

GA EPD UST ANNUAL WALKTHROUGH INSPECTION CHECKLIST LOG FOR YEAR _____

Questions on how to complete this form should be directed to the USTMP (404) 362-2687

Facility Name:	Owner:
Address:	Address:
City, County, Zip:	City, State, Zip:
Facility I.D. #:	Phone #:
Inspector Name:	Inspector Phone #:
Inspector Company:	

Instructions

1. This form allows you to record up to 5 GA EPD UST Tank Numbers, assuming that the Facility ID Number remains the same.
2. Complete portion of form pertaining to type of equipment inspected for each tank.
3. Keep a record copy of this inspection for 3 years.

GA EPD Tank ID #					
Product Stored					

Sump Inspection

Type of containment sump inspected	<input type="checkbox"/> uncontained <input type="checkbox"/> tank <input type="checkbox"/> transition <input type="checkbox"/> dispenser	<input type="checkbox"/> uncontained <input type="checkbox"/> tank <input type="checkbox"/> transition <input type="checkbox"/> dispenser	<input type="checkbox"/> uncontained <input type="checkbox"/> tank <input type="checkbox"/> transition <input type="checkbox"/> dispenser	<input type="checkbox"/> uncontained <input type="checkbox"/> tank <input type="checkbox"/> transition <input type="checkbox"/> dispenser	<input type="checkbox"/> uncontained <input type="checkbox"/> tank <input type="checkbox"/> transition <input type="checkbox"/> dispenser
Was sump checked for leaks into the containment/manhole area?	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no
Was sump free of water, fuel, and debris?	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no
If answered "no" above, was the water, fuel, and/or debris removed AND disposed of properly?	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> n/a	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> n/a	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> n/a	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> n/a	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> n/a
Did the surrounding sump/manhole area appear to be free of release?	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no
Were all visible portions of the piping and/or pump in good condition?	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no
Was soil at least 6" below STPs?	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no
Did the sump penetrations (boots, seals, etc.) appear to be liquid tight and in good condition?	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no
Was sump undamaged?	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no
For double-walled piping, was the piping interstice open to the sump?	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no
Was sensor positioned properly and at the lowest point in the sump?	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no
For a double-walled sump, was the interstice observed to be leak free?	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no

Hand Held Release Detection Equipment Inspection

Type of hand held release detection equipment	<input type="checkbox"/> gauge stick <input type="checkbox"/> groundwater bailer <input type="checkbox"/> other (specify):	<input type="checkbox"/> gauge stick <input type="checkbox"/> groundwater bailer <input type="checkbox"/> other (specify):	<input type="checkbox"/> gauge stick <input type="checkbox"/> groundwater bailer <input type="checkbox"/> other (specify):	<input type="checkbox"/> gauge stick <input type="checkbox"/> groundwater bailer <input type="checkbox"/> other (specify):	<input type="checkbox"/> gauge stick <input type="checkbox"/> groundwater bailer <input type="checkbox"/> other (specify):
Is this equipment in good condition and functioning properly?	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no
Results of operability and serviceability inspection	<input type="checkbox"/> pass <input type="checkbox"/> fail	<input type="checkbox"/> pass <input type="checkbox"/> fail	<input type="checkbox"/> pass <input type="checkbox"/> fail	<input type="checkbox"/> pass <input type="checkbox"/> fail	<input type="checkbox"/> pass <input type="checkbox"/> fail
Inspector's initials and date inspected	/ /	/ /	/ /	/ /	/ /

Repairs Needed	Date of Repair	Description of any Repairs

