

**COMPLIANCE EVALUATION INSPECTION REPORT**  
**FOR**  
**UNDERGROUND STORAGE TANKS**  
EPA Region 6 Federal Form

|                                                                                                             |           |                     |               |
|-------------------------------------------------------------------------------------------------------------|-----------|---------------------|---------------|
| FID #:                                                                                                      |           | INSPECTION DATE(S): |               |
| FACILITY NAME:                                                                                              |           | Tribal Land:        |               |
|                                                                                                             |           |                     |               |
| Physical Address:                                                                                           |           | Phone:              |               |
| City, State, Zip:                                                                                           |           | County              |               |
| Mailing Address:                                                                                            |           |                     |               |
|                                                                                                             | (Address) | (City)              | (State) (Zip) |
| Facility Representative Title and E-mail:                                                                   |           |                     |               |
|                                                                                                             |           |                     |               |
| UST Operator:                                                                                               |           | Phone:              | Fax:          |
| Mailing Address:                                                                                            |           |                     |               |
|                                                                                                             | (Address) | (City)              | (State) (Zip) |
| UST Contact:                                                                                                |           | Phone:              | Fax:          |
| Mailing Address:                                                                                            |           |                     |               |
|                                                                                                             | (Address) | (City)              | (State) (Zip) |
| UST Owner:                                                                                                  |           | Phone:              | Fax:          |
| Mailing Address:                                                                                            |           |                     |               |
|                                                                                                             | (Address) | (City)              | (State) (Zip) |
| Contact Name and E-mail:                                                                                    |           | Phone Number:       |               |
| Facility Land Tribally Owned:    Yes    No        Facility Privately Owned/Leased on Tribal Land: Yes    No |           |                     |               |
|                                                                                                             |           |                     |               |
| Lead Inspector:                                                                                             |           |                     |               |
| Additional Inspector(s) and Others present:                                                                 |           |                     |               |
| <b>Summary of Findings and Facility Comments:</b>                                                           |           |                     |               |

|                                                                                                                                                                                                                                                                                                                                                                                                                        |     |    |                     |     |                    |                   |     |                           |                      |     |               |                       |     |    |                    |     |    |                                                                                     |  |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|---------------------|-----|--------------------|-------------------|-----|---------------------------|----------------------|-----|---------------|-----------------------|-----|----|--------------------|-----|----|-------------------------------------------------------------------------------------|--|
| FID #:                                                                                                                                                                                                                                                                                                                                                                                                                 |     |    | INSPECTION DATE(S): |     |                    |                   |     |                           |                      |     |               |                       |     |    |                    |     |    |                                                                                     |  |
| FACILITY NAME:                                                                                                                                                                                                                                                                                                                                                                                                         |     |    | Tribal Land:        |     |                    |                   |     |                           |                      |     |               |                       |     |    |                    |     |    |                                                                                     |  |
| <p>Start Time <small>(military time)</small>:                      End Time <small>(military time)</small>:</p>                                                                                                                                                                                                                                                                                                        |     |    |                     |     |                    |                   |     |                           |                      |     |               |                       |     |    |                    |     |    |                                                                                     |  |
| <p><b>Compliance Performance Measures (CPM) in TCR</b></p> <table border="1"> <tr> <td>Overall (TCR):</td> <td>YES</td> <td>NO</td> </tr> <tr> <td>Spill Prevention:</td> <td>YES</td> <td>NO</td> </tr> <tr> <td>Overfill Prevention:</td> <td>YES</td> <td>NO</td> </tr> <tr> <td>Corrosion Protection:</td> <td>YES</td> <td>NO</td> </tr> <tr> <td>Release Detection:</td> <td>YES</td> <td>NO</td> </tr> </table> |     |    | Overall (TCR):      | YES | NO                 | Spill Prevention: | YES | NO                        | Overfill Prevention: | YES | NO            | Corrosion Protection: | YES | NO | Release Detection: | YES | NO | <p>Type of Inspection:</p> <p>CEI</p> <p>Follow Up</p> <p>Compliance Assistance</p> |  |
| Overall (TCR):                                                                                                                                                                                                                                                                                                                                                                                                         | YES | NO |                     |     |                    |                   |     |                           |                      |     |               |                       |     |    |                    |     |    |                                                                                     |  |
| Spill Prevention:                                                                                                                                                                                                                                                                                                                                                                                                      | YES | NO |                     |     |                    |                   |     |                           |                      |     |               |                       |     |    |                    |     |    |                                                                                     |  |
| Overfill Prevention:                                                                                                                                                                                                                                                                                                                                                                                                   | YES | NO |                     |     |                    |                   |     |                           |                      |     |               |                       |     |    |                    |     |    |                                                                                     |  |
| Corrosion Protection:                                                                                                                                                                                                                                                                                                                                                                                                  | YES | NO |                     |     |                    |                   |     |                           |                      |     |               |                       |     |    |                    |     |    |                                                                                     |  |
| Release Detection:                                                                                                                                                                                                                                                                                                                                                                                                     | YES | NO |                     |     |                    |                   |     |                           |                      |     |               |                       |     |    |                    |     |    |                                                                                     |  |
| <p><b>Compliance Performance Measures (CPM) Not in TCR</b></p> <table border="1"> <tr> <td>Operator Training:</td> <td>YES</td> <td>NO</td> </tr> <tr> <td>Financial Responsibility:</td> <td>YES</td> <td>NO</td> </tr> <tr> <td>Walkthroughs:</td> <td>YES</td> <td>NO</td> </tr> </table>                                                                                                                           |     |    |                     |     | Operator Training: | YES               | NO  | Financial Responsibility: | YES                  | NO  | Walkthroughs: | YES                   | NO  |    |                    |     |    |                                                                                     |  |
| Operator Training:                                                                                                                                                                                                                                                                                                                                                                                                     | YES | NO |                     |     |                    |                   |     |                           |                      |     |               |                       |     |    |                    |     |    |                                                                                     |  |
| Financial Responsibility:                                                                                                                                                                                                                                                                                                                                                                                              | YES | NO |                     |     |                    |                   |     |                           |                      |     |               |                       |     |    |                    |     |    |                                                                                     |  |
| Walkthroughs:                                                                                                                                                                                                                                                                                                                                                                                                          | YES | NO |                     |     |                    |                   |     |                           |                      |     |               |                       |     |    |                    |     |    |                                                                                     |  |
| <p>Comments:</p>                                                                                                                                                                                                                                                                                                                                                                                                       |     |    |                     |     |                    |                   |     |                           |                      |     |               |                       |     |    |                    |     |    |                                                                                     |  |
| Printed Name, Title                                                                                                                                                                                                                                                                                                                                                                                                    |     |    |                     |     |                    |                   |     |                           |                      |     |               |                       |     |    |                    |     |    |                                                                                     |  |
| Inspector Signature                                                                                                                                                                                                                                                                                                                                                                                                    |     |    |                     |     |                    |                   |     |                           |                      |     |               |                       |     |    |                    |     |    |                                                                                     |  |
| Peer Review by:                                                                                                                                                                                                                                                                                                                                                                                                        |     |    | (Date)              |     |                    |                   |     |                           |                      |     |               |                       |     |    |                    |     |    |                                                                                     |  |
| Supervisors Name, Title                                                                                                                                                                                                                                                                                                                                                                                                |     |    |                     |     |                    |                   |     |                           |                      |     |               |                       |     |    |                    |     |    |                                                                                     |  |
| Supervisors Signature                                                                                                                                                                                                                                                                                                                                                                                                  |     |    |                     |     |                    |                   |     |                           |                      |     |               |                       |     |    |                    |     |    |                                                                                     |  |

| FID #:                                                                    |                        |                   |                   | INSPECTION DATE(S):           |                         |                                                    |              |
|---------------------------------------------------------------------------|------------------------|-------------------|-------------------|-------------------------------|-------------------------|----------------------------------------------------|--------------|
| FACILITY NAME:                                                            |                        |                   |                   | Tribal Land:                  |                         |                                                    |              |
| <b>Section A Registration Requirements</b>                                |                        |                   |                   |                               |                         | <b>Further Explanation Attached</b>                |              |
| 1. Are all New and Existing Petroleum UST systems registered? ( 280.22(a) |                        |                   |                   |                               |                         | Yes    No    N/A                                   |              |
| TANK NO.                                                                  | SIZE of TANK (GALLONS) | PRODUCT STORED    | TANK TYPE SW / DW | STATUS Active or TC           | Compartment or Manifold | INSTALL DATE                                       | UPGRADE DATE |
|                                                                           |                        |                   |                   |                               | Compartment Manifold    |                                                    |              |
|                                                                           |                        |                   |                   |                               | Compartment Manifold    |                                                    |              |
|                                                                           |                        |                   |                   |                               | Compartment Manifold    |                                                    |              |
|                                                                           |                        |                   |                   |                               | Compartment Manifold    |                                                    |              |
|                                                                           |                        |                   |                   |                               | Compartment Manifold    |                                                    |              |
|                                                                           |                        |                   |                   |                               | Compartment Manifold    |                                                    |              |
|                                                                           |                        |                   |                   |                               | Compartment Manifold    |                                                    |              |
|                                                                           |                        |                   |                   |                               | Compartment Manifold    |                                                    |              |
|                                                                           |                        |                   |                   |                               | Compartment Manifold    |                                                    |              |
|                                                                           |                        |                   |                   |                               | Compartment Manifold    |                                                    |              |
| <b>Latitude:</b>                                                          |                        | <b>Longitude:</b> |                   | <b>Number of Dispenser's:</b> |                         | <b>GPS Measured At:</b><br>Input Tank # fill-port. |              |
| <p><b>Section A Comments:</b></p>                                         |                        |                   |                   |                               |                         |                                                    |              |

|                |  |                     |  |
|----------------|--|---------------------|--|
| FID #:         |  | INSPECTION DATE(S): |  |
| FACILITY NAME: |  | Tribal Land:        |  |

  

|                                                                                                                                                                              |  |                  |                                                              |                             |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|------------------|--------------------------------------------------------------|-----------------------------|
| <b>Compliance Performance Measures (CPM) in Technical Compliance Rate (TCR)</b>                                                                                              |  |                  |                                                              |                             |
| <b>CPM - Corrosion Protection</b>                                                                                                                                            |  |                  |                                                              |                             |
| <b>Section B Standards for New Underground Storage Tanks</b><br>(Tanks installed after 12/22/88)                                                                             |  |                  | Further Explanation in Narrative<br>Section B Not Applicable |                             |
| <b>1. Tank Construction:</b>                                                                                                                                                 |  | <b>UST- 9c.a</b> | <b>SW</b>                                                    | <b>DW</b>                   |
| a. Is each tank properly designed and constructed to prevent corrosion in any portion of the tank that routinely contains product?(280.20(a))                                |  | Yes              | No                                                           | N/A                         |
| b. If installed after 4/11/16 is tank secondarily contained? 280.20                                                                                                          |  | Yes              | No                                                           | N/A                         |
| <b>2. What is the corrosion protection method for the tanks?</b>                                                                                                             |  | <b>UST- 9c.a</b> |                                                              |                             |
| a. Fiberglass reinforced plastic-FRP (280.20(a)(1))                                                                                                                          |  | Yes              | No                                                           | N/A                         |
| b. Tank constructed of metal and cathodically protected e.g. galvanic - STI-P3, metal tank with impressed current system (280.20(a)(2)) Specify:                             |  | Yes              | No                                                           | N/A                         |
| c. Metal-fiberglass-reinforced-plastic composite (ACT-100) (280.20(a)(3))                                                                                                    |  | Yes              | No                                                           | N/A                         |
| d. Records available to document that Corrosion Protection is not necessary. (280.20(a)(4))                                                                                  |  | Yes              | No                                                           | N/A                         |
| e. Other corrosion protection (280.20(a)(5)) Specify:                                                                                                                        |  |                  |                                                              |                             |
| <b>3. Have repairs been conducted on any tank?</b>                                                                                                                           |  | <b>Yes</b>       | <b>No</b>                                                    | <b>Tank #: Repair Date:</b> |
| a. Were repairs to tanks conducted in accordance with accepted codes and standards? (280.33(a))                                                                              |  | Yes              | No                                                           | N/A                         |
| b. Were repairs to fiberglass-reinforced tanks conducted by manufacturer's authorized representatives or in accordance with accepted codes and standards? (280.33(b))        |  | Yes              | No                                                           | N/A                         |
| c. Were the repaired tanks tightness tested within 30 days of the completion of the repair (280.33(d)) unless inspected, monitored or otherwise tested? (280.33(d)(1, 2, 3)) |  | Yes              | No                                                           | N/A                         |
| <b>Section B Comments:</b>                                                                                                                                                   |  |                  |                                                              |                             |

  

|                                                                                                                             |  |                                                              |    |     |
|-----------------------------------------------------------------------------------------------------------------------------|--|--------------------------------------------------------------|----|-----|
| <b>Section C Upgrading Existing Tanks to New System Standards</b>                                                           |  | Further Explanation in Narrative<br>Section C Not Applicable |    |     |
| (Tanks installed on or before 12/22/88)                                                                                     |  |                                                              |    |     |
| <b>1 Do the Existing Tank(s) comply with one of the following requirements:</b>                                             |  | <b>UST- 9c.a</b>                                             |    |     |
| a. Are all existing tanks upgraded to meet the standards or do they already meet the standards for New UST systems?(280.21) |  | Yes                                                          | No | N/A |
| If yes, specify tank type:                                                                                                  |  |                                                              |    |     |
| b. Are all existing tanks upgraded with cathodic protection?(280.21(b))If yes, complete                                     |  | Yes                                                          | No | N/A |
| <b>2. What method of corrosion protection is used for each tank?</b>                                                        |  | <b>UST- 9c.e</b>                                             |    |     |
| a. Metal tank retrofitted with interior lining (280.21(b)(1)) Date Lining Installed:                                        |  | Yes                                                          | No | N/A |
| b. Is lining inspected periodically? (280.21(b)(1)(ii)) Date of Last Lining Inspection:                                     |  | Yes                                                          | No | N/A |
| c. Metal tank retrofitted with cathodic protection (280.21(b)(2)) Type of CP:                                               |  | Yes                                                          | No | N/A |
| d. If tank >10 years old when CP was added, was a tank integrity test performed? (280.21(b)(2)(i))                          |  | Yes                                                          | No | N/A |

|                                                                                                                                                                                                                                                        |  |                                         |             |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|-----------------------------------------|-------------|
| FID #:                                                                                                                                                                                                                                                 |  | INSPECTION DATE(S):                     |             |
| FACILITY NAME:                                                                                                                                                                                                                                         |  | Tribal Land:                            |             |
| Type of integrity test performed:                                                                                                                                                                                                                      |  | Date:                                   |             |
| e. Internal Lining combined with cathodic protection (280.21(b)(3)) If CP was not installed at same time as the lining, complete section C.2.d above.                                                                                                  |  | Yes                                     | No N/A      |
| f. Other corrosion protection. Specify:                                                                                                                                                                                                                |  | Yes                                     | No N/A      |
| <b>Section C Comments:</b>                                                                                                                                                                                                                             |  |                                         |             |
| <b>Section D Standards for New/Existing UST Piping System</b>                                                                                                                                                                                          |  |                                         |             |
| (Piping installed after 04/11/2016 must be secondarily contained)                                                                                                                                                                                      |  | <b>Further Explanation in Narrative</b> |             |
| <b>(Piping installed after 12/22/88)</b>                                                                                                                                                                                                               |  | <b>Section D Not Applicable</b>         |             |
| 1a. For piping installed after 04/11/2016, is it secondarily contained?(280.20)                                                                                                                                                                        |  | Yes                                     | No N/A      |
| 1b. For piping installed before 04/11/2016 indicate double / single wall                                                                                                                                                                               |  | Double Wall                             | Single Wall |
| 2. Is piping that routinely contains regulated substances and is in contact with the ground or water designed, constructed, and protected to prevent corrosion? (280.20(b) new/ 280.21(c) existing) <b>UST-9c.a</b>                                    |  | Yes                                     | No N/A      |
| 3. What method of corrosion protection is used for the piping? <b>UST-9c.a</b>                                                                                                                                                                         |  |                                         |             |
| a. Fiberglass-reinforced plastic piping -FRP (280.20(b)(1))                                                                                                                                                                                            |  | Yes                                     | No N/A      |
| b. Non-metallic flexible piping (280.20(b)(4)) Type:                                                                                                                                                                                                   |  | Yes                                     | No N/A      |
| c. Constructed of metal and cathodically protected e.g. coated w/dielectric material, metal piping with anodes, or metal piping with impressed current system. (280.20(b)(2))<br>Specify:                                                              |  | Yes                                     | No N/A      |
| d. Metal piping without additional corrosion protection measures. (280.20(b)(3))<br>Specify:                                                                                                                                                           |  | Yes                                     | No N/A      |
| e. Records available to document Corrosion Protection is not necessary. (280.20(b)(3)(ii))                                                                                                                                                             |  | Yes                                     | No N/A      |
| 4. Are all <b>metal components (flexible connectors, submersible turbine pumps)</b> that routinely contain regulated substances and are in contact with the ground or water designed, constructed, and protected to prevent corrosion? <b>UST-9c.a</b> |  | Yes                                     | No N/A      |
| a. Constructed of metal and cathodically protected e.g. coated w/dielectric material, metal componets protected with anodes or an impressed current system, contained in dry sumps. (280.20(b))<br>Specify:                                            |  | Yes                                     | No N/A      |
| b. Metal piping components without additional corrosion protection measures. (280.20(b)(3)(ii))<br>Specify:                                                                                                                                            |  | Yes                                     | No N/A      |
| 5. Are all impact valves (shear valves) properly installed (moving parts unobstructed, shear valve properly anchored)? (NFPA 30A Chapter 6 Paragraph 3.9)                                                                                              |  | Yes                                     | No N/A      |
| 6. Have repairs been made to any piping? <input type="checkbox"/> Yes <input type="checkbox"/> No Associated tank # _____ Date of repair _____                                                                                                         |  |                                         |             |
| a. Were any metal pipe sections or fittings that released product replaced? (280.22(c))                                                                                                                                                                |  | Yes                                     | No N/A      |
| b. Were fiberglass pipes and fittings repaired in accordance with manufacturer's specifications? (280.33(c))                                                                                                                                           |  | Yes                                     | No N/A      |
| c. Was the repaired piping tightness tested within 30 days of the completion of the repair (280.33(d)) unless inspected, monitored or otherwise tested? (290.33(d)(1, 2, 3))                                                                           |  | Yes                                     | No N/A      |
| d. Was 50 percent or more of the piping replaced with DW piping during the repair?                                                                                                                                                                     |  | Yes                                     | No N/A      |
| <b>Section D Comments:</b>                                                                                                                                                                                                                             |  |                                         |             |

|                                                                                                       |                                                                                                                                                                                                                                                                                         |                                                                  |            |
|-------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------|------------|
| FID #:                                                                                                |                                                                                                                                                                                                                                                                                         | INSPECTION DATE(S):                                              |            |
| FACILITY NAME:                                                                                        |                                                                                                                                                                                                                                                                                         | Tribal Land:                                                     |            |
| <b>Section E Spill and Overfill for New/Existing UST Systems</b>                                      |                                                                                                                                                                                                                                                                                         |                                                                  |            |
| <b>(UST systems installed after 12/22/88 are considered new)</b>                                      |                                                                                                                                                                                                                                                                                         | <b>Further Explanation in Narrative Section E Not Applicable</b> |            |
| 1.                                                                                                    | Is each tank equipped with Spill Prevention Equipment to prevent a release of product when the transfer hose is detached from the fill pipe? (280.20(c)(1)(i); 280.20(d))                                                                                                               | <b>9a.a</b>                                                      | Yes No N/A |
| a.                                                                                                    | Does the spill prevention equipment have liquid tight sides and bottom (not cracked or broken)? (280.20(c)(1)(i))                                                                                                                                                                       | <b>UST 9a.a</b>                                                  | Yes No N/A |
| b.                                                                                                    | Spill equipment construction                                                                                                                                                                                                                                                            | DW                                                               | SW         |
| c.                                                                                                    | For double walled spill buckets, is the spill prevention equipment interstitially monitored?                                                                                                                                                                                            | <b>UST 9a.b</b>                                                  | Yes No N/A |
| d.                                                                                                    | If not interstitially monitored or if single wall, has the spill prevention equipment been tested within the last 3 years? (Required after 10/13/15 for new/replaced; by 10/13/18 for existing. (280.35) Date: Method:                                                                  | Yes No N/A                                                       |            |
| e.                                                                                                    | Is the spill bucket free of liquids, so that it will contain any overfill?                                                                                                                                                                                                              | Yes No N/A                                                       |            |
| f.                                                                                                    | Has the spill bucket check been conducted every 30 days? (280.36(a)(1)(i))<br><b>Required by 10/13/2018</b> Unless exception used, explain in comments                                                                                                                                  | <b>UST 9a.b</b>                                                  | Yes No N/A |
| g.                                                                                                    | Has the spill prevention equipment been repaired/replaced since the previous inspection? Replace / Repair/ Test Date:                                                                                                                                                                   | Yes No N/A                                                       |            |
| 2.                                                                                                    | Is each tank equipped with Overfill Prevention Equipment? (280.20(c)(1)(ii)).                                                                                                                                                                                                           | <b>UST-9b.a</b>                                                  | Yes No N/A |
| 3.                                                                                                    | Is the Overfill Prevention Equipment designed to:                                                                                                                                                                                                                                       | <b>UST-9b.a</b>                                                  |            |
| a.                                                                                                    | Automatically shut off flow to the tank when the tank is no more than 95% full? e.g. <b>butterfly valve</b> (280.20(c)(1)(ii)(A)) (device not tampered with or inoperable)                                                                                                              | Yes No N/A                                                       |            |
| b.                                                                                                    | Alert transfer operator when tank is no more than 90 % full by restricting flow into the tank ( <b>ball float valve</b> ) or triggering a high-level alarm ( <b>overfill alarm</b> )? (Is the alarm near the fill port? Does it work? If No, explain in Comments) (280.20(c)(1)(ii)(B)) | Ball Float Alarm<br>Yes No N/A                                   |            |
| c.                                                                                                    | Restrict the flow 30 minutes prior to overfilling or alert the operator one minute before overfilling? (280.20(c)(1)(ii)(C))                                                                                                                                                            | Yes No N/A                                                       |            |
| d.                                                                                                    | If ball float valves are used, is the piping system pressurized. Ball float valves are not allowed for use on suction piping delivery systems (PEI/RP100-2005, Chapter 7.3.3 for <b>New Systems</b> ; PEI/RP100-2005, Chapter 7.3.3 for <b>Existing Systems</b> )                       | Yes No N/A                                                       |            |
| 4.                                                                                                    | Alternative type of Spill or Overfill Prevention Equipment being used? (280.20(c)(2)ii)<br>Specify:                                                                                                                                                                                     | Yes No N/A                                                       |            |
| 5.                                                                                                    | Has overfill equipment been inspected within the past 3 years? Required after 10/13/15 for new/ replacement installation, 10/13/18 for existing installations (280.35) Date:                                                                                                            | Yes No N/A                                                       |            |
| <b>Section E Comments:</b>                                                                            |                                                                                                                                                                                                                                                                                         |                                                                  |            |
| <b>SECTION F (installed after 4/11/2016)</b>                                                          |                                                                                                                                                                                                                                                                                         |                                                                  |            |
| <b>Section F Under-Dispenser Containment ) (UDC)</b><br><b>(Dispensers installed after 4/11/2016)</b> |                                                                                                                                                                                                                                                                                         | <b>Further Explanation in Narrative Section F Not Applicable</b> |            |
| <b>UST-9d.a</b>                                                                                       |                                                                                                                                                                                                                                                                                         |                                                                  |            |
| 1.                                                                                                    | For dispensers installed after 4/11/2016 (280.20(f)) or those installed after 10/18/15 with IM:                                                                                                                                                                                         |                                                                  |            |
| a.                                                                                                    | Is each new dispenser at a new facility equipped with UDC?                                                                                                                                                                                                                              | Yes No N/A                                                       |            |
| b.                                                                                                    | Is each new dispenser at an existing facility where new pipe (50% or greater) was added to connect the new dispenser to the existing system equipped with UDC?                                                                                                                          | Yes No N/A                                                       |            |
| C.                                                                                                    | Is each replacement dispenser at an existing facility where piping (50% or greater) that connects the dispenser to the existing piping is replaced equipped with UDC?                                                                                                                   | Yes No N/A                                                       |            |

|                                                                            |                                                                                                                                                                                                                                                                                                |                                         |        |
|----------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------|--------|
| FID #:                                                                     |                                                                                                                                                                                                                                                                                                | INSPECTION DATE(S):                     |        |
| FACILITY NAME:                                                             |                                                                                                                                                                                                                                                                                                | Tribal Land:                            |        |
| 2.                                                                         | Does each UDC sump subject to the 4/11/2016 UDC requirements or installed utilizing IM after 10/13/15 have liquid-tight sides and bottom, and is it maintained free of storm water, debris and regulated substances? (280.20(f))                                                               | Yes                                     | No N/A |
| 3.                                                                         | If UDC is being used for IM, have the UDC's been tested within 3 (three) years? (Effective for new UDC 4/11/2016 and existing UDC's No Later Than 10/13/18)                                                                                                                                    | Yes                                     | No N/A |
| <b>Section F Comments:</b>                                                 |                                                                                                                                                                                                                                                                                                |                                         |        |
| <b>SECTION G (installed after 4-11-2016)</b>                               |                                                                                                                                                                                                                                                                                                |                                         |        |
| <b>Section G Submersible Turbine Pump (STP) Secondary Containment</b>      |                                                                                                                                                                                                                                                                                                | <b>Further Explanation in Narrative</b> |        |
| UST 9d.a                                                                   |                                                                                                                                                                                                                                                                                                | Section G Not Applicable                |        |
| 1. For submersible turbine pumps installed after 4/11/16 (280.20)          |                                                                                                                                                                                                                                                                                                |                                         |        |
| a.                                                                         | Is each new STP at a new facility equipped with liquid tight containment?                                                                                                                                                                                                                      | Yes                                     | No N/A |
| b.                                                                         | Is each new STP at an existing facility where a new pipe run was added to connect the new STP to the system equipped with liquid tight containment? (280.35(a)(1))                                                                                                                             | Yes                                     | No N/A |
| c.                                                                         | Is each replacement STP at an existing facility, where 50% or more of the piping is replaced that connects the STP to the system, equipped with liquid tight containment? (280.35(a)(1))                                                                                                       | Yes                                     | No N/A |
| 2.                                                                         | Does each STP containment sump subject to the 10/13/2015 STP Secondary Containment requirements have liquid-tight sides and bottom, and maintained free of storm water, debris, and regulated substances? (303.D.5.b)                                                                          | Yes                                     | No N/A |
| 3.                                                                         | Are the STP sumps used for piping Interstitial Monitoring?                                                                                                                                                                                                                                     | Yes                                     | No N/A |
| 4.                                                                         | Have STP containment sumps used for IM been tightness tested in the last 3 years (10/13/15 new, No Later Than 10/13/18 existing) <b>UST-9d.d</b>                                                                                                                                               | Yes                                     | No N/A |
| <b>Section G Comments:</b>                                                 |                                                                                                                                                                                                                                                                                                |                                         |        |
| <b>Section H Operation and Maintenance of Corrosion Protection Systems</b> |                                                                                                                                                                                                                                                                                                |                                         |        |
|                                                                            |                                                                                                                                                                                                                                                                                                | <b>Further Explanation in Narrative</b> |        |
|                                                                            |                                                                                                                                                                                                                                                                                                | Section H Not Applicable                |        |
| 1.                                                                         | Is the corrosion protection system continuously operated and maintained to provide corrosion protection to metal components of external portions of the tanks and piping that routinely contain regulated substance and are in contact with the ground or water? (280.31(a)) <b>UST - 9c.c</b> | Yes                                     | No N/A |
| 2.                                                                         | Are the cathodic protection systems inspected by qualified testers?(280.31(b))                                                                                                                                                                                                                 | Yes                                     | No N/A |
| 3.                                                                         | Was the cathodic protection system tested within six months after installation? (280.31(b)(1)) <b>Date: UST-9c.b</b>                                                                                                                                                                           | Yes                                     | No N/A |
| 4.                                                                         | Is the system tested at least every three years? (280.31(b)(1)) <b>Date: UST-9c.c and 9c.d</b>                                                                                                                                                                                                 | Yes                                     | No N/A |
| 5.                                                                         | Does the inspection meet the requirements of a code of practice developed by a nationally recognized association? (280.31(b)(2))                                                                                                                                                               | Yes                                     | No N/A |
| 6.                                                                         | As outlined in 280.31(b), does the facility have copies of the last two CP inspections? (280.31(d)(2))                                                                                                                                                                                         | Yes                                     | No N/A |
| 7.                                                                         | If the UST system has an impressed current, is the rectifier inspected every 60 days (280.31c) <b>UST-9c.d</b>                                                                                                                                                                                 | Yes                                     | No N/A |
| 8.                                                                         | As outlined in EPA regulations, does the facility have copies of the last three rectifier inspections? ((280.31(d)(1)) <b>(CPM requires 2, must have last 2: UST-9c.d)</b>                                                                                                                     | Yes                                     | No N/A |

|                                                                                                        |                                                                                                                                                                                                                                                                          |                                         |        |
|--------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------|--------|
| FID #:                                                                                                 |                                                                                                                                                                                                                                                                          | INSPECTION DATE(S):                     |        |
| FACILITY NAME:                                                                                         |                                                                                                                                                                                                                                                                          | Tribal Land:                            |        |
| 9. Was the cathodic protection system tested within six months of a repair?(280.33(e)) 9c.b Yes No N/A |                                                                                                                                                                                                                                                                          |                                         |        |
| <b>Section H Comments:</b>                                                                             |                                                                                                                                                                                                                                                                          |                                         |        |
| <b>SOC - Release Detection</b>                                                                         |                                                                                                                                                                                                                                                                          |                                         |        |
| <b>Section I Release Detection Requirements for UST System</b>                                         |                                                                                                                                                                                                                                                                          | <b>Further Explanation in Narrative</b> |        |
| 9d.a & 9d.b (Must have records 10 of 12 months, which includes 2 most current months)                  |                                                                                                                                                                                                                                                                          | Section I Not Applicable                |        |
| 1.                                                                                                     | Does the facility perform a method of release detection? Check "No" if no release detection conducted (280.40(a))                                                                                                                                                        | Yes                                     | No N/A |
| 2.                                                                                                     | Is the method of release detection capable of detecting a release from any portion of the tank that routinely contains product? (280.40(a)(1))                                                                                                                           | Yes                                     | No N/A |
| 3.                                                                                                     | Is the release detection system installed, calibrated, operated, and maintained in accordance with the manufacturer's instructions including routine maintenance, etc.?(280.40(a)(2))                                                                                    | Yes                                     | No N/A |
| 4.                                                                                                     | Does the release detection system meet the performance standards outlined in 280.43 or 280.44? (Check third party certification against equipment or method present)((280.40(a)(3))                                                                                      | Yes                                     | No N/A |
| 5.                                                                                                     | Are all USTs monitored at least every 30 days for releases? (280.41 (a)).                                                                                                                                                                                                | Yes                                     | No N/A |
| 6.                                                                                                     | Is UST systems subject to the 4/11/16 Secondary Containment Requirements: (Interstitial Monitoring)                                                                                                                                                                      | Yes                                     | No     |
|                                                                                                        | a. Portions of UST system using IM: Tanks Piping Spill Buckets                                                                                                                                                                                                           |                                         |        |
|                                                                                                        | b. Are monthly records available to verify no leaks to interstice or the environment from tanks?                                                                                                                                                                         | Yes                                     | No N/A |
|                                                                                                        | c. Are monthly records available to verify no leaks to interstice, sump or the environment from piping? 9d.d                                                                                                                                                             | Yes                                     | No N/A |
| 7.                                                                                                     | Has Annual testing/inspection of release detection equipment (ATG, probes/sensors, ALLD - simulating lead, vacuum/pressure guages, hand held equipment) been conducted? (280.40(a)(3) required No Later Than 10/13/18 (UST9d.c 3yr records: RD Ck& ALLD simulating leak) | Yes                                     | No N/A |
| <b>Section I Comments:</b>                                                                             |                                                                                                                                                                                                                                                                          |                                         |        |
| <b>Section J Release Detection Record Keeping</b>                                                      |                                                                                                                                                                                                                                                                          | <b>Further Explanation in Narrative</b> |        |
|                                                                                                        |                                                                                                                                                                                                                                                                          | Section J Not Applicable                |        |
| 1.                                                                                                     | As outlined in 280.34 does the facility maintain all written performance claims and documentation provided by the release detection vendor for 5 years? (280.45(a))                                                                                                      | Yes                                     | No N/A |
| 2.                                                                                                     | As outlined in 280.34, does the facility maintain all monitoring results, sampling records, equipment testing, calibration and maintenance records, or leak detection equipment repair records for at least one year? (280.45(b) and (c)) Specify: UST-9d.a              | Yes                                     | No N/A |
| 3.                                                                                                     | As outlined in 280.43(c), are all tank tightness-testing records retained until the next test is conducted? ((280.45(b))                                                                                                                                                 | Yes                                     | No N/A |
| 4.                                                                                                     | As outlined in 280.34, are schedules of required calibration and maintenance for release detection equipment retained for 5 years from date of installation? ((280.45(c))                                                                                                | Yes                                     | No N/A |
| 5.                                                                                                     | Are records available to verify water levels in the tanks are checked monthly to 1/8th inch? (280.43(a)(6) 9d.a                                                                                                                                                          | Yes                                     | No N/A |
| <b>Section J Comments:</b>                                                                             |                                                                                                                                                                                                                                                                          |                                         |        |

|                                                                             |                                                                                                                                                                                        |                                                                      |                                                                      |
|-----------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------|----------------------------------------------------------------------|
| FID #:                                                                      |                                                                                                                                                                                        | INSPECTION DATE(S):                                                  |                                                                      |
| FACILITY NAME:                                                              |                                                                                                                                                                                        | Tribal Land:                                                         |                                                                      |
| <b>Section K Release Reporting</b>                                          |                                                                                                                                                                                        |                                                                      |                                                                      |
|                                                                             |                                                                                                                                                                                        | <b>Further Explanation in Narrative<br/>Section K Not Applicable</b> |                                                                      |
| <b>Suspected Releases</b>                                                   |                                                                                                                                                                                        | <b>UST 9d.e</b>                                                      |                                                                      |
| 1.                                                                          | When a release detection method indicates that a release may have occurred; has the facility notified EPA/State of a suspected release? (280.40(b) and 280.50(c))                      | <b>S-D4</b>                                                          | Yes No N/A                                                           |
| 2.                                                                          | Has the facility notified the department of any other suspected release (regulated substance discovered, unusual operating conditions)? (280.50(a) or (b))                             |                                                                      | Yes No N/A                                                           |
| 3.                                                                          | Facility has resolved suspected releases in accordance with procedures outlined in 280.52?                                                                                             | <b>S-D4</b>                                                          | Yes No N/A                                                           |
| <b>Spills and Overfills</b>                                                 |                                                                                                                                                                                        |                                                                      |                                                                      |
| 1.                                                                          | Has the facility reported, investigated, and cleaned-up any spills and overfills as required by 280.52 through 280.67                                                                  |                                                                      | Yes No N/A                                                           |
| <b>Section K Comments:</b>                                                  |                                                                                                                                                                                        |                                                                      |                                                                      |
|                                                                             |                                                                                                                                                                                        |                                                                      |                                                                      |
| <b>Section L Release Detection Methods for Tanks</b>                        |                                                                                                                                                                                        |                                                                      |                                                                      |
|                                                                             |                                                                                                                                                                                        | 9d.a                                                                 | <b>Further Explanation in Narrative<br/>Section L Not Applicable</b> |
| <b>(Fill out only the applicable sections, all others can remain blank)</b> |                                                                                                                                                                                        |                                                                      |                                                                      |
| <b>1. Inventory Control with Tank Tightness Testing (280.41(a)(1))</b>      |                                                                                                                                                                                        |                                                                      |                                                                      |
|                                                                             |                                                                                                                                                                                        | <b>UST 9d.a</b>                                                      | <b>INSTALLED ON or BEFORE 4/11/16</b>                                |
| a.                                                                          | Are inputs, withdrawals, amounts in tank recorded daily or on each operating day? (280.43(a)(1))                                                                                       |                                                                      | Yes No N/A                                                           |
| b.                                                                          | Is the measuring equipment capable of measuring the level of the product over the full range of the tank's height to the nearest one-eighth of an inch? (280.43(a)(2))                 |                                                                      | Yes No N/A                                                           |
| c.                                                                          | Are inputs reconciled with delivery receipts? (280.43(a)(3))                                                                                                                           |                                                                      | Yes No N/A                                                           |
| d.                                                                          | Are deliveries made through a drop tube which extends to within 1 foot of bottom? (280.43(a)(4))                                                                                       |                                                                      | Yes No N/A                                                           |
| e.                                                                          | Are measurements of water level made to the nearest 1/8 inch at least once a month? (280.43(a)(6))                                                                                     |                                                                      | Yes No N/A                                                           |
| f.                                                                          | Is the TTT conducted every 5 years as required and is TTT method capable of detecting a 0.1 gal/hr leak rate from any portion of the tank routinely containing product? (280.41(a)(1)) |                                                                      | Yes No N/A                                                           |
| Date of Last Tank Tightness Test:                                           |                                                                                                                                                                                        |                                                                      |                                                                      |
| g.                                                                          | TTT conducted following the manufacturer's instructions or third party certification. (280.43(c))                                                                                      |                                                                      | Yes No N/A                                                           |
| h.                                                                          | Within the 10 year time frame for using IC/TTT? (280.41(a)(1))                                                                                                                         | Expiration Date:                                                     | Yes No N/A                                                           |
| <b>2. Manual Tank Gauging (MTG) (tanks &lt;2000 gal) (281.43(b))</b>        |                                                                                                                                                                                        |                                                                      |                                                                      |
|                                                                             |                                                                                                                                                                                        | <b>9d.a</b>                                                          | <b>Deadline date:</b>                                                |
| a.                                                                          | If tank is >550 gal and < 2000 gal, is tank tightness being conducted every 5 years? (280.41(a)(1))                                                                                    | Date of last tank tightness test:                                    | Yes No N/A                                                           |
| b.                                                                          | Tank size is appropriate for using MTG (280.43(b))                                                                                                                                     |                                                                      | Yes No N/A                                                           |
| c.                                                                          | Method is being conducted properly (280.43(b)(1) through (5))                                                                                                                          |                                                                      | Yes No N/A                                                           |
| d.                                                                          | No liquid is added to or taken out of tank during test. (280.43(b)(1))                                                                                                                 |                                                                      | Yes No N/A                                                           |
| e.                                                                          | Equipment is capable of 1/8-in measurement (280.43(b)(3))                                                                                                                              |                                                                      | Yes No N/A                                                           |
| f.                                                                          | Within the 10 year time frame for using MTG/TTT for tanks between 550 and 2000 gallons? (280.41(a)(1))                                                                                 | Expiration Date:                                                     | Yes No N/A                                                           |

|                                                                                                                                      |                                                                                                                                                                                               |                     |            |
|--------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------|------------|
| FID #:                                                                                                                               |                                                                                                                                                                                               | INSPECTION DATE(S): |            |
| FACILITY NAME:                                                                                                                       |                                                                                                                                                                                               | Tribal Land:        |            |
| <input type="checkbox"/> <b>3. Automatic Tank Gauging (ATG) (280.40(a)&amp;280.43(d)) <u>9d.a</u> INSTALLED ON or BEFORE 4/11/16</b> |                                                                                                                                                                                               |                     |            |
| Make and Model:                                                                                                                      |                                                                                                                                                                                               | Probe Type:         |            |
| a.                                                                                                                                   | Is the ATG capable of detecting a leak of 0.2 gal/hr leak rate? (280.43(d)(1))                                                                                                                | <b>S-D3</b>         | Yes No N/A |
| b.                                                                                                                                   | As the sole method of release detection, the ATG must test the tank at least once per month in a manner that can detect a 0.2 gal/hr release with a pd > 0.95 and a pfa < 0.05 (280.40(a)(3)) | <b>S-D3</b>         | Yes No N/A |
| c.                                                                                                                                   | The ATG will generate a hard copy which contains the following:                                                                                                                               |                     |            |
|                                                                                                                                      | i. the time and date of the test                                                                                                                                                              |                     | Yes No N/A |
|                                                                                                                                      | ii. the tank identification                                                                                                                                                                   |                     | Yes No N/A |
|                                                                                                                                      | iii. the qualitative result either "pass" or "fail"                                                                                                                                           |                     | Yes No N/A |
| d.                                                                                                                                   | Type of test conducted                                                                                                                                                                        |                     |            |
| <input type="checkbox"/> <b>4. External Release Detection Devices <u>9d.a</u> INSTALLED ON or BEFORE 4/11/16</b>                     |                                                                                                                                                                                               |                     |            |
| a.                                                                                                                                   | General Requirements for Release Detection Devices                                                                                                                                            |                     |            |
| i.                                                                                                                                   | Do the RDDs meet the general requirements for construction? (280.43(e)(1) &(6) and (f)(7)-(8))                                                                                                |                     | Yes No N/A |
| ii.                                                                                                                                  | RDDs screened from 1 ft below the surface throughout the entire excavation zone? (280.43(e) & (f))                                                                                            |                     | Yes No N/A |
| iii.                                                                                                                                 | Are the RDDs sealed and locked? (280.43(e)(7) and (f)(8))                                                                                                                                     |                     | Yes No N/A |
| iv.                                                                                                                                  | Are the RDDs installed in backfill? (280.43(e)(1) and 280.43(f)(2))<br>Type of backfill:                                                                                                      |                     | Yes No N/A |
| v.                                                                                                                                   | Are RDDs in the correct number and properly positioned? (280.43(e)(6) and (f)(7))                                                                                                             |                     | Yes No N/A |
| vi.                                                                                                                                  | Does the facility have the paperwork to confirm that the release detection method was properly assessed? (280.45(a) Required After Oct 13, 2018)                                              |                     | Yes No N/A |
| <input type="checkbox"/> <b>b. Vapor Monitoring (280.43(e)) <u>9d.a</u> INSTALLED ON or BEFORE 4/11/16</b>                           |                                                                                                                                                                                               |                     |            |
| i.                                                                                                                                   | Is the regulated substance (or tracer) sufficiently volatile to allow vapors to be detected by the monitoring device? (280.43(e)(2))                                                          |                     | Yes No N/A |
| ii.                                                                                                                                  | Vapor monitoring is not affected by high ground water, rainfall, etc. (280.43(e)(3))                                                                                                          |                     | Yes No N/A |
| iii.                                                                                                                                 | Does background concentration in excavation zone interfere with method used? (280.43(e)(4))                                                                                                   |                     | Yes No N/A |
| iv.                                                                                                                                  | Is the monitoring device designed and operated to detect any significant increase in concentration above background? (280.43(e)(5))                                                           |                     | Yes No N/A |
| <input type="checkbox"/> <b>c. Groundwater Monitoring (280.43(f)) <u>9d.a</u> INSTALLED ON or BEFORE 4/11/16</b>                     |                                                                                                                                                                                               |                     |            |
| i.                                                                                                                                   | Is regulated substance immiscible in water and have a specific gravity less than one? (280.43(f)(1))                                                                                          |                     | Yes No N/A |
| ii.                                                                                                                                  | Water in the monitoring well is never more than 20 feet from the ground surface? (280.43(f)(2))                                                                                               |                     | Yes No N/A |
| iii.                                                                                                                                 | Does RDD prevent migration of soils into RDD, and can regulated substance enter RDD in both low and high water conditions? (280.43(f)(3))                                                     |                     | Yes No N/A |
| iv.                                                                                                                                  | If RDD installed in native soil, is hydraulic conductivity greater than 0.01 cm/sec? (280.43(f)(2))                                                                                           |                     | Yes No N/A |

|                                                                                                                                                                                                                                                                                           |  |                     |  |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|---------------------|--|
| FID #:                                                                                                                                                                                                                                                                                    |  | INSPECTION DATE(S): |  |
| FACILITY NAME:                                                                                                                                                                                                                                                                            |  | Tribal Land:        |  |
| v. Can continuous monitoring device or manual method detect 1/8-in of free product?<br>(280.43(f)(6)) <div style="float: right;">Yes    No    N/A</div>                                                                                                                                   |  |                     |  |
| <input type="checkbox"/> <b>5. Interstitial Monitoring (280.43(g) 9d.a</b> REQUIRED FOR TANKS INSTALLED AFTER 4/11/16                                                                                                                                                                     |  |                     |  |
| a. Describe the UST system which uses IM e.g. double walled tank, secondary barrier:<br>Explain: <div style="float: right;">Yes    No    N/A</div>                                                                                                                                        |  |                     |  |
| b. Can the method detect a release through the inner wall of the tank? (280.43(g)(1) or (3))<br><div style="text-align: right;"><b>S-D2</b></div> <div style="float: right;">Yes    No    N/A</div>                                                                                       |  |                     |  |
| c. Continuous interstitial monitoring by an automatic leak sensing device that signals to the operator the presence of any regulated substance in the space or sump (701.A.6.a)<br>Method: <div style="float: right;">Yes    No    N/A</div>                                              |  |                     |  |
| <b>OR</b>                                                                                                                                                                                                                                                                                 |  |                     |  |
| ii. Manual interstitial monitoring every 30 days by means of a procedure capable of detecting the presence of any regulated substance in the interstitial space or sump (701.A.6.a)<br>Specify Method: <div style="float: right;">Yes    No    N/A</div>                                  |  |                     |  |
| <input type="checkbox"/> <b>6. Statistical Inventory Reconciliation(SIR)(280.43(h)) 9d.a</b> For Tanks INSTALLED ON OR BEFORE 4/11/16                                                                                                                                                     |  |                     |  |
| a. Can the SIR method detect a release of 0.2gal/hr from any portion of the UST System that routinely contains product with a pd > 0.95 and a pfa < 0.05? (280.43(h)(1)) <div style="float: right;">Yes    No    N/A</div>                                                                |  |                     |  |
| b. Did the owner/operator receive the monthly report(s) from the SIR provider/vendor within the 30 day monitoring period? (280.43(h)) <div style="float: right;">Yes    No    N/A</div>                                                                                                   |  |                     |  |
| c. Did the SIR analysis report include the following information:                                                                                                                                                                                                                         |  |                     |  |
| i. the name of the SIR provider and the name and version of the SIR method; <div style="float: right;">Yes    No    N/A</div>                                                                                                                                                             |  |                     |  |
| ii. the name and address of the facility at which the analysis was performed; <div style="float: right;">Yes    No    N/A</div>                                                                                                                                                           |  |                     |  |
| iii. a description of the UST system for which the analysis was performed; <div style="float: right;">Yes    No    N/A</div>                                                                                                                                                              |  |                     |  |
| iv. a quantitative statement, in gallons/hr, for each UST system monitored for the month, of the leak threshold, minimum detectable leak rate, and the indicated leak rate; <div style="float: right;">Yes    No    N/A</div>                                                             |  |                     |  |
| v. a qualitative statement of "pass," "fail," or "inconclusive" for each UST system monitored <div style="float: right;">Yes    No    N/A</div>                                                                                                                                           |  |                     |  |
| d. Method Name: <div style="float: right;">Version:</div>                                                                                                                                                                                                                                 |  |                     |  |
| <input type="checkbox"/> <b>7. Other Method: (280.43(h))</b> Specify Method:                                                                                                                                                                                                              |  |                     |  |
| a. Method can detect 0.2 gal/hr leak rate or a release of 150 gal within a month; & meet the 95/5 probability requirement. (280.43(h)) <b>OR</b> <div style="float: right;">Yes    No    N/A</div>                                                                                        |  |                     |  |
| b. EPA has approved the method as being as effective as Tank Tightness testing, ATG, vapor monitoring, ground water monitoring, or interstitial monitoring and operator complies with any conditions imposed by the agency. (280.43(h)) <div style="float: right;">Yes    No    N/A</div> |  |                     |  |
| <b>Section L Comments:</b>                                                                                                                                                                                                                                                                |  |                     |  |
|                                                                                                                                                                                                                                                                                           |  |                     |  |

|                                                                                                                                                                                                                                                                     |                                                                                                                                     |                                         |        |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------|--------|
| FID #:                                                                                                                                                                                                                                                              |                                                                                                                                     | INSPECTION DATE(S):                     |        |
| FACILITY NAME:                                                                                                                                                                                                                                                      |                                                                                                                                     | Tribal Land:                            |        |
| <b>Section M Methods of Release Detection for Piping</b>                                                                                                                                                                                                            |                                                                                                                                     | <b>Section M Not Applicable</b>         |        |
| <b>Is release detection performed on the UST system's piping? (280.41(b))</b>                                                                                                                                                                                       |                                                                                                                                     | <b>Further Explanation in Narrative</b> |        |
| <b>Check Box to the right and the appropriate piping system below: pressurized or suction.</b>                                                                                                                                                                      |                                                                                                                                     | Yes                                     | No N/A |
| <input type="checkbox"/>                                                                                                                                                                                                                                            | <b>1. Pressurized Piping</b>                                                                                                        | <b>9d.a</b>                             |        |
| a. Which of the following methods of leak detection does the facility use for pressurized piping? (280.41(b)(1))                                                                                                                                                    |                                                                                                                                     |                                         |        |
| i. Automatic Line Leak Detectors (ALLD) installed (one of the following methods is required on all pressurized lines, regardless of line leak detection method used) (280.41(b)(1)(ii))                                                                             |                                                                                                                                     | Yes                                     | No N/A |
| MODEL:                                                                                                                                                                                                                                                              |                                                                                                                                     | <b>MECHANICAL<br/>ELECTRONIC</b>        |        |
| 1. Automatic flow restrictor, or                                                                                                                                                                                                                                    |                                                                                                                                     | Yes                                     | No N/A |
| 2. Automatic shutoff, or                                                                                                                                                                                                                                            |                                                                                                                                     | Yes                                     | No N/A |
| 3. Continuous audible or visual alarm                                                                                                                                                                                                                               |                                                                                                                                     | Yes                                     | No N/A |
| 4. Is a test conducted every 12 months on the line leak detector which simulates a leak according to manufacturer's requirements? (280.44(a)) Date of last test:                                                                                                    |                                                                                                                                     | Yes                                     | No N/A |
| 5. Are records available for performance test for previous 2 years. (starting 10/13/18, 3 years of records required, which includes current test.) <b>9d.c</b>                                                                                                      |                                                                                                                                     | Yes                                     | No N/A |
| <b>AND</b>                                                                                                                                                                                                                                                          | 6. If Electronic, a 3gal/hr test with a PASS or other rate as specified by Manufacturer annually. (Not acceptable after 10/13/2018) | Yes                                     | No N/A |
| ii. One other method (280.44(b)) (Only applicable if installed on or before 4/11/2016, must use IM afterwards.)                                                                                                                                                     |                                                                                                                                     |                                         |        |
| 1. A line tightness test conducted every 12 months (280.44(b)); Date of last test: <b>9d.b</b>                                                                                                                                                                      |                                                                                                                                     | Yes                                     | No N/A |
| 2. Is LTT method capable of detecting a 0.1 gal/hr leak rate from any portion of the piping routinely containing product? (280.44(b))                                                                                                                               |                                                                                                                                     | Yes                                     | No N/A |
| 3. If Electronic, is a 0.1 test with PASS conducted annually (280.44(b))                                                                                                                                                                                            |                                                                                                                                     | Yes                                     | No N/A |
| <b>OR</b>                                                                                                                                                                                                                                                           |                                                                                                                                     |                                         |        |
| 4. Monthly monitoring? (280.44(c)) Specify Type:                                                                                                                                                                                                                    |                                                                                                                                     | Yes                                     | No N/A |
| 5. If Electronic, is a 0.2 test with PASS conducted monthly (280.44(b))                                                                                                                                                                                             |                                                                                                                                     | Yes                                     | No N/A |
| REQUIRED FOR Piping INSTALLED or REPLACED (>50% TOTAL) AFTER 4/11/16                                                                                                                                                                                                |                                                                                                                                     |                                         |        |
| b. Is Interstitial Monitoring Secondary Containment requirements used (303.D.2.f.i), by either:                                                                                                                                                                     |                                                                                                                                     |                                         |        |
| i. Continuous interstitial monitoring by an automatic leak sensing device that signals to the operator the presence of any regulated substance in the interstitial space or sump (701.B.4) <b>Must have monthly documentation.</b><br>Specify Method:               |                                                                                                                                     | Yes                                     | No N/A |
| <b>OR</b>                                                                                                                                                                                                                                                           |                                                                                                                                     |                                         |        |
| ii. Manual interstitial monitoring every 30 days by means of a procedure capable of detecting the presence of any regulated substance in the interstitial space or sump (701.B.4)<br>Specify Method:                                                                |                                                                                                                                     | Yes                                     | No N/A |
| c. For piping subject to the 4/11/16 Secondary Containment requirements, is all piping interstitial space and/or are all sumps maintained free of water, debris, or anything that could interfere with the leak detection capabilities? (701.B.4.a)                 |                                                                                                                                     | Yes                                     | No N/A |
| <b>2. Suction Piping</b>                                                                                                                                                                                                                                            |                                                                                                                                     |                                         |        |
| a. Which of the following leak detection methods does the facility use for suction piping? (280.44(b))                                                                                                                                                              |                                                                                                                                     |                                         |        |
| i. (Safe Suction) No release detection is required if piping is sloped to drain product back into tank <b>and</b> only one check valve is present and located directly below or as close as practicable to the suction pump (280.41(b)(2) - must have documentation |                                                                                                                                     | Yes                                     | No N/A |
| <b>OR</b>                                                                                                                                                                                                                                                           | ii. Line tightness test every 3 years? (280.41(b)(2)) Date of last test:                                                            | Yes                                     | No N/A |
| <b>OR</b>                                                                                                                                                                                                                                                           | iii. Monthly monitoring? (280.41(b)(2)) Specify Type:                                                                               | Yes                                     | No N/A |

|                                                                                                                                                                 |  |                                         |            |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------|--|-----------------------------------------|------------|
| FID #:                                                                                                                                                          |  | INSPECTION DATE(S):                     |            |
| FACILITY NAME:                                                                                                                                                  |  | Tribal Land:                            |            |
| <b>Section M Comments:</b>                                                                                                                                      |  |                                         |            |
|                                                                                                                                                                 |  |                                         |            |
| <b>Section N Requirements for Temporary Closure (280.70)</b>                                                                                                    |  |                                         |            |
|                                                                                                                                                                 |  | <b>Further Explanation in Narrative</b> |            |
|                                                                                                                                                                 |  | <b>Section N Not Applicable</b>         |            |
| 1. For UST systems in temporary closure; has the facility:                                                                                                      |  |                                         |            |
| a. If greater than 1 inch of liquids remain, is monthly release detection conducted? (280.70(a))                                                                |  |                                         |            |
| Specify Type of RD performed tanks and piping:                                                                                                                  |  | <b>9d.a</b>                             | Yes No N/A |
| b. If applicable, is the Cathodic Protection being maintained? (280.70(a))                                                                                      |  | <b>9c.c</b>                             | Yes No N/A |
| <b>Section N Comments:</b>                                                                                                                                      |  |                                         |            |
|                                                                                                                                                                 |  |                                         |            |
| <b>NON-Significant Operational Compliance Components</b>                                                                                                        |  |                                         |            |
| <b>Section O Temporary Closure Continued</b>                                                                                                                    |  | <b>Further Explanation in Narrative</b> |            |
|                                                                                                                                                                 |  | <b>Not Applicable</b>                   |            |
| 1. For UST systems temporarily closed for 3 months or more, did the owner/operator:                                                                             |  |                                         |            |
| a. Leave vent line open and functional? (280.70(b)(1))                                                                                                          |  | Yes                                     | No N/A     |
| b. Cap and secure all other lines, pump, manways, and ancillary equipment? (280.70(b)(2))                                                                       |  | Yes                                     | No N/A     |
| c. Notify the E.P.A of the temporary closure status (UST-REG-01 form)? (280.70(b)(1))                                                                           |  | Yes                                     | No N/A     |
| d. Perform a tank tightness test within five days after the system was brought back into service after being in temporary closure 3 months or more? (903.E)     |  | Yes                                     | No N/A     |
| 2. For any non-upgraded UST system that has been temporarily closed for more than 12 months, has the owner/operator permanently closed the system? ((280.70(c)) |  | Yes                                     | No N/A     |
| <b>Section O Comments:</b>                                                                                                                                      |  |                                         |            |
|                                                                                                                                                                 |  |                                         |            |
| <b>Section P Additional Paperwork Requirements</b>                                                                                                              |  | <b>Not Applicable</b>                   |            |
|                                                                                                                                                                 |  | <b>Further Explanation in Narrative</b> |            |
| 1. Is the information on the Notice of Registration form current and accurate? (280.22))                                                                        |  | Yes                                     | No N/A     |
| 2. Has an amended Registration form been submitted within 30 days of acquiring a UST? (280.22))                                                                 |  | Yes                                     | No N/A     |
| 3. Is a copy of the current registration form kept on-site or at the nearest staffed facility? (Not Required.)                                                  |  | Yes                                     | No N/A     |
| 4. Has the owner/operator submitted the following information to the department:                                                                                |  |                                         |            |
| a. Registration form for all UST systems, including installation certification and installer verification for new tank systems (280.22)                         |  | Yes                                     | No N/A     |
| b. Reports of all releases, suspected releases, spills and overfills, and confirmed releases (280.34(a)(2)) <b>9c.e</b>                                         |  | Yes                                     | No N/A     |

|                                                                                                                                                                                                                                                                                              |                            |                            |                                         |        |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------|----------------------------|-----------------------------------------|--------|
| FID #:                                                                                                                                                                                                                                                                                       |                            |                            | INSPECTION DATE(S):                     |        |
| FACILITY NAME:                                                                                                                                                                                                                                                                               |                            |                            | Tribal Land:                            |        |
| c. Descriptions of corrective action plans, site characterizations, free product removal investigation of soil and groundwater cleanup, and corrective action plan (280.34(a)(3))                                                                                                            |                            |                            | Yes                                     | No N/A |
| d. Notification before permanent closure or change-in-service (280.34(a)(5) & .71(a))                                                                                                                                                                                                        |                            |                            | Yes                                     | No N/A |
| e. If new ownership, has a notification of ownership change been submitted within 30 days of acquiring a UST? (280.22(b))                                                                                                                                                                    |                            |                            | Yes                                     | No N/A |
| f. Has notification of a change of storage to regulated substances blended with greater than 10% ethanol or greater than 20% biodiesel been provided to agency 30 days before beginning storage? (280.32(b))                                                                                 |                            |                            | Yes                                     | No N/A |
| 5. Has the owner/operator maintained the following documents:                                                                                                                                                                                                                                |                            |                            |                                         |        |
| a. Results of site assessment conducted at permanent closure (280.34(a)(5))                                                                                                                                                                                                                  |                            |                            | Yes                                     | No N/A |
| b. Documentation of UST system repairs (280.34(b)(3))                                                                                                                                                                                                                                        |                            |                            | Yes                                     | No N/A |
| c. Documentation of the type and construction of the tanks, piping, leak detection equipment, corrosion protection equipment, and spill and overfill protection equipment?                                                                                                                   |                            |                            | Yes                                     | No N/A |
| d. Assessment of suitability for groundwater or vapor monitoring as release detection method. Retain while in use. (Copy of assessment must be available as of 10/13/18) (280.45(a))                                                                                                         |                            |                            | Yes                                     | No N/A |
| e. Three year testing of release prevention equipment and containment sumps, and inspection and/or testing (Overfill protection devices). Retain for three years. (280.35(c)(1) <u>UST-9a.b/9b.b/9d.c/9d.d</u> )                                                                             |                            |                            | Yes                                     | No N/A |
| f. Annual testing of release detection equipment. Retain for 3 years. (280.45(b)(1) 9d.a                                                                                                                                                                                                     |                            |                            | Yes                                     | No N/A |
| g. Checklists for Monthly walk thru inspections. Checklists contain dates, findings and actions taken. Retain for 1 year. 280.36(b) <u>UST '12</u>                                                                                                                                           |                            |                            | Yes                                     | No N/A |
| h. Annual walk thru insp. checklists for sumps/equip. Retain 1 year. 280.36(b) <u>UST-12</u>                                                                                                                                                                                                 |                            |                            | Yes                                     | No N/A |
| 6. Was the facility able to provide the records in a timely fashion as required by the inspector? (280.34(c))                                                                                                                                                                                |                            |                            | Yes                                     | No N/A |
| <b>Section P Comments:</b>                                                                                                                                                                                                                                                                   |                            |                            |                                         |        |
|                                                                                                                                                                                                                                                                                              |                            |                            |                                         |        |
| <b>Section Q General Requirements</b>                                                                                                                                                                                                                                                        |                            |                            | <b>Not Applicable</b>                   |        |
|                                                                                                                                                                                                                                                                                              |                            |                            | <b>Further Explanation in Narrative</b> |        |
| 1. Are the products being stored compatible with the materials or liner in the UST system? (280.32)                                                                                                                                                                                          |                            |                            | Yes                                     | No N/A |
| 2. Documentation of compatibility for fuel with >10% ethanol, >20% biodiesel, or another fuel designation by implementing agency. Retain as long as fuel is used. (280.32(b)(2))                                                                                                             |                            |                            | Yes                                     | No N/A |
| <b>Section Q Comments:</b>                                                                                                                                                                                                                                                                   |                            |                            |                                         |        |
|                                                                                                                                                                                                                                                                                              |                            |                            |                                         |        |
| <b>Section R Financial Responsibility</b>                                                                                                                                                                                                                                                    |                            |                            | <b>Not Applicable</b>                   |        |
| <u>UST- 11</u>                                                                                                                                                                                                                                                                               |                            |                            | <b>Further Explanation in Narrative</b> |        |
| 1. Can the owner/operators demonstrate financial responsibility for taking corrective action, including 3 <sup>rd</sup> party liability? i.e: how is he going to pay for the cleanup of a release? (280.94 -280.99)Records - 280.111 What type of financial responsibility is used? Explain: |                            |                            | Yes                                     | No N/A |
| 2. If Insurance, list company and contact:                                                                                                                                                                                                                                                   |                            |                            | Policy Number:                          |        |
| 3. Insurance Mailing Address:                                                                                                                                                                                                                                                                |                            |                            |                                         |        |
| Contact Number:                                                                                                                                                                                                                                                                              |                            | E-mail:                    |                                         |        |
| Effective Date of Coverage:                                                                                                                                                                                                                                                                  |                            | Expiration Date on Policy: |                                         |        |
| Retroactive Date:                                                                                                                                                                                                                                                                            | Confirmed Released Policy: | Suspected Release Policy:  |                                         |        |



|                                                                                    |  |  |                     |  |
|------------------------------------------------------------------------------------|--|--|---------------------|--|
| FID #:                                                                             |  |  | INSPECTION DATE(S): |  |
| FACILITY NAME:                                                                     |  |  | Tribal Land:        |  |
| Operator Training                                                                  |  |  |                     |  |
| DESIGNATED CLASS A AND CLASS B UST OPERATORS FOR THIS FACILITY: <u>UST -10</u> N/A |  |  |                     |  |
|                                                                                    |  |  |                     |  |
| Class A UST Operator:                                                              |  |  | Date Certified:     |  |
| Trainer Contact Information                                                        |  |  |                     |  |
|                                                                                    |  |  |                     |  |
| Class B UST Operator:                                                              |  |  | Date Certified:     |  |
| Trainer Contact Information                                                        |  |  |                     |  |
|                                                                                    |  |  |                     |  |
| Class C UST Operator:                                                              |  |  | Date Certified:     |  |
| Trainer Contact Information                                                        |  |  |                     |  |
|                                                                                    |  |  |                     |  |
| Class C UST Operator:                                                              |  |  | Date Certified:     |  |
| Trainer Contact Information                                                        |  |  |                     |  |
| Comments on Operator Training:                                                     |  |  |                     |  |
|                                                                                    |  |  |                     |  |

# Digital Image Log

|                |                    |                     |  |
|----------------|--------------------|---------------------|--|
| FID #:         |                    | INSPECTION DATE(S): |  |
| FACILITY NAME: | Camera type and ID |                     |  |

| Image # | File # | Date ###/###/#### | Time | AM / PM  | Orientation N/E/S/W/Down | Photographer | Description |
|---------|--------|-------------------|------|----------|--------------------------|--------------|-------------|
| 1       |        |                   |      | AM<br>PM |                          |              |             |
| 2       |        |                   |      | AM<br>PM |                          |              |             |
| 3       |        |                   |      | AM<br>PM |                          |              |             |
| 4       |        |                   |      | AM<br>PM |                          |              |             |
| 5       |        |                   |      | AM<br>PM |                          |              |             |
| 6       |        |                   |      | AM<br>PM |                          |              |             |
| 7       |        |                   |      | AM<br>PM |                          |              |             |
| 8       |        |                   |      | AM<br>PM |                          |              |             |
| 9       |        |                   |      | AM<br>PM |                          |              |             |
| 10      |        |                   |      | AM<br>PM |                          |              |             |
| 11      |        |                   |      | AM<br>PM |                          |              |             |
| 12      |        |                   |      | AM<br>PM |                          |              |             |
| 13      |        |                   |      | AM<br>PM |                          |              |             |
| 14      |        |                   |      | AM<br>PM |                          |              |             |

I certify that the digital images for this inspection were taken and archived according to EPA standard operating procedures and protocols. The digital images have not been altered and are a fair and accurate representation of observations made during the inspection.

I certify that the digital media has been in my possession throughout the inspection trip and that I transferred the digital images to a CD-R.                      Yes                      No

Inspector: \_\_\_\_\_

Inspector Signature:\_\_\_\_\_

|                |  |  |                     |  |
|----------------|--|--|---------------------|--|
| FID #:         |  |  | INSPECTION DATE(S): |  |
| FACILITY NAME: |  |  | Tribal Land:        |  |
|                |  |  |                     |  |

# Inspection Packet

A0: Final Inspection Report

A1: Facility Diagram Attachment

A2: Digital Images Attachment

A3: Observation Report

A4:



THE UNITED STATES ENVIRONMENTAL PROTECTION AGENCY  
UST/SOLID WASTE SECTION (6LCRP)  
1201 Elm Street  
DALLAS, TX 75270  
Tel: 214-665-  
FAX: 214-665-

Attn:

INSPECTOR OBSERVATION REPORT  
FOR INDIAN COUNTRY UST SYSTEMS

| OWNER AND/OR OPERATOR                                                                                                                                                                                                                                                            |                               | FACILITY                                                                                                                                                                                                             |             |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------|
| NAME: Chitimacha Tribe of Louisiana                                                                                                                                                                                                                                              |                               | NAME: Trading Post                                                                                                                                                                                                   | FID# 0335LA |
| ADDRESS: 155 Chitimacha Loop                                                                                                                                                                                                                                                     |                               | ADDRESS: 585 Ralph Darden Memorial Parkway                                                                                                                                                                           |             |
| CITY,STATE,ZIP: Charenton LA 70523                                                                                                                                                                                                                                               |                               | CITY,STATE,ZIP: Charenton, LA 70523                                                                                                                                                                                  |             |
| CONTACT PERSON: Julie Burgess                                                                                                                                                                                                                                                    |                               | PERSON(s) PRESENT: Same as operator                                                                                                                                                                                  |             |
| TEL: 337 923-7451                                                                                                                                                                                                                                                                | EMAIL: julie.b@chitimacha.gov | TEL:                                                                                                                                                                                                                 | EMAIL:      |
| <input checked="" type="checkbox"/> No deficiencies observed at the conclusion of this inspection.                                                                                                                                                                               |                               |                                                                                                                                                                                                                      |             |
| <input checked="" type="checkbox"/> The above named facility was inspected by a duly authorized representative of the United States Environmental Protection Agency (EPA). The following are the inspector's observations and/or recommended actions, with milestones to be met: |                               |                                                                                                                                                                                                                      |             |
| <p>- facility is well maintained</p> <p>- records on site are well organized</p>                                                                                                                                                                                                 |                               |                                                                                                                                                                                                                      |             |
| You can fax the documents to (214) 665- Attn: If you have any questions at all, please contact me at @epa.gov or you can call me at (214) 665 -                                                                                                                                  |                               |                                                                                                                                                                                                                      |             |
| Name of Owner/Operator representative:<br><u>Julie Burgess</u><br>(Please print)<br><u>Julie Burgess</u><br>(Signature)                                                                                                                                                          |                               | Name of EPA Representative:<br><u>Mikaela Brown</u><br>(Please Print)<br><u>Mikaela Brown</u><br>(Signature)<br>Date of Inspection: 5/7/25 Start Time: 0900 (Military Time)<br>Completion Time: 1010 (Military Time) |             |