Release Detection for Piping

Facility ID#: 32000025

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# 1**	**Tank# 2**	**Tank#**	**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 Jack Bissell (Print Name) certify that I have inspected the above named facility on Apr 23, 2008 (Date/Time)

Inspector's Signature: Signed with SignDoc Signed on 2008-04-23 12:06:23 Date: Apr 23, 2008