|  |  |  |
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| **UST-22B****Page 1** | **Annual Leak Detection Equipment Operability Check****(Interstitial Sensors)** |  |
| Inspect the leak detection equipment in accordance with manufacturer guidelines and PEI RP 1200, “Recommended Practices for the Testing and Verification of Spill, Overfill, Leak Detection, and Secondary Containment Equipment at UST Facilities”. If the manufacturer’s instructions do not require a condition to be implemented that triggers an alarm, then you must also trigger an alarm condition. Print the alarm reports triggered during the operability check and attach to this form. If the equipment manufacturer (e.g., Veeder Root) requires a training certification to conduct operability checks of their equipment then you must be certified.Results must be maintained for at least one year at the UST site or the tank owner or operator’s place of business and be readily available for inspection. |
| **UST FACILITY** |
| Owner / Operator Name      | Facility Name      | Facility ID#:  |
| Facility Street Address      | Facility City      | County      |
| **CONTRACTOR/PERSON CONDUCTING INSPECTIONS** |
| Company Name      | Phone      | Email Address      |
|  | I certify, under penalty of law, that the testing data provided on this form documents the UST system equipment was checked in accordance with the manufacturer’s guidelines and the applicable national industry standards listed in 15A NCAC 2N .407/.0501 and/or 15A NCAC 2N .0900. |  |
|  |       |  |  |  |  |  |       |  |
|  | Print Name of person conducting inspection |  |  | Signature of person conducting inspection |  |  | Inspection Date |  |
| Sensor Location:**Enter Location #/Description:** | [ ]  Dispenser[ ]  Spill Bucket[ ]  Tank Interstice[ ]  Tank Top and Other Sumps#:       | [ ]  Dispenser[ ]  Spill Bucket[ ]  Tank Interstice[ ]  Tank Top and Other Sumps#:       | [ ]  Dispenser[ ]  Spill Bucket[ ]  Tank Interstice[ ]  Tank Top and Other Sumps#:       | [ ]  Dispenser[ ]  Spill Bucket[ ]  Tank Interstice[ ]  Tank Top and Other Sumps#:       | [ ]  Dispenser[ ]  Spill Bucket[ ]  Tank Interstice[ ]  Tank Top and Other Sumps#:       |
| Tank Volume (gallons): |       |       |       |       |       |
| Product: |       |       |       |       |       |
| Sensor Manufacturer/Model: |       |       |       |       |       |
| Type of Sensor | [ ]  Discriminating[ ]  Non- discriminating | [ ]  Discriminating[ ]  Non-discriminating | [ ]  Discriminating[ ]  Non-discriminating | [ ]  Discriminating[ ]  Non-discriminating | [ ]  Discriminating[ ]  Non-discriminating |
| Is Sensor Position sensitive? (N/A if No and Pos. Sens. not required) | [ ]  Yes [ ]  No [ ]  N/A | [ ]  Yes [ ]  No [ ]  N/A | [ ]  Yes [ ]  No [ ]  N/A | [ ]  Yes [ ]  No [ ]  N/A | [ ]  Yes [ ]  No [ ]  N/A |
| Test Liquid | [ ]  Water[ ]  Product | [ ]  Water[ ]  Product | [ ]  Water[ ]  Product | [ ]  Water[ ]  Product | [ ]  Water[ ]  Product |
| Is the ATG console clear of any active or recurring warnings or alarms regarding the leak sensor? If the sensor is in alarm and functioning, indicate why. | [ ]  Yes [ ]  No | [ ]  Yes [ ]  No | [ ]  Yes [ ]  No | [ ]  Yes [ ]  No | [ ]  Yes [ ]  No |
| Is the sensor alarm circuit operational? | [ ]  Yes [ ]  No | [ ]  Yes [ ]  No | [ ]  Yes [ ]  No | [ ]  Yes [ ]  No | [ ]  Yes [ ]  No |
| Has sensor been inspected and in good operating condition? | [ ]  Yes [ ]  No | [ ]  Yes [ ]  No | [ ]  Yes [ ]  No | [ ]  Yes [ ]  No | [ ]  Yes [ ]  No |
| If Position Sensitive, does sensor alarm when raised off bottom?  | [ ]  Yes [ ]  No [ ]  N/A | [ ]  Yes [ ]  No [ ]  N/A | [ ]  Yes [ ]  No [ ]  N/A | [ ]  Yes [ ]  No [ ]  N/A | [ ]  Yes [ ]  No [ ]  N/A |
| When placed in the test liquid, does the sensor trigger an alarm?(If sensor cannot be removed, e.g., Emco Spill bucket sensor then N/R) | [ ]  Yes [ ]  No [ ]  N/R | [ ]  Yes [ ]  No [ ]  N/R | [ ]  Yes [ ]  No [ ]  N/R | [ ]  Yes [ ]  No [ ]  N/R | [ ]  Yes [ ]  No [ ]  N/R |
| When an alarm is triggered, is the sensor properly identified on the ATG console? | [ ]  Yes [ ]  No | [ ]  Yes [ ]  No | [ ]  Yes [ ]  No | [ ]  Yes [ ]  No | [ ]  Yes [ ]  No |
| Sensor mounted at the lowest point of interstice (e.g., within 2 inches of containment sump bottom) (Liquid detecting float sensors only) | [ ]  Yes [ ]  No [ ]  N/A | [ ]  Yes [ ]  No [ ]  N/A | [ ]  Yes [ ]  No [ ]  N/A | [ ]  Yes [ ]  No [ ]  N/A | [ ]  Yes [ ]  No [ ]  N/A |
| Alarm report attached? | [ ]  Yes [ ]  No | [ ]  Yes [ ]  No | [ ]  Yes [ ]  No | [ ]  Yes [ ]  No | [ ]  Yes [ ]  No |
| Any “No” answer indicates the sensor fails the test. |
| Test Results | [ ]  **Pass** [ ]  **Fail** | [ ]  **Pass** [ ]  **Fail** | [ ]  **Pass** [ ]  **Fail** | [ ]  **Pass** [ ]  **Fail** | [ ]  **Pass** [ ]  **Fail** |
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| **UST-22B****Page 2** | **Annual Leak Detection Equipment Operability Check****(Automatic Tank Gauge / Spill Bucket Visual Gauge)** |  |
| Inspect the leak detection equipment in accordance with manufacturer guidelines and PEI RP 1200, “Recommended Practices for the Testing and Verification of Spill, Overfill, Leak Detection, and Secondary Containment Equipment at UST Facilities”.If the equipment manufacturer (e.g., Veeder Root) requires a training certification to conduct operability checks of their equipment then you must be certified.Results must be maintained for at least one year at the UST site or the tank owner or operator’s place of business and be readily available for inspection. |
| **UST FACILITY** |
| Owner / Operator Name      | Facility Name      | Facility ID#:  |
| Facility Street Address      | Facility City      | County      |
| **CONTRACTOR/PERSON CONDUCTING INSPECTIONS** |
| Company Name      | Phone      | Email Address      |
|  | I certify, under penalty of law, that the testing data provided on this form documents the UST system equipment was checked in accordance with the manufacturer’s guidelines and the applicable national industry standards listed in 15A NCAC 2N .0407/.0501. |  |
|  |       |  |  |  |  |  |       |  |
|  | Print Name of person conducting inspection |  |  | Signature of person conducting inspection |  |  | Inspection Date |  |
| Tank Volume (gallons): |       |       |       |       |
| **Tank Diameter (inches):** |       |       |       |       |
| Product: |       |       |       |       |
| **Automatic Tank Gauge (ATG)** | [ ]  N/A | **Note:** If the facility is using the ATG to obtain data for SIR then the ATG operability check must be completed. |
| ATG Brand and Model |       |       |       |       |
| 1. Using tank stick measure fuel level. Stick value agrees with Fuel level displayed on console?
 | [ ]  Yes [ ]  No | [ ]  Yes [ ]  No | [ ]  Yes [ ]  No | [ ]  Yes [ ]  No |
| 1. Using tank stick measure water level. Stick value agrees with Water level displayed on console?
 | [ ]  Yes [ ]  No | [ ]  Yes [ ]  No | [ ]  Yes [ ]  No | [ ]  Yes [ ]  No |
| 1. After removing the ATG probe from the tank, has it been inspected, and any damaged or missing parts replaced?
 | [ ]  Yes [ ]  No | [ ]  Yes [ ]  No | [ ]  Yes [ ]  No | [ ]  Yes [ ]  No |
| 1. Franklin Fueling INCON ATGs: Volume Qualifier is 14% or greater? (Attach printout) (Skip question for other ATGs)
 | [ ]  Yes [ ]  No | [ ]  Yes [ ]  No | [ ]  Yes [ ]  No | [ ]  Yes [ ]  No |
| **Magnetostrictive Probes** |  |  |  |  |
| 1. Float moves freely on the stem without binding?
 | [ ]  Yes [ ]  No | [ ]  Yes [ ]  No | [ ]  Yes [ ]  No | [ ]  Yes [ ]  No |
| 1. Inch level (to nearest 1/8 inch) from bottom of stem when 90% alarm is triggered.
 |       |       |       |       |
| 1. Inch level at which the overfill alarm activates corresponds with value programmed in the gauge?
 | [ ]  Yes [ ]  No | [ ]  Yes [ ]  No | [ ]  Yes [ ]  No | [ ]  Yes [ ]  No |
| 1. Inch level (to nearest 1/8 inch) from bottom when the water float first triggers an alarm or warning.
 |       |       |       |       |
| 1. Inch level at which the water float alarm activates corresponds with value programmed in the gauge?
 | [ ]  Yes [ ]  No | [ ]  Yes [ ]  No | [ ]  Yes [ ]  No | [ ]  Yes [ ]  No |
| 1. Alarm reports attached?
 | [ ]  Yes [ ]  No | [ ]  Yes [ ]  No | [ ]  Yes [ ]  No | [ ]  Yes [ ]  No |
| **Capacitance Probes** |  |  |  |  |
| 1. Initiated diagnostic check of probes from console?
 | [ ]  Yes [ ]  No | [ ]  Yes [ ]  No | [ ]  Yes [ ]  No | [ ]  Yes [ ]  No |
| 1. Diagnostic check does not show any open or shorted segments in measurement section of probe? (Attach diagnostic report to form)
 | [ ]  Yes [ ]  No | [ ]  Yes [ ]  No | [ ]  Yes [ ]  No | [ ]  Yes [ ]  No |
| If any answers in Lines 1, 2, 3 (all ATGs) or 4 (INCON); 5, 7, 9 or 10 (for Mag Probes); 11 or 12 (for Cap Probes) are “No”, the system has failed the test. |
| **Test Results** | [ ]  **Pass** [ ]  **Fail** | [ ]  **Pass** [ ]  **Fail** | [ ]  **Pass** [ ]  **Fail** | [ ]  **Pass** [ ]  **Fail** |
| **Spill Bucket Interstice Visual Gauge** | [ ]  N/A |  |
| **Gauge manufacturer** |  |  |  |  |
| Gauge removed and visually inspected, and no damage noted? | [ ]  Yes [ ]  No | [ ]  Yes [ ]  No | [ ]  Yes [ ]  No | [ ]  Yes [ ]  No |
| O-ring/seals on entry fitting of gauge are present and not damaged? | [ ]  Yes [ ]  No | [ ]  Yes [ ]  No | [ ]  Yes [ ]  No | [ ]  Yes [ ]  No |
| Float mechanism moves freely up and down? | [ ]  Yes [ ]  No | [ ]  Yes [ ]  No | [ ]  Yes [ ]  No | [ ]  Yes [ ]  No |
| Indicator arrow rotates when float moved up and down (Franklin Fueling, Fairfield Ind, and OPW) or Indicator shows red, “TEST”, when float in up position and green, “Ok” when float in down position (Emco Wheaton)? | [ ]  Yes [ ]  No | [ ]  Yes [ ]  No | [ ]  Yes [ ]  No | [ ]  Yes [ ]  No |
| **Test Results** (Any “No” answer indicates the equipment fails.) | **[ ]  Pass [ ]  Fail** | **[ ]  Pass [ ]  Fail** | **[ ]  Pass [ ]  Fail** | **[ ]  Pass [ ]  Fail** |
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| **UST-22B****Page 3** | **Annual Leak Detection Equipment Operability Check****(Mechanical and Electronic Line Leak Detectors)** |  |
| **UST FACILITY** |
| Owner / Operator Name      | Facility Name      | Facility ID#:  |
| Facility Street Address      | Facility City      | County      |
| **CONTRACTOR/PERSON CONDUCTING INSPECTIONS** |
| Company Name      | Phone      | Email Address      |
|  | I certify, under penalty of law, that the testing data provided on this form documents the UST system equipment was checked in accordance with the manufacturer’s guidelines and the applicable national industry standards listed in 15A NCAC 2N .0407/.0501. |  |
|  |       |  |  |  |  |  |       |  |
|  | Print Name of person conducting inspection |  |  | Signature of person conducting inspection |  |  | Inspection Date |  |
| Tank #: |       |       |       |       |       |
| Tank Size: |       |       |       |       |       |
| Product: |       |       |       |       |       |
| Leak Detector Manufacturer |       |       |       |       |       |
| Leak Detector Model |       |       |       |       |       |
| Type of Leak Detector | [ ]  MLLD[ ]  ELLD | [ ]  MLLD[ ]  ELLD | [ ]  MLLD[ ]  ELLD | [ ]  MLLD[ ]  ELLD | [ ]  MLLD[ ]  ELLD |
| **MLLD (ALL PRESSURE MEASUREMENTS ARE MADE IN PSIG)** |
| STP Full Operating Pressure |       |       |       |       |       |
| Check Valve Holding Pressure |       |       |       |       |       |
| Line Resiliency (ml) (line bleed back volume as measured from check valve holding pressure to 0 psig) |       |       |       |       |       |
| Step Through Time in Seconds (time the MLLD hesitates at metering pressure before going to full operating pressure as measured from 0 psig with no leak induced on the line) |       |       |       |       |       |
| Metering Pressure (STP pressure when simulated leak rate, 3 gph at 10 psig) |       |       |       |       |       |
| Opening Time in Seconds (the time the MLLD opens to allow full pressure after simulated leak is stopped) |       |       |       |       |       |
| Does the STP pressure remain at or below the metering pressure for at least 60 seconds when the simulated leak is induced? | [ ]  Yes [ ]  No | [ ]  Yes [ ]  No | [ ]  Yes [ ]  No | [ ]  Yes [ ]  No | [ ]  Yes [ ]  No |
| Does the leak detector reset (trip) when the line pressure is bled off to zero psig? | [ ]  Yes [ ]  No | [ ]  Yes [ ]  No | [ ]  Yes [ ]  No | [ ]  Yes [ ]  No | [ ]  Yes [ ]  No |
| Does the STP properly cycle on/off under normal fuel system operation conditions? | [ ]  Yes [ ]  No | [ ]  Yes [ ]  No | [ ]  Yes [ ]  No | [ ]  Yes [ ]  No | [ ]  Yes [ ]  No |
| A “No” answer to any of the above questions indicates the MLLD fails the test. |
| **ELLD (ALL PRESSURE MEASUREMENTS ARE MADE IN PSIG)** |
| STP Full Operating Pressure |       |       |       |       |       |
| How many test cycles are observed before alarm/shutdown occurs? |       |       |       |       |       |
| Does the simulated leak cause an alarm? (If “No” then leak detector fails) | [ ]  Yes [ ]  No | [ ]  Yes [ ]  No | [ ]  Yes [ ]  No | [ ]  Yes [ ]  No | [ ]  Yes [ ]  No |
| Does the simulated leak cause an STP shutdown? | [ ]  Yes [ ]  No[ ]  N/A | [ ]  Yes [ ]  No[ ]  N/A | [ ]  Yes [ ]  No[ ]  N/A | [ ]  Yes [ ]  No[ ]  N/A | [ ]  Yes [ ]  No[ ]  N/A |
| ELLD alarm reports attached? (If “No” then leak detector fails) | [ ]  Yes [ ]  No | [ ]  Yes [ ]  No | [ ]  Yes [ ]  No | [ ]  Yes [ ]  No | [ ]  Yes [ ]  No |
| **Test Results** | **[ ]  Pass [ ]  Fail** | **[ ]  Pass [ ]  Fail** | **[ ]  Pass [ ]  Fail** | **[ ]  Pass [ ]  Fail** | **[ ]  Pass [ ]  Fail** |
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| **UST-22B****Page 4** | **Annual Leak Detection Equipment Operability Check****(Groundwater/Vapor Monitoring and Handheld LD Equipment)** |  |
| Inspect the leak detection equipment in accordance with manufacturer guidelines and PEI RP 1200, “Recommended Practices for the Testing and Verification of Spill, Overfill, Leak Detection, and Secondary Containment Equipment at UST Facilities”.Results must be maintained for at least one year at the UST site or the tank owner or operator’s place of business and be readily available for inspection. |
| **UST FACILITY** |
| Owner / Operator Name      | Facility Name      | Facility ID#:  |
| Facility Street Address      | Facility City      | County      |
| **CONTRACTOR/PERSON CONDUCTING INSPECTIONS** |
| Company Name      | Phone      | Email Address      |
|  | I certify, under penalty of law, that the testing data provided on this form documents the UST system equipment was checked in accordance with the manufacturer’s guidelines and the applicable national industry standards listed in 15A NCAC 2N .0407/.0501. |  |
|  |       |  |  |  |  |  |       |  |
|  | Print Name of person conducting inspection |  |  | Signature of person conducting inspection |  |  | Inspection Date |  |
| Tank #: |       |       |       |       |       |
| Tank Size: |       |       |       |       |       |
| Product: |       |       |       |       |       |
|  |  | **N/A** | **Yes** | **No** | **Yes** | **No** | **Yes** | **No** | **Yes** | **No** | **Yes** | **No** |
| **Ground-water / Vapor Monitoring** | Handheld monitoring equipment operable and serviceable? | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
| Electronic monitoring equipment operable and calibrated? | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
| Equipment alarm and battery backup functional? | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
| Monitoring equipment configuration checked and within specifications? | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
| Probes and sensors have no residual buildup? | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
| Floats move freely, the shaft is not damaged, and cables are free of kinks/breaks? | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
| Alarm tested and operable? | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
| Any “No” answer indicates the Groundwater or Vapor monitoring equipment fails the test. |
| **Test Results** | **[ ]  Pass [ ]  Fail** | **[ ]  Pass [ ]  Fail** | **[ ]  Pass [ ]  Fail** | **[ ]  Pass [ ]  Fail** | **[ ]  Pass [ ]  Fail** |
| **Tank Gauge Stick (Statistical Inventory Reconciliation and Manual Tank Gauging)** | [ ]  N/A | **Note:** If the facility is using the ATG to obtain data for SIR then the ATG operability check must be completed. |
| Tank gauge stick can be clearly read, is not warped or broken? | [ ]  Yes [ ]  No | [ ]  Yes [ ]  No | [ ]  Yes [ ]  No | [ ]  Yes [ ]  No | [ ]  Yes [ ]  No |
| Tank gauge stick has plastic button on bottom of stick? | [ ]  Yes [ ]  No | [ ]  Yes [ ]  No | [ ]  Yes [ ]  No | [ ]  Yes [ ]  No | [ ]  Yes [ ]  No |
| **Vacuum/Pressure Monitoring Equipment** | [ ]  N/A |
| Vacuum/Pressure gauge is functional and calibration has been checked? | [ ]  Yes [ ]  No | [ ]  Yes [ ]  No | [ ]  Yes [ ]  No | [ ]  Yes [ ]  No | [ ]  Yes [ ]  No |
| Any “No” answer indicates the Hand-held LD or Vacuum/Pressure monitoring equipment fails the test. |
| Test Results | **[ ]  Pass [ ]  Fail** | [ ]  **Pass** [ ]  **Fail** | [ ]  **Pass** [ ]  **Fail** | [ ]  **Pass** [ ]  **Fail** | [ ]  **Pass** [ ]  **Fail** |
| Comments and explanation of failing results and other problems noted during inspection:  |
|  |       |  |
|  |       |  |
|  |       |  |
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