

Form



**pennsylvania**  
DEPARTMENT OF ENVIRONMENTAL  
PROTECTION

COMMONWEALTH OF PENNSYLVANIA  
DEPARTMENT OF ENVIRONMENTAL PROTECTION  
BUREAU OF ENVIRONMENTAL CLEANUP AND BROWNFIELDS

## ABOVEGROUND STORAGE TANK INSTALLATION INSPECTION SUMMARY

<b>I. Reason for Inspection</b> <input type="checkbox"/> New tank system <input type="checkbox"/> Relocated tank system <input type="checkbox"/> Uncertified installation	<b>II. Inspection Date(s)</b> _____ _____ _____	<b>FOR DEP USE ONLY</b> Reviewer _____ Date _____ Entered By _____ Date _____
<b>III. Facility Information</b> Facility I.D. Number _____ Facility Name _____ Facility Address _____ _____ Municipality _____		<b>IV. Inspector Information</b> Name _____ DEP Inspector Certification Number _____ Inspection Category _____ Phone ( ) _____ Employer _____ DEP Company Certification Number _____
<b>V. Tank Identification</b> <div style="display: flex; justify-content: space-between;"> <div>           DEP Tank ID number ____A            Capacity (gallons) _____            Tank Configuration:            <input type="checkbox"/> Horizontal            <input type="checkbox"/> Shop Built  <input type="checkbox"/> Vertical            <input type="checkbox"/> Field Built  <input type="checkbox"/> Elevated Vertical         </div> <div>           Owner Tank            ID Number _____         </div> </div> Construction Code _____ Substance stored _____ Size: diameter _____ (ft) length/height _____ (ft)		<b>VI. Permit Information</b> DEP Site Specific Installation Permit Number _____ Fire/Safety Permit Number _____ Issuing Authority _____ Date Issued _____
<b>VIII. Certified Inspector</b> <p>I, the DEP Certified Inspector, have inspected the above referenced tank system. Based on my observation of the tank system, review of examination and tests results and information provided by the owner, I certify under penalty of law as provided in 18 Pa. C.S.A. Section 4904 (relating to unsworn falsification to authorities), that the information provided by me is true, accurate, and complete to the best of my knowledge and belief.</p> <div style="display: flex; justify-content: space-between; margin-top: 20px;"> <div style="width: 60%;">           _____            Certified Inspector's Signature         </div> <div style="width: 35%;">           _____            Date         </div> </div>		<b>VII. Next Integrity Inspections (If applicable)</b> In-Service _____ (mm/dd/yy) Out-of-Service _____ (mm/dd/yy)
<b>IX. Owner or Owner's Representative</b> <p>I have reviewed the completed inspection report. I certify under penalty of law as provided in 18 PA C.S.A. Section 4904 (relating to unsworn falsification to authorities), the information provided by me is true, accurate, and complete to the best of my knowledge and belief.</p> <div style="display: flex; justify-content: space-between; margin-top: 20px;"> <div style="width: 33%;">           _____            Name (Please Print)         </div> <div style="width: 33%;">           _____            Title         </div> <div style="width: 33%;">           _____            Phone Number         </div> </div> <div style="display: flex; justify-content: space-between; margin-top: 20px;"> <div style="width: 60%;">           _____            Signature         </div> <div style="width: 35%;">           _____            Date         </div> </div>		

Facility ID \_\_\_\_\_ - \_\_\_\_\_ DEP Tank ID \_\_\_\_\_ A Inspection Date \_\_\_\_\_

**X. Installer Information**

Installer Name	Certification Number	Company Name	Company Certification
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**XI. Evaluation of Tank System** Enter the condition of the following components by marking the appropriate blocks.

	Satisfactory	Unsatisfactory	Not Applicable
Materials meet specifications	<input type="checkbox"/>	<input type="checkbox"/>	
Foundation and tank supports	<input type="checkbox"/>	<input type="checkbox"/>	
Welding (procedure, qualification)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Tank construction (floor, shell, and roof)	<input type="checkbox"/>	<input type="checkbox"/>	
Appurtenances	<input type="checkbox"/>	<input type="checkbox"/>	
Ancillary equipment (including piping)	<input type="checkbox"/>	<input type="checkbox"/>	
Normal venting	<input type="checkbox"/>	<input type="checkbox"/>	
Emergency venting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Secondary containment (under the tank bottom)	<input type="checkbox"/>	<input type="checkbox"/>	
Please describe:			
Emergency containment design & permeability	<input type="checkbox"/>	<input type="checkbox"/>	
Cathodic Protection	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Internal lining/coating	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
External coating & labeling	<input type="checkbox"/>	<input type="checkbox"/>	
Overfill prevention (gauge, HLA, & automatic shut off or manned operating procedure)	<input type="checkbox"/>	<input type="checkbox"/>	
Hydrostatic test	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Alternative test for tightness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Nondestructive testing (procedure, qualifications)	<input type="checkbox"/>	<input type="checkbox"/>	
Fire Safety Standards	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Operations & Maintenance plan	<input type="checkbox"/>	<input type="checkbox"/>	
Spill Prevention & Response Plan	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Yes <input type="checkbox"/> No    Tank installation is in accordance with manufacturer's specifications, engineers design criteria and current industry standards. If no, explain all deficiencies in Section XII.			

**XII. Comments** Describe any tank system deficiencies and note additional information discovered during the inspection. If additional comment sheets are needed, label each sheet with facility and tank identification numbers, inspection date and page number.