Release Detection for Piping

Facility ID#: 60000135

Pressurized Piping

A method must be selected from each set. Where applicable indicate date of last test. If this facility has more than 4 tanks, please photocopy this page and complete the information for all additional piping.

Set 1	**Tank#** 2	**Tank#** 3	**Tank#** 4	**Tank#**
(1) Automatic Flow Restrictor				
(2) Automatic Shut-off Device				
(3) Continuous Alarm System				
and				
Set 2				
(4) Annual Line Tightness Testing				
(5) Vapor Monitoring				
(6) If Vapor Monitoring, documentation of monthly monitoring is available?				
(7) Interstitial Monitoring				
(8) If Interstitial Monitoring, documentation of monthly monitoring is available?				
(9) Groundwater Monitoring				
(10) If Groundwater Monitoring, documentation of monthly monitoring is available?				
(11) Other Approved Method (specify in comments)				

Suction Piping

Indicate date of most recent test.

(12) Line Tightness Testing (required every 3 years)				
(13) Vapor Monitoring				
(14) Secondary Containment with Interstitial Monitoring				
(15) Groundwater Monitoring				
(16) Other Approved Method (specify in comments)				
(17) **No Leak Detection Required? (must answer yes to all of the following questions)**				
(a) Operates at less than atmospheric pressure	✔	✔	✔	
(b) Has only one check valve, which is located directly under pump	✔	✔	✔	
(c) Slope of piping allows product to drain back into tank when suction released	✔	✔	✔	
(d) All information on suction piping is verifiable	✔	✔	✔	

Comments

I ROBERT MORGAN certify that I have inspected the above named facility on May 13, 2008
(Print Name) (Date/Time)

Inspector's Signature: Signed with SignDoc Signed on 2008-05-15 9:31:36 Date: May 13, 2008