

03-24734

UNITED STATES ENVIRONMENTAL PROTECTION AGENCY
REGION III

Wheeling Office - Methodist Bldg.
1060 Chapline St. - Suite 303
Wheeling, West Virginia 26003-2995

February 24, 1999

Subject: Underground Storage Tank Inspection -
Chucks Stop

From: James Bailey (3EP31) *3LB*
Wheeling Field Office

To: Terri Di Fiori (3WC31)

Thru: Scott C. McPhilliamy (3EP31) *Scm*
Wheeling Field Office

Attached you will find a copy of a UST inspection report for your review. If you have any questions regarding this report, please contact this office at 304/234-0267 or 304/234-0233.

Attachment:

DEP-SOUTHWEST REGIONAL OFFICE
99 MAR 12 PM 12:56

3/8/2013 9:43:55 AM

Underground Storage Tank Inspection (UST)

Tank owner: Charles J. Peters III

Tank location: Chucks Stop

737 Rt. 56 E

Apollo, PA 15613

ID No. 03-24734

Inspection date: February 17, 1999

A UST inspection was conducted at the Chuck Stop, owned by Charles J. Peters III on February 17, 1999. Personnel participating in or contacted during this inspection included the following:

USEPA

James L. Bailey

Environmental Scientist
ESD Wheeling Office

Clark Conover

Environmental Protection Specialist
WACM Wheeling Office

Chuck's Stop

Charles J. Peters III

Owner/Operator

Mr. Peters has upgraded his gas station over the last two years by the following actions:

- Lining three tanks internally
- Replacing the iron pipe with FRP
- Closing out three tanks. One of the three (old No. 4) has been removed from the ground but remains on site.
- Installing a new tank (new No. 4)

One of the old tanks, closed but not removed from the ground contains 4.5 inches of product or product and water. The second tank contains less than one inch of product. Bids have been received for the removal of these tanks. The company that will remove the tanks is August Environmental of Morgantown, WV.

Leak detection for the three tanks that were lined internally will be inventory control and tank tightness testing every five years. This can be done for ten years following the 1997 upgrade. The FRP lines must be tested annually. By the year 2007 (10 years) the three tanks that were lined internally must undergo an internal inspection, which must be repeated every five years thereafter.

The new tank designated new No. 4, is a double wall STI-P3 tank that was put into service on February 9, 1999. Leak detection for this tank will be by a Veeder Root system that will reportedly be installed in the near future. Daily stick readings are recorded by Mr. Peters and SIR may be used until the Veeder Root system is installed. Additional information is included in the Leak Detection Questionnaire attached.

Underground Storage Tank Inspection (UST)

Tank owner: Charles J. Peters III

Tank location: Chucks Stop

737 Rt. 56 E

Apollo, PA 15613

ID No. 03-24734

Inspection date: February 17, 1999

Violations and areas of concern

1. The FRP lines installed in 1997 are overdue for testing to comply with the line leak detection requirement.

Facility ID Number 03-24734

Leak Detection Inspection

I. Ownership of Tank(s)

Charles J. Peters III
Owner Name (Corporation, Individual, Public Agency or other entity):

737 Rt. 56 E
Street Address

Apollo PA 15613
City State Zip Code

(724) 478-2124
Area Code Phone Number

Charles J. Peters III
Contact Person At UST Location

II. Location of Tank(s)

Chucks Stop
Facility Name or Company Site Identifier, if different from left

SAME
Street Address or State Road, as applicable

724-478-2124
City (nearest) State Zip Code

724-478-2124
Area Code Phone Number

Number of Tanks at This Location: 4

III. Tank Information

Complete for each tank. If facility has more than 4 tanks, photocopy page and complete information for additional tanks.

Tank presently in use (circle)	Tank 1	Tank 2	Tank 3	NEW Tank 4
If not, date last used				
If emptied, verify 1" or less of product in tank				
Month and Year Tank Installed	<u>5-74</u>	<u>5-74</u>	<u>5-74</u>	<u>2-9-99</u>
Material of Construction	<u>steel tanks</u>	<u>internally lined</u>	<u>lined in 1997</u>	<u>STI-P₂</u>
Capacity of Tank (in gallons)	<u>6,000</u>	<u>6,000</u>	<u>6,000</u>	<u>1,000</u>
Substance Stored	<u>Gasoline</u>	<u>Gasoline</u>	<u>Diesel</u>	<u>Kerosene</u>

IV.A. Release Detection For Tanks

Check the release detection method(s) used for each tank or N/A if none required.

Manual Tank Gauging (tanks under 1,000 gal.)				
Manual Tank Gauging and Tank Tightness Testing (tanks under 2,000 gal.)				
Tank Tightness Testing and Inventory Control for	<u>✓ 10 years</u>	<u>✓ 10 years</u>	<u>✓ 10 years</u>	
Automatic Tank Gauging				
Vapor, Groundwater or Interstitial Monitoring				
Other approved method	<u>CONSIDERING</u>			<u>SIR ✓</u>

IV.B. Release Detection For Piping

Check the release detection method(s) used for piping.

Check Pressurized (P) or Suction (S) Piping for each tank	<u>P</u>	<u>P</u>	<u>P</u>	<u>P</u>
Automatic Line Leak Detectors, and check one	<u>✓</u>	<u>✓</u>	<u>✓</u>	<u>✓</u>
Vapor or Groundwater Monitoring				
Secondary Containment with Monitoring				
Line Tightness Testing				

I James L. Bailey certify that I have inspected the above named facility on Feb 17, 1999
(print name) month/day/year

Inspector's Signature: James L. Bailey

Date: Feb 24, 1999

3/8/2013 9:44:00 AM

Leak Detection Inspection

I. Ownership of Tank(s)

Charles J. Peters III
 Owner Name (Corporation, Individual, Public Agency or other entity):
737 RT 56 E
 Street Address
ADD110 PA 15613
 City State Zip Code
(724) 478-2124
 Area Code Phone Number
Charles J. Peters III - owner
 Contact Person At UST Location

II. Location of Tank(s)

CHICKS STOP
 Facility Name or Company Site Identifier, if different from left
 Street Address or State Road, as applicable
 City (nearest) State Zip Code
 Area Code Phone Number
 Number of Tanks at This Location: _____

III. Tank Information Complete for each tank. If facility has more than 4 tanks, photocopy page and complete information for additional tanks.

Tank presently in use (circle)	old Tank 4	Tank 5	Tank 6	Tank
If not, date last used	12-22-98	12-22-98	12-22-98	
If emptied, verify 1" or less of product in tank	4.5 inches	< 1.0 inch	Remnants - 1.5	
Month and Year Tank Installed	7-84	7-84	7-84	
Material of Construction	Steel	Steel	Steel	
Capacity of Tank (in gallons)				
Substance Stored				

IV.A. Release Detection For Tanks

Check the release detection method(s) used for each tank or N/A if none required.

Manual Tank Gauging (tanks under 1,000 gal.)				
Manual Tank Gauging and Tank Tightness Testing (tanks under 2,000 gal.)				
Tank Tightness Testing and Inventory Control				
Automatic Tank Gauging				
Vapor, Groundwater or Interstitial Monitoring				
Other approved method				

IV.B. Release Detection For Piping

Check the release detection method(s) used for piping.

Check Pressurized (P) or Suction (S) Piping for each tank				
Automatic Line Leak Detectors, and check one				
Vapor or Groundwater Monitoring				
Secondary Containment with Monitoring				
Line Tightness Testing				

I, JAMES L. BAILEY certify that I have inspected the above named facility on Feb 17, 1999
 (print name) month/day/year
 Inspector's Signature: James L Bailey Date: Feb 24, 1999
3/8/2013 9:44:01 AM

Leak Detection for Piping

Pressurized Piping

A method must be selected from each set. Where applicable indicate date of last test. If this facility has more than 4 tanks, please photocopy this page and complete information for all additional piping.

Set 1	Tank 1	Tank 2	Tank 3	Tank 4
Automatic Flow Restrictor	✓	✓	✓	✓
Automatic Shut-off Device				
Continuous Alarm System				
and				
Set 2	FRP Piping installed 1997			
Annual Line Tightness Testing	Required — unless S.I.R. SELECTED (being tested)			
Interstitial Monitoring	N/A →			
If Interstitial Monitoring, documentation of monthly monitoring is available	N/A →			
Ground-Water or Vapor Monitoring	N/A →			
If Ground-Water or Vapor Monitoring, documentation of monthly monitoring is available				
Other Approved Method (specify in comments section)				

Suction Piping. Indicate date of most recent test.

Line Tightness Testing (required every 3 years)				
Secondary Containment with Interstitial Monitoring				
Ground-Water or Vapor Monitoring				
Other Approved Method (specify in comments section)				
No Leak Detection Required (must answer yes to all of the following questions)				
Operates at less than atmospheric pressure				
Has only one check valve, which is located directly under pump				
Slope of piping allows product to drain back into tank when suction released				
All above information on suction piping is verifiable				

On the back of this sheet, please sketch the site, noting all piping runs, tanks (including size and substances stored) and location of wells and their distance from tanks and piping.

Comments: Fiberglass reinforced plastic should have been tested in 1998. No documentation of this test.

Inspector's Signature:

James L. Bailey

Date:

Feb 24, 1999

Spill/Overfill Prevention

	Tank 1	Tank 2	Tank 3	Tank 4
Are all tank transfers less than 25 gallons?	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"/>
Spill Prevention				
Is there a spill bucket (at least 5 gallons) or another device that will prevent release of product to the environment (such as a dry disconnect coupling)?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Overfill Prevention				
What device is used to prevent tank from being overfilled?				
Ball float valve	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"/>
Butterfly valve (in fill pipe)	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Automatic alarm monitoring is used	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"/>
Other alarm system _____	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"/>

Cathodic Protection

	Tank 1	Tank 2	Tank 3	Tank 4
Sacrificial Anode System <u>ON NEW TANK No. 4.</u>				
Test results show a negative voltage of at least 0.85 Volts (using the tank and a copper/copper sulfate cell)?	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"/>
The last two test results are available. (Tests are required every three years.)	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"/>
Impressed Current				
Rectifier is on 24 hours a day?	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"/>
The last two test results are available? (Tests are required every 60 days.)	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"/>
Test results show a negative voltage of at least 0.85 Volts (using the tank and a copper/copper sulfate cell)?	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"/>
Comments: <u>Cathodic Protection accomplished by internally lining Tanks Numbered 1, 2, and 3, old tank No. 4 removed and replaced with New Tank No. 4 which is a STI-P₂ Double Walled tank.</u>				
Inspector's Signature: <u>James L Bailey</u>	Date: <u>Feb 24, 1990</u>			

Statistical Inventory Reconciliation

Please complete all information for each tank

If this facility has more than 4 tanks, please photocopy this page and complete the information for all additional tanks.

Documentation of deliveries and sales balances with daily measurements of liquid volume in tank are maintained and available.

Please answer yes or no for each question

Records include monthly water monitoring.

Yes ☒No ☐

Tank inventory reconciled before and after fuel delivery.

Yes ☒No ☐

Appropriate calibration chart is used for calculating volume.

Yes ☐No ☐

Dispenser pumps are calibrated to within 6 cubic inches per five gallons.

Yes ☐No ☐

The drop tube in the fill pipe extends to within one foot of tank bottom.

Yes ☐No ☐

Answer one of the following three:

1) Owner can demonstrate consistency in dipsticking techniques.

Yes ☐No ☐

a) The dipstick is long enough to reach the bottom of the tank.

Yes ☐No ☐

b) The end of the gauge stick is flat and not worn down.

Yes ☐No ☐

c) The dipstick is legible & the product level can be determined to the nearest 1/8th inch.

Yes ☐No ☐OR

2) Automatic tank gauge is used for readings.

Yes ☐No ☐OR

3) Other method is used for readings (explain in comment section below).

Yes ☐No ☐

A third-party certification of the SIR method is available.

Yes ☐No ☐

Monitoring and testing records are maintained and available for the past 12 months.

Yes ☐No ☐

Comments: New Tank No. 4 has been in use less than one month
initial use 2-9-99, owner operator is considering
SIR until the Veeder-Ross system is installed.
Daily stock readings are taken

Inspector's Signature: James L BaileyDate: Feb 24, 1999

Inventory Control and Tank Tightness Testing

Method of tank tightness testing: Tank tightness test required by 2007 and five
 Address of tank tightness tester: years there after. Tank tested and lined internally 1997

Please complete all information for each tank

If this facility has more than 4 tanks, please photocopy this page and complete the information for all additional tanks.

	Tank 1	Tank 2	Tank 3	Tank 4
Date of last tank tightness test.				
Did tank pass test? Indicate yes or no. If no, specify in comments section below the status of the tank or what actions have been taken (e.g., has state been notified?)				
Documentation of deliveries and sales balances with daily measurements of liquid volume in tank are maintained and available.				
Overages or shortages are less than 1% + 130 gals of tank's flow-through volume.				
If no, which months were not?				

Please answer yes or no for each question

Owner/operator can explain inventory control methods and figures used and recorded.	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
Records include monthly water monitoring.	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
Tank inventory reconciled before and after fuel delivery.	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
Books are reconciled monthly.	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
Appropriate calibration chart is used for calculating volume.	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
Dispenser pumps are calibrated to within 6 cubic inches per five gallons.	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
The drop tube in the fill pipe extends to within one foot of tank bottom.	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
Owner can demonstrate consistency in dipsticking techniques.	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
The dipstick is long enough to reach the bottom of the tank.	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
The ends of the gauge stick are flat and not worn down.	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
The dipstick is marked legibly & the product level can be determined to the nearest 1/8th inch.	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
The tank has been tested within the year & has passed the tightness test (if necessary). 1997	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
A third-party certification of the tank tightness test method is available.	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
Tank tester complied with all certification requirements.	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
Monitoring and testing are maintained and available for the past 12 months.	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>

Comments: TANKS 1, 2, and 3 were lined internally in 1997. FRP
pipings was installed at the same time. The tanks must be
tested by 2007 and every five years there after. The piping
must be tested annually. These

Inspector's Signature: James L Bailey

Date: Feb 24, 1997

Automatic Tank Gauging

Manufacturer, name and model number of system:

N/A ON INSPECTION DATE BUT MAY HAVE BEEN IN FUTURE

Reportedly will have Veeder-Root system installed near future

Please answer yes or no for each question

Device documentation is available at site (e.g., manufacturer's brochures, owner's manual).	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Device can measure height of product to nearest one-eighth of an inch.	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Documentation shows that water in bottom of tank is checked monthly to nearest one-eighth of an inch.	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Documentation is available that the ATG was in test mode a minimum of once a month.	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Checked for presence of gauge in tanks.	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Checked for presence of monitoring box and evidence that device is working (i.e., device is equipped with roll of paper for results documentation).	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Owner/operator has documentation on file verifying method meets minimum performance standards of .20 gph with probability of detection of 95% and probability of false alarm of 5% for automatic tank gauging (e.g., results sheets under EPA's "Standard Test Procedures for Evaluating Leak Detection Methods").	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Checked documentation that system was installed, calibrated, and maintained according to manufacturer's instructions.	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Maintenance records are available upon request.	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Monthly testing records are available for the past 12 months.	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Daily monitoring records are available for the past 12 months (if applicable).	Yes <input type="checkbox"/>	No <input type="checkbox"/>

Comments:

Inspector's Signature:

James L Bailey

Date:

Feb 24, 1999

#

Ground Water Monitoring

Date System Installed: _____

Distance of well from tank(s) (1) _____ (2) _____ (3) _____ (4) _____

Distance of well from piping (1) _____ (2) _____ (3) _____ (4) _____

Site assessment was conducted by: _____

Location of site assessment documentation: _____

Please answer each question of each well

If there are more than 4 wells, please photocopy this page and complete the information for all additional wells.

	Well 1	Well 2	Well 3	Well 4
Well is clearly marked and secured to avoid unauthorized access or tampering.				
Well was opened and presence of water was observed in well at depth of _____ ft.				

Please answer yes or no for each question

Wells are used to monitor piping.	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Site assessment was performed prior to installation of wells.	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Documentation of monthly readings is available.	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Specific gravity of product is less than one.	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Hydraulic conductivity of soil between UST system and monitoring wells is not less than 0.01 cm/sec. According to: _____	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Groundwater is not more than 20 feet from ground surface.	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Wells are sealed from the ground surface to top of filter pack.	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Continuous monitoring device or manual bailing method used can detect the presence of at least one-eighth of an inch of the product on top of groundwater in well.	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Groundwater is monitored: () Manually on a monthly basis. () Automatically (continuously or monthly basis [Circle one]).		
Check the following if groundwater is monitored <u>manually</u> : Bailer used is accessible and functional.	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Check the following if groundwater is monitored <u>automatically</u> : Monitoring box is operational.	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Checked for presence of sensor in monitoring well.	Yes <input type="checkbox"/>	No <input type="checkbox"/>

On the back of this sheet, please sketch the site, noting all piping runs, tanks (including size and substances stored) and location of wells and their distance from tanks and piping.

Comments: _____

Inspector's Signature: _____ Date: _____

Vapor Monitoring

Name of monitoring device: _____

Date system installed _____ Number of monitoring wells _____

Distance of monitoring well(s) from tank(s) (1) _____ (2) _____ (3) _____ (4) _____

Site assessment was conducted by: _____

Location of site assessment documentation: _____

Please indicate yes or no for each tank

Please complete all information for each tank. If facility has more than 4 tanks, please photocopy this page and complete the information for additional tanks.

	Tank 1	Tank 2	Tank 3	Tank 4
Well is clearly marked and secured.				
Well caps are tight.				
Well is constructed so that monitoring device is not rendered inoperative by moisture or other interferences.				
Well is free of debris or has other indications that it has been recently checked.				

Please answer yes or no for each question

UST excavation zone was assessed prior to vapor monitoring system installation.

Yes ☐No ☐

One or more USTs is/are included in system.

Yes ☐No ☐

If the system is automatic, check the following:

Power box is accessible and power light is on.

Yes ☐No ☐

Documentation of monthly readings is available for last 12 months.

Yes ☐No ☐

Equipment used to take readings is accessible and functional.

Yes ☐No ☐

Vapor monitoring equipment has been calibrated within the last year.

Yes ☐No ☐

If the system is manual, check the following:

Documentation of monthly readings is available for last 12 months.

Yes ☐No ☐

Equipment used to take readings is accessible and functional.

Yes ☐No ☐

Vapor monitoring equipment has been calibrated within the last year.

Yes ☐No ☐

Porous material was used for backfill.

Yes ☐No ☐

Wells are placed within the excavation zone.

Yes ☐No ☐Level of background contamination is known.
If so -- what is level? _____Yes ☐No ☐

On the back of this sheet, please sketch the site, noting all piping runs, tanks (including size and substances stored) and location of wells and their distance from tanks and piping.

Manual Tank Gauging

Manual tank gauging may be used as the sole method of leak detection only for tanks of 1,000 gal. or fewer or in combination with tank tightness testing for tanks of up to 2,000 gal.

Please indicate the number of the tank or tanks for which manual tank gauging is used as the main leak detection method (e.g., tanks 1 & 4): _____

Please answer yes or no for each question

Records show liquid level measurements are taken at beginning and end of period of at least (Circle one) 36, 44, 58) hours during which no liquid is added to or removed from the tank.	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Level measurements are based on average of two consecutive stick readings at both beginning and end of period.	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Monthly average of variation between beginning and end measurements is less than standard shown below for corresponding size and dimensions of tank and waiting time.	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Gauge stick is long enough to reach bottom of the tank. Ends of gauge stick are flat and not worn down.	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Gauge stick is marked legibly and product level can be determined to the nearest one-eighth of an inch.	Yes <input type="checkbox"/>	No <input type="checkbox"/>
MTG is used as sole method of leak detection for tank.	Yes <input type="checkbox"/>	No <input type="checkbox"/>
MTG is used in conjunction with tank tightness testing.	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Are all tanks for which MTG is used under 2,000 gallons in capacity?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Are monitoring records available for the last 12 month period?	Yes <input type="checkbox"/>	No <input type="checkbox"/>

Check One:	Nominal Tank Capacity (in gallons)	Tank Dimensions	Monthly Standard (in gallons)	Minimum Test Duration
()	550	N/A	5	36 hours
()	551 - 1,000	N/A	7	36 hours
()	1,000	64" diameter x 73" length	4	44 hours
()	1,000	48" diameter x 128" length	6	58 hours
()	1,001 - 2,000*	N/A	13	36 hours

* Manual tank gauging must be used in combination with tank tightness testing for tanks over 1,000 gal. and less than 2,000 gal.

Comments: _____

Inspector's Signature: _____

Date: _____