



# Wyoming Storage Tank Program Operator's Annual Inspection



<b>Date:</b>	<b>Wyoming Facility Number</b>
<b>Facility Name:</b>	<b>Owner Name</b>
<b>Address:</b>	<b>Mailing Address:</b>
<b>City:</b>	<b>City, State, Zip:</b>
<b>Phone:</b>	<b>Phone:</b>
<b>Tester</b>	<b>Tester License Number</b>

TANKS AND PIPING	TANK OR COMPARTMENT# _____	TANK OR COMPARTMENT# _____	TANK OR COMPARTMENT# _____	TANK OR COMPARTMENT# _____
Status ( <i>Active or Taken-Out-of-Use</i> )				
Capacity ( <i>Gallons</i> )				
Product ( <i>Specify type</i> )				
Tank Construction Material				
Compartment Tank ( <i>Yes or No</i> )				
Double-Wall Tank ( <i>Yes or No</i> )				
Piping Type ( <i>Suction or Pressurized</i> )				
Piping Material ( <i>FRP/Flex/Steel</i> )				
Double-Wall Piping ( <i>Yes or No</i> )				
Emergency Power Generator ( <i>Yes or No</i> )				
Type of Overfill Prevention				

TANKS AND PIPING	TANK OR COMPARTMENT# _____	TANK OR COMPARTMENT# _____	TANK OR COMPARTMENT# _____	TANK OR COMPARTMENT# _____
Status ( <i>Active or Taken-Out-of-Use</i> )				
Capacity ( <i>Gallons</i> )				
Product ( <i>Specify type</i> )				
Tank Construction Material				
Compartment Tank ( <i>Yes or No</i> )				
Double-Wall Tank ( <i>Yes or No</i> )				
Piping Type ( <i>Suction or Pressurized</i> )				
Piping Material ( <i>FRP/Flex/Steel</i> )				
Double-Wall Piping ( <i>Yes or No</i> )				
Emergency Power Generator ( <i>Yes or No</i> )				
Type of Overfill Prevention				

# Line Testing

<b>LINE LEAK DETECTORS</b>	TANK OR COMPARTMENT# _____	TANK OR COMPARTMENT# _____	TANK OR COMPARTMENT# _____	TANK OR COMPARTMENT# _____
Product				
Type of Line Leak Detection(MLLD/ELLD/Sump Sensor)				
Brand of Line Leak Detector				
Simulated Leak Rate (ELLD/MLLD)				
Did Line Leak Detector Function Properly				
<b>LINE TIGHTNESS TESTING</b>	TANK OR COMPARTMENT# _____	TANK OR COMPARTMENT# _____	TANK OR COMPARTMENT# _____	TANK OR COMPARTMENT# _____
Product				
Leak Rate				
Test Start Time				
Test End Time				
Test Length				

<b>LINE LEAK DETECTORS</b>	TANK OR COMPARTMENT# _____	TANK OR COMPARTMENT# _____	TANK OR COMPARTMENT# _____	TANK OR COMPARTMENT# _____
Product				
Type of Line Leak Detection(MLLD/ELLD/Sump Sensor)				
Brand of Line Leak Detector				
Simulated Leak Rate (ELLD/MLLD)				
Did Line Leak Detector Function Properly				
<b>LINE TIGHTNESS TESTING</b>	TANK OR COMPARTMENT# _____	TANK OR COMPARTMENT# _____	TANK OR COMPARTMENT# _____	TANK OR COMPARTMENT# _____
Product				
Leak Rate				
Test Start Time				
Test End Time				
Test Length				

NOTES: \_\_\_\_\_

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# TANK LEAK DETECTION

TANKS	TANK OR COMPARTMENT#	TANK OR COMPARTMENT#	TANK OR COMPARTMENT#	TANK OR COMPARTMENT#
Capacity ( <i>Gallons</i> )				
Product ( <i>Specify type</i> )				
Tank Construction Material				
Compartment (Yes or No)				
Primary Tank Leak Detection Method (ATG/SIR/Interstitial/GW/VM/MTG)				
Double-Wall Tank ( <i>Yes or No</i> )				
How Close is ATG Calibration(If ATG is Primary Method)				
Are Probes Clean (If Applicable)				
Are probes Functional (Interstitial Monitoring)				
Additional Information				

TANKS	TANK OR COMPARTMENT#	TANK OR COMPARTMENT#	TANK OR COMPARTMENT#	TANK OR COMPARTMENT#
Capacity ( <i>Gallons</i> )				
Product ( <i>Specify type</i> )				
Tank Construction Material				
Compartment (Yes or No)				
Primary Tank Leak Detection Method (ATG/SIR/Interstitial/GW/VM/MTG)				
Double-Wall Tank ( <i>Yes or No</i> )				
How Close is ATG Calibration(If ATG is Primary Method)				
Are Probes Clean (If Applicable)				
Are probes Functional (Interstitial Monitoring)				
Additional Information				

NOTES: \_\_\_\_\_

WHEN THE OWNER/OPERATOR SUBMITS COPIES OF THIS OAI FORM TO THE DEQ, THEY ARE ALSO REQUIRED TO SUBMIT COPIES OF THE TANK LEAK DETECTION RECORDS FOR THE PRECEDING YEAR.

# INSPECTION OF TANK EQUIPMENT

TANK EQUIPMENT	TANK OR COMPARTMENT#	TANK OR COMPARTMENT#	TANK OR COMPARTMENT#	TANK OR COMPARTMENT#
<b>Turbine Sumps Clean</b>				
<b>Is There Any Visible Damage to Piping?</b>				
<b>No Exposed Wire Connections</b>				
<b>Spill Buckets Clean</b>				
<b>Spill Bucket Drains Operational</b>				
<b>Any Damage to Spill Buckets</b>				
<b>Is Spill Bucket Lid Damaged?</b>				
<b>Is There a Drop Tube?</b>				
<b>Type of Overfill Prevention</b>				
<b>Verified Flapper Valve Has not Been Disabled</b>				
<b>Have Vent Pipes Been Damaged?</b>				
<b>Vent Pipes at least 12' High or 3' Higher Than Roof or Canopy</b>				

TANK EQUIPMENT	TANK OR COMPARTMENT#	TANK OR COMPARTMENT#	TANK OR COMPARTMENT#	TANK OR COMPARTMENT#
<b>Turbine Sumps Clean</b>				
<b>Is There Any Visible Damage to Piping?</b>				
<b>Any Exposed Electrical Connections?</b>				
<b>Spill Buckets Clean</b>				
<b>Spill Bucket Drains Operational</b>				
<b>Any Damage to Spill Buckets</b>				
<b>Is Spill Bucket Lid Damaged?</b>				
<b>Is There a Drop Tube?</b>				
<b>Type of Overfill Prevention</b>				
<b>Verified Flapper Valve Has not Been Disabled</b>				
<b>Have Vent Pipes Been Damaged?</b>				
<b>Vent Pipes at least 12' High or 3' Higher Than Roof or Canopy</b>				

NOTES: \_\_\_\_\_

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# DISPENSERS

DISPENSER EQUIPMENT	DISPENSER # _____	DISPENSER # _____	DISPENSER # _____	DISPENSER # _____
Dispenser Pan Clean?				
Shear Valves Present?				
Shear Valves Anchored?				
Shear Valves Operational?				
Any Leaks?				
Any Exposed Electrical Connections?				
Any Pipe Damage?				

DISPENSER EQUIPMENT	DISPENSER # _____	DISPENSER # _____	DISPENSER # _____	DISPENSER # _____
Dispenser Pan Clean?				
Shear Valves Present?				
Shear Valves Anchored?				
Shear Valves Operational?				
Any Leaks?				
Any Exposed Electrical Connections?				
Any Pipe Damage?				

DISPENSER EQUIPMENT	DISPENSER # _____	DISPENSER # _____	DISPENSER # _____	DISPENSER # _____
Dispenser Pan Clean?				
Shear Valves Present?				
Shear Valves Anchored?				
Shear Valves Operational?				
Any Leaks?				
Any Exposed Electrical Connections?				
Any Pipe Damage?				

## EMERGENCY EQUIPMENT

SAFETY	
Is Emergency Shutoff Visible and Clearly Marked?	
Is Emergency Shutoff at Least 20' and No More Than 100' From Dispensers?	
Is There a Portable Fire Extinguisher No More Than 75' From Dispensers?"	

# WYOMING STORAGE TANK PROGRAM

## GALVANIC (SACRIFICIAL ANODE) CATHODIC PROTECTION SYSTEM EVALUATION

- A site drawing depicting the UST Cathodic Protection (CP) system and all reference electrode placements should be completed.
- After August 1, 2009, testers must be licensed by the Storage Tank Program (STP) to perform CP testing on regulated tanks.
- After August 1, 2009, CP experts must be licensed by the STP to perform work requiring a CP expert.

I. UST OWNER				II. UST FACILITY	
NAME:		NAME:		FACILITY #	
ADDRESS:		ADDRESS:			
CITY:	STATE:	CITY:	COUNTY:		
III. CP TESTER			IV. CP TESTER'S LICENSE		
TESTER'S NAME:			WYOMING CP TESTER LICENSE NUMBER:		
COMPANY NAME:			EXPIRATION DATE:		
ADDRESS:					
CITY:	STATE:				
V. REASON SURVEY WAS CONDUCTED (mark only one)					
<input type="checkbox"/> Routine - 3 year <input type="checkbox"/> Routine - within 6 months of installation <input type="checkbox"/> 60-day re-survey after fail <input type="checkbox"/> Re-survey after repair/modification					
Date next cathodic protection survey must be conducted by _____ (required within 6 months of installation/repair or any onsite excavation, & every 3 years thereafter).					
VI. CATHODIC PROTECTION TESTER'S EVALUATION (mark only one)					
<input type="checkbox"/> <b>PASS</b> All protected structures at this facility pass the cathodic protection survey and it is judged that adequate cathodic protection has been provided to the UST system (indicate all criteria applicable by completion of Section VIII).					
<input type="checkbox"/> <b>FAIL</b> One or more protected structures at this facility fail the cathodic protection survey and it is judged that adequate cathodic protection has not been provided to the UST system (complete Section IX).					
<input type="checkbox"/> <b>INCONCLUSIVE</b> If the remote and the local do not both indicate the same test result on all protected structures (both pass or both fail), inconclusive is indicated and the survey should be evaluated and/or conducted by a corrosion expert (complete Section VII).					
CP TESTER'S SIGNATURE:				DATE CP SURVEY PERFORMED:	
VII. CORROSION EXPERT'S EVALUATION (mark only one)					
The survey must be conducted and/or evaluated by a corrosion expert when: a) an inconclusive is indicated for any protected structure since both the local and the remote structure-to-soil potentials do not result in the same outcome (both pass or both fail); b) repairs to galvanized or uncoated steel piping are conducted or c) supplemental anodes are added to the tanks and/or piping without following an accepted industry code.					
<input type="checkbox"/> <b>PASS</b> All protected structures at this facility pass the cathodic protection survey and it is judged that adequate cathodic protection has been provided to the UST system (indicate all criteria applicable by completion of Section VIII).					
<input type="checkbox"/> <b>FAIL</b> One or more protected structures at this facility fail the cathodic protection survey and it is judged that adequate cathodic protection has not been provided to the UST system (indicate what action is necessary by completion of Section IX).					
CORROSION EXPERT'S NAME:			COMPANY NAME:		
WYOMING CP EXPERT LICENSE NUMBER:					
CORROSION EXPERT'S SIGNATURE:				DATE:	
VIII. CRITERIA APPLICABLE TO EVALUATION (mark all that apply)					
<input type="checkbox"/> <b>850 ON</b> Structure-to-soil potential more negative than -850 mV with respect to a Cu/CuSO <sub>4</sub> reference electrode with the protective current applied (This criterion is applicable to any galvanically protected structure).					
<input type="checkbox"/> <b>850 OFF</b> Structure-to-soil potential more negative than -850 mV with respect to a Cu/CuSO <sub>4</sub> reference electrode with protective current temporarily interrupted (This criterion is applicable only to those galvanic systems where the anodes can be disconnected).					
<input type="checkbox"/> <b>100 mV POLARIZATION</b> Structure tested exhibits at least 100 mV of cathodic polarization (This criterion is applicable to galvanic systems where the anodes can be temporarily disconnected).					

**IX. ACTION REQUIRED AS A RESULT OF THIS EVALUATION (mark only one)**

- NONE** Cathodic protection is adequate. No further action is necessary at this time. Test again by no later than (see Section V).
- RETEST** Cathodic protection may not be adequate. Retest during the next 60 days to determine if passing results can be achieved.
- REPAIR & RETEST** Cathodic protection is not adequate. Repair/modification is necessary as soon as practical but within the next 60 days.

**X. DESCRIPTION OF UST SYSTEM**

TANK	PRODUCT	CAPACITY	TANKS	PIPING	FLEX CONNECTORS
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					

**XI. DESCRIPTION OF CATHODIC PROTECTION SYSTEM REPAIRS AND/OR MODIFICATION**

Complete if any repairs or modifications to the cathodic protection system are made or are necessary. Certain repairs/modifications as may be required to be designed and/or evaluated by a corrosion expert (completion of Section VII required).

- Supplemental anodes for a sti-P<sub>3</sub><sup>®</sup> tank (attach corrosion expert's design or documentation of which industry standard was followed).
- Supplemental anodes for metallic pipe (attach corrosion expert's design or documentation industry standard was followed).
- Galvanically protected tanks/piping not electrically isolated (explain in "Remarks/Other" below).

Remarks/Other: \_\_\_\_\_  
 \_\_\_\_\_

**XII. UST FACILITY SITE DRAWING (If There Is Not Enough Space Use Page 12)**





## WYOMING STORAGE TANK PROGRAM

### IMPRESSED CURRENT CATHODIC PROTECTION SYSTEM EVALUATION

- A site drawing depicting the Cathodic Protection (CP) system and all reference electrode placements should be completed.
- After August 1, 2009, CP testers must be licensed by the Storage Tank Program (STP) to perform CP testing on regulated tanks.
- After August 1, 2009, CP experts must be licensed by the STP to perform work requiring a CP expert.

I. UST OWNER				II. UST FACILITY	
NAME:		NAME:		FACILITY #	
ADDRESS:		ADDRESS:			
CITY:	STATE:	CITY:	COUNTY:		
III. CP TESTER			IV. CP TESTER'S LICENSE		
TESTER'S NAME:			WYOMING CP TESTER LICENSE NUMBER:		
COMPANY NAME:			EXPIRATION DATE:		
ADDRESS:					
CITY:	STATE:				
V. REASON SURVEY WAS CONDUCTED (mark only one)					
<input type="checkbox"/> Routine - 3 year <input type="checkbox"/> Routine - within 6 months of installation <input type="checkbox"/> 90-day re-survey after fail <input type="checkbox"/> Re-survey after repair/modification					
Date next cathodic protection survey must be conducted _____ (required within 6 months of installation/repair or onsite excavation, & every 3 years thereafter).					
VI. CATHODIC PROTECTION TESTER'S EVALUATION (mark only one)					
<input type="checkbox"/> <b>PASS</b> All protected structures at this facility pass the cathodic protection survey and it is judged that adequate cathodic protection has					
<input type="checkbox"/> <b>FAIL</b> One or more protected structures at this facility fail the cathodic protection survey and it is judged that adequate cathodic protection has not been provided to the UST system (complete Section IX).					
<input type="checkbox"/> <b>INCONCLUSIVE</b> The cathodic protection survey of an impressed current system should be evaluated by a corrosion expert (complete section VII)					
CP TESTER'S SIGNATURE:				DATE CP SURVEY PERFORMED:	
VII. CORROSION EXPERT'S EVALUATION (mark only one)					
The survey must be conducted and/or evaluated by a corrosion expert when: a) supplemental anodes or other changes in the construction of the impressed current system are made; b) stray current may be affecting buried metallic structures or c) an inconclusive result was indicated in Section VI.					
<input type="checkbox"/> <b>PASS</b> All protected structures at this facility pass the cathodic protection survey and it is judged that adequate cathodic protection has been provided to the UST system (indicate all criteria applicable by completion of Section VIII).					
<input type="checkbox"/> <b>FAIL</b> One or more protected structures at this facility fail the cathodic protection survey and it is judged that adequate cathodic protection has not been provided to the UST system (indicate what action is necessary by completion of Section IX).					
CORROSION EXPERT'S NAME:			COMPANY NAME:		
WYOMING CP EXPERT LICENSE NUMBER:					
CORROSION EXPERT'S SIGNATURE:				DATE:	
VIII. CRITERIA APPLICABLE TO EVALUATION (mark all that apply)					
<input type="checkbox"/> <b>850 ON</b> Structure-to-soil potential more negative than -850 mV with respect to a Cu/CuSO <sub>4</sub> reference electrode with protective current on.					
<input type="checkbox"/> <b>850 OFF</b> Structure-to-soil potential more negative than -850 mV with respect to a Cu/CuSO <sub>4</sub> reference electrode with protective current temporarily interrupted (instant-off).					
<input type="checkbox"/> <b>100 mV POLARIZATION</b> Structure(s) exhibit at least 100 mV of cathodic polarization.					

**IX. ACTION REQUIRED AS A RESULT OF THIS EVALUATION (mark only one)**

- NONE** Cathodic protection is adequate. No further action is necessary at this time. Test again by no later than (see Section V).
- RETEST** Cathodic protection may not be adequate. Retest during the next 60 days to determine if passing results can be achieved.
- REPAIR & RETEST** Cathodic protection is not adequate. Repair/modification is necessary as soon as practical but within the next 60 days.

**X. DESCRIPTION OF UST SYSTEM**

TANK #	PRODUCT	CAPACITY	TANK MATERIAL	PIPING MATERIAL	FLEX CONNECTORS
1					
2					
3					
4					
5					
6					
7					
8					
9					

**XI. IMPRESSED CURRENT RECTIFIER DATA (complete all applicable)**

In order to conduct an effective evaluation of the cathodic protection system, a complete evaluation of rectifier operation is necessary.

RECTIFIER MANUFACTURER:	RATED DC OUTPUT: _____ VOLTS _____ AMPS
RECTIFIER MODEL:	RECTIFIER SERIAL NUMBER:
RECTIFIER OUTPUT AS INITIALLY DESIGNED OR LASTLY RECOMMENDED (if available): _____ VOLTS _____ AMPS	

EVENT	DATE	TAP SETTINGS		DC OUTPUT		HOUR METER	COMMENTS
		COARSE	FINE	VOLTS	AMPS		
"AS FOUND"							
"AS LEFT"							

**XII. IMPRESSED CURRENT POSITIVE & NEGATIVE CIRCUIT MEASUREMENTS (output amperage)**

Complete if the system is designed to allow such measurements (i.e. individual lead wires for each anode are installed and measurement shunts are present).

CIRCUIT	1	2	3	4	5	6	7	8	9	10	TOTAL AMPS
ANODE (+)											
TANK (-)											

**XIII. DESCRIPTION OF CATHODIC PROTECTION SYSTEM REPAIRS AND/OR MODIFICATION**

Complete if any repairs or modifications to the cathodic protection system are made OR are necessary. Certain repairs/modifications may be required to be designed and/or evaluated by a corrosion expert (completion of Section VII required).

- Additional anodes for an impressed current system (attach corrosion expert's design).
- Repairs or replacement of rectifier (explain in "Remarks/Other" below).
- Anode header cables repaired and/or replaced(explain in "Remarks/Other" below).
- Impressed current protected tanks/piping not electrically continuous (explain in "Remarks/Other" below).

Remarks/Other: \_\_\_\_\_  
 \_\_\_\_\_

#### **XIV. STORAGE TANK FACILITY SITE DRAWING**

Attach detailed drawing of the tank system and cathodic protection systems. Sufficient detail should be given in order to clearly indicate where the reference electrode was placed for each structure-to-soil potential that is recorded on the survey forms. Any pertinent data should also be included. At a minimum you should indicate the following: All tanks, piping and dispensers; All buildings and streets; All anodes and wires; Location of CP test stations; Each reference electrode placement should be indicated by a code (1,2,3 R-1, R-2, R-3...etc.) corresponding with the appropriate line number in Section XVI of this form.



