



UST Installation Inspection Checklist Underground Storage Tank Management Division

SITE IDENTIFICATION AND LOCATION

Site ID #: _____ Facility Name: _____
 Facility Address: _____ Facility Telephone Number: _____

INSTALLATION CONTRACTOR INFORMATION

Contractor Name: _____
 Contractor Address: _____
 Contact Person: _____
 Contact Person Telephone Number: _____

TANK OWNER INFORMATION

Tank Owner Name: _____
 Tank Owner Address: _____
 Contact Person: _____
 Contact Person Telephone Number: _____

Tank Information

Tank Number	Serial #	# of Compartments	Capacity (per compartment)	Product(s) (per compartment)

Phase 1: Please record information for each activity observed.

Tank Number	Factory	On Site					
Verification of Vacuum/ Brine							
Soap Test of Tank							
Setting of Tank Before Backfill							

- If the tank was strapped/anchored, was it done according to manufacturer and industry standards? Yes [] No []
- Type of backfill to be used? Sand [] Pea Gravel [] Crushed Rock [] Other [] _____
- Are there any wells, coastal zone critical areas or navigable waters within 100 feet of any portion of the system? Yes [] No []

Comments: _____

Phase 2: Please initial each activity observed.

Line Number/Product Type							
Soap Test of Piping							

- Tanks ballasted with fuel? Yes [] No []
 - o If yes, was the Division notified? Yes [] No []
 - o If yes, are stick readings being conducted daily and records kept? Yes [] No []
- Dispenser containment present for all dispensers? Yes [] No []
 - o "As Built" map verified? Yes [] No []

Comments: _____

Phase 3: Please record information for each activity observed.

Tank/Compartment Number							
Overfill Prevention in Place	BFVV						
	DTSO						
	Electronic Alarm						
Drop Tube in Place							
Spill Containment in Place							
Stage I Vapor Recovery in Place							
Vent Line Placement and Height							

Comments: _____

Inspector Signature: _____ Date: _____

Contractor Signature: _____ Date: _____