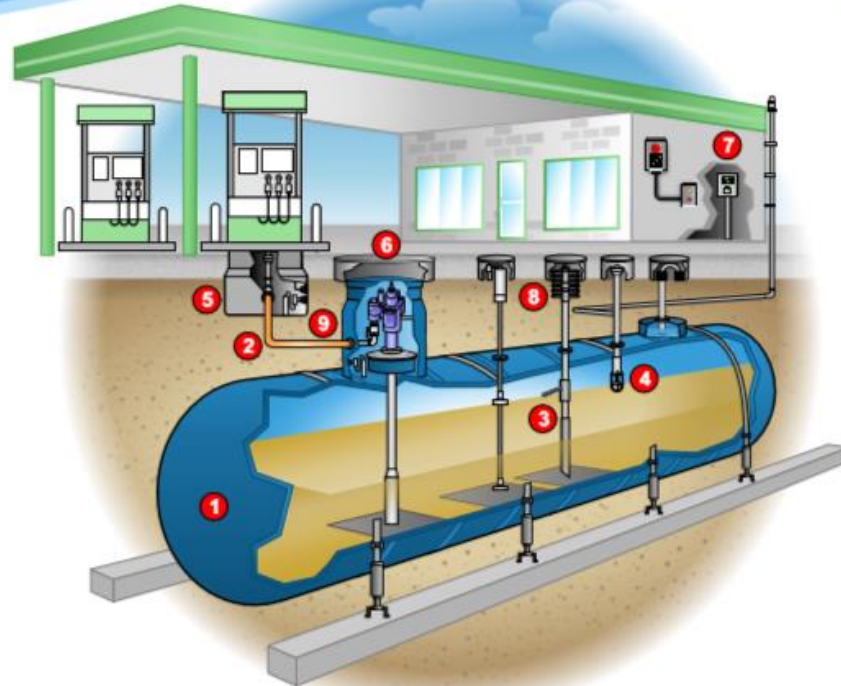
New Requirements for Underground Storage Tank Systems



Owner & Operator Education

New Requirements for UST Facilities

- 1 UST systems that store fuel used only for emergency power generation were previously exempt from leak detection requirements, but must now meet the leak detection requirements in the Storage Tank Regulations.
 - USTs installed on or before 11/10/2007 – by 12/22/2020
 - USTs installed after 11/10/2007 – by 12/22/2019
 - New USTs – immediately upon installation
- 2 Owners/operators must notify DEP 30 days before the installation of piping systems, replacement of dispensers, or installation of new dispensers.
- 3 Spill and overfill prevention equipment must be permanently installed.
- 4 After 12/22/2018, ball float valves may no longer be installed or replaced to meet overfill prevention requirements. When a ball float valve is removed, the entire assembly must be removed.
- 5 When an existing dispenser without under-dispenser containment is replaced with another dispenser, and all equipment at or below the shear valve which is needed to connect the product piping to the dispenser is replaced, or, when a major modification involving excavation beneath the dispenser is performed, under-dispenser containment must be installed.
- 6 Every 3 years, the following components of the UST system must be tested: Containment sumps used for interstitial monitoring, spill prevention equipment, and overfill prevention equipment.
- 7 Each year, the following components of the UST system must be tested: Electronic and mechanical components of release detection equipment, including sensors, probes, and automatic tank gauges.



- 8 Owners/operators must check the following:
 - Every 30 days – Spill prevention equipment is free of liquid and debris; fill pipe is not obstructed; fill cap is present and sealed; release detection equipment is on and functioning.
 - Annually – Containment sumps are free of liquid and debris; handheld leak detection equipment is in a good state of repair.
- 9 UST facilities that are unattended when they are open for retail fuel sales must be equipped with an automatic line leak detector that restricts or automatically shuts off the flow of product if a leak is detected (this does not apply to USTs storing fuel solely for emergency power generation).



Bureau of Environmental Cleanup & Brownfields

DEP Regional Emergency Response Phone Numbers

Northwest Region – 1-800-373-3398

Southwest Region – 412-442-4000

Northcentral Region – 570-327-3636

Southcentral Region –

After July 1st (1-800-541-2050)

Northeast Region – 570-826-2511

Southeast Region – 484-250-5900



Bureau of Environmental Cleanup & Brownfields

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