

MISSISSIPPI DEPARTMENT OF ENVIRONMENTAL QUALITY

ANNUAL INSPECTION OF TEMPORARILY OUT OF USE UST SYSTEMS

- This form may be utilized to document inspection of temporarily out of use UST systems.
- Inspection is required by 10/5/2019 and every year (1) thereafter.
- Tanks must contain less than 1 inch fuel, corrosion protection must be maintained, and a site assessment must be performed within 1 year of becoming Temporarily Out of Use.
- Only adequate Soil Sampling and Analysis Results may be used for Permanent Closure of UST systems.

Date of Inspection

| UST Facility | | | Person Conducting Test | | |
|------------------|--------|-------------------------------------|------------------------|---|------|
| Facility Name | | MDEQ Facility ID # | Inspector's Name | | |
| Physical Address | | | Company | | |
| City | County | State MS | Inspector's Signature | | Date |
| UST Owner | | UST Owner Permanent Mailing Address | | UST Owner Phone Number or Email address | |

TOSI UST System Inspection Results

Reason for Test Routine Inspection Re-inspection (after failed inspection) Other: _____

| | | | | | |
|--|---|--|--|--|--|
| Component ID (tank, pipe) | | | | | |
| Date component was taken out of service | | | | | |
| TANK | Tank Is Accessible? | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| | Tank contains less than 1 inch fuel? | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| | If no, how much fuel? (Inches) | | | | |
| | How much water is in the tank? (Inches) | | | | |
| PIPING | Vent pipes appear open and functional | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| | Piping is securely capped at the dispenser? | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| | All piping and/or pipe terminations appear adequately protected from corrosion? | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Method of Corrosion Protection used (Sump, Boots, Cathodic Protection, Not buried, NON-metallic, Other: (specify)) | | | | | |
| Pass or Fail (Visual Inspection) | | | | | |

| | | | |
|----------------------------|--|--|----------|
| Cathodic Protection | List the date that the last cathodic protection survey was performed on (if applicable): | DATE | |
| | Cathodic Protection Survey performed by (if applicable): | COMPANY / INDIVIDUAL | |
| | 60 Day Rectifier Log is being maintained?(if applicable) | <input type="checkbox"/> Yes <input type="checkbox"/> No | BY WHOM? |

| SITE ASSESSMENT | Select One | Allowable Methods | Documentation Required |
|--|--------------------------|--|---|
| | <input type="checkbox"/> | Soil Sampling and Analysis | Have results been sent to MDEQ? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| | <input type="checkbox"/> | Water Sampling and Analysis | Have results been sent to MDEQ? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| | <input type="checkbox"/> | Ground Water Monthly Monitoring <i>(Delays the requirement to perform site assessment.)</i> | Have all Suspected/Confirmed releases been reported to MDEQ? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| <i>(Minimum of 1 month required.) Attach all monthly records to this form.</i> | | | |

Comments:
