

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF ENVIRONMENTAL PROTECTION
BUREAU OF WATERSHED CONSERVATION
STORAGE TANK DIVISION

UNDERGROUND STORAGE TANK FACILITY
OPERATIONS INSPECTION

I. FACILITY INFORMATION

Facility Identification Number 03-24734
Facility Name CHUCKS STOP
Facility Address 737 RT 56 E
APOLLO PA 15613
Owner/Operator Representative: (present during inspection)
Name CHARLES J PETERS III
Phone (724) 478-2124

II. CERTIFIED INSPECTOR

Name GREGORY A. GROVE
Certified Inspector No. 3661
Phone No. (724) 335-9064
Employer PETROLEUM TESTING SERVICES

III. DATE(S) OF INSPECTION (month/day/year)

6/19/2000

IV. FINANCIAL RESPONSIBILITY INFORMATION PROVIDED

Yes X No

V. SUSPECTED/CONFIRMED CONTAMINATION OBSERVED

Yes X (If so, provide comment) No

VI. IMPROPERLY CLOSED OR UNREGISTERED TANKS PRESENT

Yes (If so, provide comment) No X

VII. INSPECTION SUMMARY. Complete this section when inspection is final.

1. Indicate the compliance status of each item below using the following codes:

N = Non-Compliant

C = Compliant

	Tank No. <u>001</u>	Tank No. <u>002</u>	Tank No. <u>003</u>	Tank No. <u>007</u>	Tank No. <u>---</u>
Tank Construction and Corrosion Protection	<u>C</u>	<u>C</u>	<u>C</u>	<u>C</u>	
Piping Construction and Corrosion Protection	<u>C</u>	<u>C</u>	<u>C</u>	<u>C</u>	
Spill Prevention	<u>C</u>	<u>C</u>	<u>C</u>	<u>C</u>	
Overfill Prevention	<u>C</u>	<u>C</u>	<u>C</u>	<u>C</u>	
Registration Certificate Display	<u>C</u>	<u>C</u>	<u>C</u>	<u>C</u>	
Tank Release Detection	<u>C</u>	<u>C</u>	<u>C</u>	<u>C</u>	
Piping Release Detection	<u>C</u>	<u>C</u>	<u>C</u>	<u>C</u>	

2. CERTIFIED INSPECTOR:

I, the DEP Certified Inspector, have inspected the entire above referenced facility. Based on my 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.

G. A. Grove
Certified Inspector's Signature

6/19/2000
Date

3. OWNER/OPERATOR REPRESENTATIVE: 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), the information provided by me is true, accurate, and complete to the best of my knowledge and belief. I have / have not (circle one) submitted an amended registration form.

G. J. Peters III
Signature

OWNER
Title

6/19/2000
Date

UNDERGROUND STORAGE TANK FACILITY OPERATIONS INSPECTION

Facility Name CHUCKS STOP Date 6/19/2000 Facility ID 03-24734

VIII. TANK SYSTEM INFORMATION. For each tank, write in the Tank Number at the top of the column, the Tank Capacity, Substance Stored, Installation Date, and the most recent inspection date. For the remaining items, fill in the correct Tank System Component Code from the lists at the bottom of the page.

	Tank No. 001	Tank No. 002	Tank No. 003	Tank No. 007	Tank No. ---	For DEP Use
1. Tank Capacity (gallons)	6,000	6,000	6,000	1,000		
2. Substance Stored	GAS	GAS	GAS	KERO		
3. Installation Date	6-1-84	6-1-84	6-1-84	2-9-99		
4. Date of last inspection (if any)	11-29-97	11-29-97	11-29-97	11-29-97	10-29-97	
5. Tank Construction and Corrosion Protection	I	I	I	D		(1)
6. Piping Construction and Corrosion Protection	K	K	K	G		(2)
7. Product Delivery (pump) System	C	C	C	A		(4)
8. Spill Prevention	Y	Y	Y	Y		(6)
9. Overfill Prevention	Y	Y	Y	Y		(7)
10. Current Registration Certificate Display	Y	Y	Y	Y		(8)
11. Fire Marshal or L & I Permit	A	A	A	C		(9)
12. Vapor Recovery	C	C	C	D		(11)
Complete the following pages before entering codes for items 13 and 14.						
13. Tank Release Detection (2 possible)	A, C	A, C	A, C	H		(12)
14. Piping Release Detection (2 possible)	D, A	D, A	D, A	I		(5)

TANK SYSTEM COMPONENT CODES

5. TANK CONSTRUCTION and CORROSION PROTECTION

- A Unprotected Steel (single wall)
- B Cathodically Protected Steel (Galvanic)
- C Cathodically Protected Steel (Impressed Current)
- D Double Walled Steel
- E Fiberglass (Single Wall)
- F Fiberglass (Double Wall)
- G Steel w/ Plastic or Fiberglass Jacket
- H Steel w/ FRP Coating (Act 100 or equivalent)
- I Steel w/ lined interior
- J Concrete
- N Unknown
- O Cathodically Protected Double Walled Steel
- P Cathodically protected steel with liner
- 99 Other (provide written comment)

6. PIPING CONSTRUCTION and CORROSION PROTECTION

- A Bare Steel
- B Cathodically Protected, Metallic
- C Copper
- D Fiberglass or rigid non-metallic
- E Flexible Non-metallic
- F Unknown
- G No piping requiring corrosion protection
- I Double wall steel
- J Double wall fiberglass
- K Double wall plastic
- L Trench liner
- M Jacketed
- 99 Other (provide written comment)

7. PUMP (DELIVERY) SYSTEM

- A Suction: Check Valve at Pump
- B Suction: Check Valve at Tank
- C Pressure
- D Gravity flow to dispenser
- E None or piping aboveground

8. SPILL PREVENTION

- Y Yes
- N No
- E Less than 25 gallon

9. OVERFILL PREVENTION

- Y Yes
- N No
- E Less than 25 gallon

10. CURRENT REGISTRATION CERTIFICATE DISPLAY

- Y Properly displayed
- N Not Displayed

11. FIRE MARSHAL PERMIT

- A Issued prior to August 5, 1989
- B Issued on or after August 5, 1989
- C No permit obtained
- D Tanks not regulated by Fire Marshal

12. VAPOR RECOVERY

- A Stage I Installed
- B Stage II Installed
- C Stage I and II Installed
- D None

13. TANK RELEASE DETECTION

- A Inventory Control; requires code B or C
- B Annual Tank Tightness Testing
- C Tank Tightness Testing every 5 years
- D Statistical Inventory Reconciliation
- E Automatic Tank Gauging (Leak Test)
- F Manual Tank Gauging (36 Hour)
- G Manual Tank Gauging (44 or 58 Hour)
- H Interstitial Monitoring (2 Walls)
- I Interstitial Monitoring (Liner)
- J Groundwater Monitoring
- K Vapor Monitoring
- N None
- O Exempt (provide written comment)

14. PIPE RELEASE DETECTION

- A Automatic Line Leak Detector (incl. test)
- B Annual Line Tightness Test (pressure)
- C Line Tightness Test - 3 years (suction)
- D Interstitial Monitoring
- E Groundwater Monitoring
- F Vapor Monitoring
- H None
- I Exempt (provide written comment)
- J Statistical Inventory Reconciliation
- K Electronic Line Leak Detector
- L Continuous interstitial monitoring with alarm or pump shut off

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UNDERGROUND STORAGE TANK FACILITY OPERATIONS INSPECTION

Facility Name CHUCKS STOP Date 6/19/2000 Facility ID 03 24734

IX. RELEASE DETECTION REFERENCE

Tank 001 Tank 002 Tank 003 Tank 007

Instructions: Check the box to indicate that criteria has been met.
Circle the box to indicate that criteria has not been met.
Circle with "N/A" when criteria is not applicable.

Inventory Control: (Tank only - code A)

<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	stick (or ATG) capable of measuring to 1/8th inch
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	stick (or ATG) readings and dispenser readings each operating day
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1/8th inch accuracy in product (stick) readings
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	before/after delivery stick readings reconciled with delivery receipts
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	deliveries made through a drop tube
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	dispenser meter calibrated
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	monthly check for water (1/8th inch accuracy)
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	monthly reconciliation (1% of volume pumped plus 130 gallons) performed
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	reconciliation records maintained for one year

Precision Tightness Test: (Tank only - code B or C)

<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	documentation of annual or 5 year (new or fully upgraded system) tightness test available
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	performed by UTT certified installer (after 9/28/96)
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	manufacturer's certification of ability to detect .1 gph release is available
					date of last test <u>8/97</u> , result <u>PASSED</u>
					method used (done within last 5 years) <u>HORNER EZY 3</u>

Statistical Inventory Reconciliation: (Tank code D, and/or piping code J)

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	manufacturer's certification of ability to detect .2 gph release is available
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	data is collected according to the test vendor's instructions
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	analysis completed monthly and results supplied to owner/operator
					test vendor _____

Automatic Tank Gauging: (Tank only - code E)

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	valid monthly leak test conducted and documented
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	manufacturer's certification of ability to detect .2 gph release is available
					date installed _____
					ATG model _____
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	records including dates of calibration, maintenance, and repair for the past year
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	equipment is operational

Manual Tank Gauging: (Tank only - code F (may require code B or C) or G)

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	performed weekly
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	tank capacity is 2,000 gallons or less
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1/8th inch accuracy stick readings
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	average 2 stick readings before and after test
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	test length appropriate for each tank
					• 36 hours minimum
					• 44 hours, 551-1000 gallons, 64" diameter, no tightness test
					• 58 hours, 551-1000 gallons, 48" diameter, no tightness test
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	variation is within standard (both weekly and monthly)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	documentation showing test date and results for last year of tests

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UNDERGROUND STORAGE TANK FACILITY OPERATIONS INSPECTION

Facility Name CHUCKS STOP Date 6/19/2000 Facility ID 03-24734

IX. RELEASE DETECTION REFERENCE) (continued)

pipe pipe pipe
~~Tank~~ ~~Tank~~ ~~Tank~~ Tank Tank
001 002 003 007

Instructions: Check the box to indicate that criteria has been met.
 Circle the box to indicate that criteria has not been met.
 Circle with "N/A" when criteria is not applicable.

Interstitial Monitoring: (Tank code H or I, and/or piping code D)

<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	interstitial area monitored monthly
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	monitoring wells (secondary barrier) or ports are clearly marked and secured
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	documentation showing test date and results for last year of monitoring
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	records of calibration, maintenance, and repair of equipment for last year
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	equipment manufacturer's performance claims are available
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	secondary barrier is compatible with stored substance and impermeable
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	continuous monitoring with acceptable alarm used as line leak detector (gravity or
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	pressurized piping) -- capable of detecting 3.0 gph release within 1 hour

Groundwater Monitoring: (Tank code J, and/or piping code E)

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	regulated substance stored is immiscible in water and has a specific gravity <1
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	groundwater is within 20 feet of surface grade and soil hydraulic conductivity is > .01
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	cm/sec
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	casing is properly slotted and allows entry of product during high and low groundwater
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	conditions
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	wells are sealed from ground surface to the top of the filter pack
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	site evaluation verifies the above information; wells are located according to site
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	evaluation
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	monitoring devices can detect 1/8 inch of product or less on water
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	equipment manufacturer's performance claims are available
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	monitoring wells are marked and secured
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	wells monitored and results recorded monthly

Vapor Monitoring: (Tank code K, and/or piping code F)

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	stored substance is sufficiently volatile and backfill allows diffusion of vapors from
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	releases
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	the monitoring device is not rendered inoperative by groundwater, rainfall, or soil
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	moisture
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	background contamination will not interfere with vapor monitoring
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	vapor monitors are designed and operated to detect increases in concentrations of
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	stored substance
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	site evaluation verifies above information; wells are located according to the site
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	evaluation
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	monitoring wells are marked and secured
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	wells monitored and results recorded monthly
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	records of calibration, maintenance, and repair of monitoring equipment for last year
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	equipment manufacturer's performance claims are available

Record Review: (all methods)

<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	inspector reviewed last year (12 months) of leak detection documentation
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	• records located at facility or readily available alternative site
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	records indicate tank system has not leaked

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UNDERGROUND STORAGE TANK FACILITY OPERATIONS INSPECTION

Facility Name CHUCKS STOP Date 6/19/2000 Facility ID 03-24734

IX. RELEASE DETECTION REFERENCE) (continued)

Pipe 001 Pipe 002 Pipe 003 Pipe 007 Pipe _____

Instructions: Check the box to indicate that criteria has been met.
Circle the box to indicate that criteria has not been met.
Circle with "N/A" when criteria is not applicable.

Check Valve at the Dispenser: (SUCTION piping only - code I)

NOTE: No further release detection required on piping meeting all these criteria.

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	the tank is lower than the dispenser
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	the below grade piping slopes uniformly back to the tank
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	there is only one check valve in the piping
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	the check valve is located close to or inside the suction pump
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	compliance with above specifications can be readily determined

Piping Tightness Testing: (Piping only - code B or C)

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	test conducted at proper frequency
					<ul style="list-style-type: none"> conducted annually for pressurized piping without monthly monitoring conducted every 3 years for suction piping without monthly monitoring and doesn't meet exempt criteria (above)
					date of last test _____
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	manufacturer's certification of ability to detect .1 gph release is available
					method used (done within last 5 years) _____
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	if test device permanently installed, records of calibration, maintenance and repair for last year

Automatic Line Leak Detector: (PRESSURIZED piping only - code A)

<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	annual operational test of leak detector according to manufacturer's instructions
					date tested <u>2/00</u>
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	manufacturer's certification of ability to detect a leak of 3 gph at 10 psi within 1 hour is available
					date installed <u>7/97</u>
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	records of calibration, maintenance and repair for last year (in addition to annual test)

Electronic Line Leak Detection: (Pressurized Piping only - code K)

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	manufacturer's certification of ability to detect a leak of 3 gph at 10 psi within 1 hour is available
					date installed _____
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	records of calibration, maintenance and repair available for the last year
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	shut off pump, audible alarm, visual alarm, or restrict product flow
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	continuously monitors piping

Does the leak detector also perform "monthly" monitoring function? ☐ Yes, ☐ No If yes:

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	manufacturer's certification of ability to detect .2 gph release is available
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	documentation of monthly test available for last year

X. CORROSION PROTECTION COMPLIANCE CRITERIA

Lined Tanks: (Tank only - code I)

<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	tank inspected and lined according to national standard
					date lined <u>7/97</u>
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	tank inspected 10 years after lining, 15 years after lining and every 5 years after that
					date last inspected _____

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UNDERGROUND STORAGE TANK FACILITY OPERATIONS INSPECTION

Facility Name CHUCKS STOP Date 6/19/2000 Facility ID 03-24734

X. CORROSION PROTECTION COMPLIANCE CRITERIA (continued)

Tank and Pipe
001 002 003 007

Instructions: Check the box to indicate that criteria has been met.
Circle the box to indicate that criteria has not been met.
Circle with "N/A" when criteria is not applicable.

Galvanic Cathodic Protection: (Tank code B, and/or Piping (may include code B))

- | | | | | | |
|--------------------------|--------------------------|--------------------------|-------------------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | structure to soil potential greater than .85 volts, or |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | meets other nationally recognized protection standard: specify _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | documentation of last two monitoring results |
| | | | | | date measured <u>2/24/00</u> |
| | | | | | <ul style="list-style-type: none"> • monitoring conducted within six months of installation • monitoring conducted every three years • monitoring conducted within 6 months of repair |
- } N/A FOR DOUBLE WALL TANK

Impressed Current Cathodic Protection (Tank code C, and/or Piping (may include code B))

- | | | | | | |
|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | structure to soil potential greater than .85 volts, or |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | meets other nationally recognized protection standard: specify _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | documentation of last two monitoring results |
| | | | | | date measured _____ |
| | | | | | <ul style="list-style-type: none"> • monitoring conducted within six months of installation • monitoring conducted every three years • monitoring conducted within 6 months of repair |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | documentation of last three volt and amp readings available |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <ul style="list-style-type: none"> • volt and amp readings recorded every 60 days (within design limits) |
| | | | | | system designed by a corrosion expert |

If Cathodic Protection is Added to Existing Tanks, One of the Following is Required:

- | | | | | | |
|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | tank was internally inspected and found to be structurally sound and free of corrosion holes |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | the tank was less than ten years old and now uses automatic tank gauging, soil vapor monitoring, groundwater monitoring, interstitial monitoring or statistical inventory reconciliation for leak detection |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | the tank was less than ten years old and was tested for tightness prior to installing the cathodic protection and between three and six months following the first operation of the cathodic protection |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | the tank was assessed and found to be acceptable for upgrading under ASTM standard ES 40-94. Includes tightness tests prior to and between 3 and 6 months following the installation of the cathodic protection. |

XI. 1998 REQUIREMENTS

List system upgrades necessary to continue operating after 12/22/98:

NONE

DEP
SOUTHWEST REGION
00 JUN 22 AM 9:54

UNDERGROUND STORAGE TANK FACILITY
OPERATIONS INSPECTIONFacility Name CHUCKS STOP Date 6/19/2000 Facility ID 03-24734

- XII. COMMENTS—Suspected contamination, improperly closed tanks, “other” types of construction, tank system modifications (with date), estimated installation date when actual date is unknown, leak detection exemptions, owner/operator actions needed, changes at site since initial inspection, and other information that would be helpful to the owner, operator or Department when reviewing the inspection.

Reference section and tank number for each comment

Contamination on site under plastic waiting for remediationKerosene Pump is exempt suction system and is verifiable.Facility monitoring interstitial sumps monthly for Line
leak detection.Facility monitoring interstitial on tank 007 for leak detectionFacility in compliance for construction and leak detectionTightness test due on tanks 001, 002, 003 - 07/2002Internal lining inspection due - 07/2007Leak detectors must be tested annually.DEP
SOUTHWEST REGION
00 JUN 22 AM 9:54