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| **UST-22C** | | **Annual Sump Visual Inspections**  **(Dispenser Sumps)** | | | | | | | | | | | |  | | | |
| Underground Storage Tank (UST) system owners and operators are required to conduct a STP, dispenser, or other sump visual check at least annually for any UST system regardless of installation date. 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.   * Visually inspect STP, dispenser and other sump areas (whether containment present or not) for liquids (water or regulated substances), sump damage, penetration boot damage, faulty equipment, and equipment leaks. If none of the above items are observed during the inspection, select **Pass** in the appropriate column dropdown, otherwise select **Fail**. If **Fail**, indicate what action was taken to repair the containment sump or faulty equipment in the comment portion of this form or attach documentation of any repairs. If a check is not applicable, then select **N/A** in the dropdown. If you are completing form by hand then write **P**, **F**, or **N/A** in each box. * If the sump contains a regulated substance or there are other indications of a release of a regulated substance, it must be reported as a suspected release using the UST-17A form, *UST Suspected Release 24 Hour Notice*, unless it is determined that a regulated substance was not released to the environment, defective equipment was immediately repaired/replaced, and any liquid in interstitial space was immediately removed. | | | | | | | | | | | | | | | | | |
| **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/.0900. | | | | | | | | | | | | | | | |  |
|  |  | | |  |  | |  | | | |  |  |  | | |  | |
|  | Print Name of person conducting inspection | | |  |  | | Signature of person conducting inspection | | | |  |  | Inspection Date | | |  | |
| Dispenser Sump | | | | | | **Disp #** | | **Disp #** | | **Disp #** | **Disp #** | | | | **Disp #** | | |
| ALL | | No leaks, weeps, or drips observed | | | |  | |  | |  |  | | | |  | | |
|  | | Piping is free of defects | | | |  | |  | |  |  | | | |  | | |
|  | | Sump does not contain trash, debris and used filters | | | |  | |  | |  |  | | | |  | | |
|  | | Flexible connectors not frayed, twisted, kinked, or bent beyond manufacturer specifications | | | |  | |  | |  |  | | | |  | | |
|  | | Shear valves operate freely when hold-open linkage manually tripped and are anchored correctly per NCFPC 2306.7.4 | | | |  | |  | |  |  | | | |  | | |
| \* Choices: Yes, No, N/A | | Piping is manifolded above the shear valve and does not meet the NCFPC 2306.7.4 \* | | | |  | |  | |  |  | | | |  | | |
| WITHOUT CONTAINMENT | | Flex connector(s) and other metallic product piping and piping components are not in contact with soil or water or are cathodically protected | | | |  | |  | |  |  | | | |  | | |
| WITH CONTAINMENT | | Sump is dry and does not contain product and/or water. (If Fail, enter liquid type in comment) | | | |  | |  | |  |  | | | |  | | |
|  | | Sump walls/bottom are not damaged (i.e., cracks, bulges, holes, etc.) (If conducting sump/interstitial monitoring then any failing item must be repaired. Repair is optional if not conducting sump/interstitial monitoring) | | | |  | |  | |  |  | | | |  | | |
|  | | Penetration fittings intact and in good condition (If conducting sump/interstitial monitoring then any failing item must be repaired. Repair is optional if not conducting sump/interstitial monitoring) | | | |  | |  | |  |  | | | |  | | |
|  | | Sump Sensor is < 2” from lowest point (N/A if not conducting interstitial monitoring) | | | |  | |  | |  |  | | | |  | | |
|  | | Piping interstitial space is open to the sump (Open DW piping systems only; interstice jumpers must be disconnected, N/A if closed system or not conducting interstitial monitoring) | | | |  | |  | |  |  | | | |  | | |
| Comments and explanation of failing results and other problems noted during inspection: | | | | | | | | | | | | | | | | | |
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| NORTH CAROLINA DEPARTMENT OF ENVIRONMENTAL QUALITY, DIVISION OF WASTE MANAGEMENT, UST SECTION  1646 MAIL SERVICE CENTER, RALEIGH, NC 27699-1646 PHONE (919) 707-8171 FAX (919) 715-1117 <http://www.wastenotnc.org/> 7/2024 | | | | | | | | | | | | | | | | | |

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| **UST-22C**  **Page 2** | | | **Annual Sump Visual Inspections**  **(STP, Transition, Other Sump)** | | | | | | | | | | | | |  | | | |
| **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/.0900. | | | | | | | | | | | | | | | | | |  |
|  |  | | | | |  |  | |  | | | |  |  |  | | |  | |
|  | Print Name of person conducting inspection | | | | |  |  | | Signature of person conducting inspection | | | |  |  | Inspection Date | | |  | |
| STP/Transition/Other Sump | | | | **Tank Size/Location:** Product: | | | |  | |  | |  |  | | | |  | | |
| ALL | | No leaks at submersible pump, ALLD, or other pipe components | | | | | |  | |  | |  |  | | | |  | | |
|  | | Piping is free of defects | | | | | |  | |  | |  |  | | | |  | | |
|  | | Sump does not contain trash and debris | | | | | |  | |  | |  |  | | | |  | | |
|  | | Flexible connectors not frayed, twisted, kinked or bent beyond manufacturer specifications | | | | | |  | |  | |  |  | | | |  | | |
|  | | Mechanical line leak detector properly vented, vent tube not kinked or twisted, vent tube fittings intact and tightened | | | | | |  | |  | |  |  | | | |  | | |
| WITHOUT CONTAINMENT | | Submersible pump head, flex connector(s) and other metallic product piping and piping components are not in contact with soil or water or are cathodically protected | | | | | |  | |  | |  |  | | | |  | | |
| WITH CONTAINMENT | | Sump is dry and does not contain product and/or water. (If Fail, enter liquid type in comment) | | | | | |  | |  | |  |  | | | |  | | |
|  | | Sump walls/bottom are not damaged (i.e., cracks, bulges, holes, etc.) (If conducting sump/interstitial monitoring then any failing item must be repaired. Repair is optional if not conducting sump/interstitial monitoring) | | | | | |  | |  | |  |  | | | |  | | |
|  | | Penetration fittings intact and in good condition (If conducting sump/interstitial monitoring then any failing item must be repaired. Repair is optional if not conducting sump/interstitial monitoring) | | | | | |  | |  | |  |  | | | |  | | |
|  | | Sump Sensor is < 2” from lowest point (N/A if not conducting interstitial monitoring) | | | | | |  | |  | |  |  | | | |  | | |
|  | | Piping interstitial space is open to the sump (Open DW piping systems only; interstice jumpers must be disconnected, N/A if closed system or not conducting interstitial monitoring) | | | | | |  | |  | |  |  | | | |  | | |
|  | | Sump lid, gasket and seals present and in good condition | | | | | |  | |  | |  |  | | | |  | | |
| Comments and explanation of failing results and other problems noted during inspection: | | | | | | | | | | | | | | | | | | | |
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| NORTH CAROLINA DEPARTMENT OF ENVIRONMENTAL QUALITY, DIVISION OF WASTE MANAGEMENT, UST SECTION  1646 MAIL SERVICE CENTER, RALEIGH, NC 27699-1646 PHONE (919) 707-8171 FAX (919) 715-1117 <http://www.wastenotnc.org/> 7/2024 | | | | | | | | | | | | | | | | | | | |