

05/20 UST C024

KDHE WALKTHROUGH INSPECTION CHECKLIST

Instructions: Initial each box to indicate the equipment at your facility was inspected. Use NA if the equipment does not apply to the facility

For Underground Storage Tanks Year _____
 Owner ID _____ Facility ID _____
 Jan Feb Mar Apr May Jun Jul Aug Sep Oct Nov Dec

Monthly Checks - To be checked once a month	Date of Inspection	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
Tank Monitor Equipment	Checked for alarms and normal operating conditions												
	Monthly passing test and/or sensor reports from the tank monitor if equipped with vacuum, record readings monthly												
	Vapor monitoring wells covers marked - wells checked monthly												
	Readings recorded from hand held device or readings supplied by your vendor monthly												
	Inventory control submitted to Statistical Inventory Reconciliation (SIR) vendor once every 30 days												
Line Monitor Equipment	Checked for alarms and normal operating conditions												
	Monthly passing tests and/or sensor reports for secondary containment from the automatic tank gauge or recorded from the digital automatic line monitor equipment												
	Vapor monitoring wells covers marked - wells checked monthly												
	Readings recorded from hand held device or readings supplied by your vendor monthly												
	Piping transition sumps												
Cathodic Protection - Impressed Current	Checked rectifier for normal operation												
	Record Amps/ Volts/Hours if present, once every 30 days												
	Record green light indicator every 30 days if equipped												
Spill Basins	Checked for damage and cracks , remove any liquid or debris												
	Fill cap fits tight, rubber gasket not torn or missing												
	Spill basin cover fits correctly, does not wobble or is not broken												
	Drop tube is present with no obstructions												

Annual Checks - To be checked at least once a year - KDHE Recommends to be checked monthly												
Manual tank gauging												
Check condition of stick - plastic tip present, numbers readable												
Correct tank chart being used												
Under dispenser with or without containment												
Interstitial monitoring sensor in correct position												
No liquid or debris, no signs of cracks or holes												
Test boot (if applicable) pulled back so interstice is not blocked												
Shear valve is anchored and installed correctly												
Flex connectors show no signs of leakage or swelling												
Annual Check - To be checked at least once a year.												
Sumps with or without secondary containment												
Manhole cover fits correctly												
Containment sump lid in good condition												
Interstitial monitoring sensor in correct position												
No liquid or debris, no signs of cracks or holes												
Test boot (if applicable) pulled back so interstice is not blocked												
Flex connectors no signs of leakage or swelling												

Instructions:

If any alarms, damaged equipment and/or non-normal operating conditions exist, take the appropriate action.
 If petroleum is found in an under dispenser sump, pump sump and/or transition sump, the facility is required to investigate and notify KDHE if a leak has been discovered.
 Keep all records of repairs and record the dates and parts repaired/replaced on the maintenance log.
 NOTE: UST SYSTEM OWNER/OPERATOR ARE REQUIRED TO MAINTAIN A COPY OF THIS FORM FOR ONE (1) YEAR.
KDHE Walkthrough Inspection check list is due to KDHE by April 30 of each calander year.

Submit to: Kansas Department of Health and Environment Name and initial of personnel conducting walkthrough inspection
 Bureau of Environmental Remediation

Storage Tank Section A/B Operator Name Certificate No# Initials

1000 SW Jackson, Suite 410
 Topeka, KS 66612-1367

C Operator Name Initials

Phone: (785) 296-8061 Fax # (785) 559-4260

Website is www.kdheks.gov/tanks

IF A/B operator is contracted, provide individual

A/B Operator Name : _____ A/B Certificate Number _____ Initials _____