

MISSISSIPPI DEPARTMENT OF ENVIRONMENTAL QUALITY MONTHLY (30 DAY) WALKTHROUGH INSPECTION

- This form maybe utilized to document UST monthly walkthrough inspections.
- Monthly walkthrough inspections are required to be implemented by 10/5/2021.
- Additional training may be obtained by attending the MDEQ Compliance Manager Course.
- Should MDEQ find that all issues were not logged or reconciled you may be subject to penalties.

UST Facility		Person Conducting Inspection
Facility Name	MDEQ Facility ID #	Inspector's Name
Physical Address		Date of Inspection

Generalized Inspection Procedure

- For each UST component listed, visually inspect it for damage and proper operation.
- For the facilities method of leak detection visually inspect all records and/or equipment to ensure adequacy. Notify the current tank owner or responsible party of any record that must be reported to MDEQ as a suspected release.
- Log all issues observed, indicate the action taken and the date the issue was resolved.

Inspection Results (Required)

Component	Ensure that:	Inspection Results
Spill Bucket	All liquid or debris has been removed.	<input type="checkbox"/> Yes <input type="checkbox"/> No
	There is no visible sign of holes, cracks, or other damage that may cause the bucket to leak.	<input type="checkbox"/> Yes <input type="checkbox"/> No
	All clamps and rings that seal bucket around the fill riser are tight.	<input type="checkbox"/> Yes <input type="checkbox"/> No
	The interstitial space on double walled spill bucket is dry	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
Fill Cap	Fill cap is in good condition and seals tightly onto the fill pipe.	<input type="checkbox"/> Yes <input type="checkbox"/> No
Fill Pipe	Drop tube device is present, installed, and there are no sticks or other obstructions visible in the fill pipe.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA

Inspection (Recommended)

No visible leaks observed under all the dispensers when pumps are turned on.	<input type="checkbox"/> Yes <input type="checkbox"/> No
No visible leaks observed at all the STPs when pumps are turned on.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
Spill Kit is properly stocked and adequate.	<input type="checkbox"/> Yes <input type="checkbox"/> No
There have been no reports of unusual operating conditions such as dispensers operating at a slow flow or water intrusion into the tank.	<input type="checkbox"/> Yes <input type="checkbox"/> No
There are no unusual or unexplainable odors.	<input type="checkbox"/> Yes <input type="checkbox"/> No
All clerks present on site have been properly trained and signed clerk log.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
Action has been taken for all issues observed and reconciled on the previous months walk through inspection report.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
<i>Site Specific:</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
<i>Site Specific:</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
<i>Site Specific:</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA

Incident Log and Reconciliation

Describe the Issue	Describe the Action Taken to Resolve	Date Resolved

Inspection of Leak Detection Equipment and Documents (Required)		Facility ID#:	
All Methods		Inspection Results	
I reviewed all applicable reports, tests, or equipment related to leak detection at this facility.		<input type="checkbox"/> Yes	<input type="checkbox"/> No
I notified the current Tank Owner or Responsible Party in writing of any leak detection record that must be reported to MDEQ as a suspected release.		<input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> NA
Method Used	Ensure that:		
Monitoring Wells	All necessary monitoring wells were checked and observations properly recorded.	<input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> NA
Automatic Tank Gauging	The ATG is operating with no alarms or unusual operating conditions related to leak detection.	<input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> NA
	0.2 gph leak tests indicate passing results.	<input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> NA
	A passing 0.2 gph leak test was obtained (within 24 hrs) of all failing or inconclusive 0.2 gph leak tests.	<input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> NA
Electronic Line Leak Detectors	The ATG is operating with no alarms or unusual operating conditions related to pipe leak detection	<input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> NA
	All 0.2 gph pipe leak tests show passing results.	<input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> NA
	A passing 0.2 gph leak test was obtained (within 24 hrs) of all failing/inconclusive 0.2 gph leak tests.	<input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> NA
Visual Interstitial Monitoring	Report indicates that there is no liquid observed.	<input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> NA
	All water observed has been removed.	<input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> NA
	All fuel observed has been removed (Need to Report to MDEQ)	<input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> NA
Electronic Interstitial Monitoring	Monthly sensor status report indicates all sensors are not in alarm and functioning properly.	<input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> NA
	All alarms for the month have been reconciled and logged on the monthly Electronic Interstitial monitoring form.	<input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> NA
	All water observed has been removed.	<input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> NA
	All fuel observed has been removed (Need to Report to MDEQ)	<input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> NA
Statistical Inventory Reconciliation	Tank checked for water, no water is present, and fuel levels are being properly recorded.	<input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> NA
	Fuel levels were submitted to a 3 rd party vendor for analysis.	<input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> NA
	The previous month's record indicates passing results.	<input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> NA
Other:		<input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> NA

Additional Incident Log and Reconciliation

Describe the Issue	Describe the Action Taken to Resolve	Date Resolved