



# Walkthrough Inspection Checklist/Operator Log

Facility Information		
Facility Name:	Facility Permit ID#:	
Inspector Name:	Date:	
Street Address:		
City:	State:	Zip Code:
Phone:	Fax:	
Email:		

Initial each column below the date of the inspection to indicate that the device/system was inspected and found to be satisfactory. For those items not applicable, please mark "N/A". Keep this record for no less than three (3) years. The walkthrough portion of this form must be completed by a knowledgeable person, according to an established code of practice. The A/B Operator must complete the designator A/B Operator requirements.

**MONTHLY INSPECTION REQUIREMENTS (R.61-92, Part 280)**  
*(Indicate in the space under each month the actual date of the inspection)*

	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEPT	OCT	NOV	DEC
<b>Spill Prevention Equipment</b>												

**Walkthrough Inspection Requirements, 280.36(a)(1)(i)(A)**

<b>Spill Containment Bucket</b>	1	Visually checked the spill prevention equipment for damage.											
	2	Physically removed any liquid or debris.											
	3	The interstitial space on double-walled spill buckets is being monitored and checked for leaks, if applicable.											
<b>Fill Cap</b>	4	Checked fill cap to ensure it is securely on the fill pipe.											
<b>Fill Pipe</b>	5	Checked for, and removed, any obstructions in the fill pipe.											

**A/B Operator Requirements, 280.242(b)(3). AB Log Item 6: Spill, overflow, and corrosion protection systems are in place and operational.**

<b>Overflow Devices</b>	6	The overflow alarm, if applicable, is audible and visible to the transport driver.											
	7	The overflow devices are present and visually operable.											

**Release Detection Equipment**

JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEPT	OCT	NOV	DEC
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**Walkthrough Inspection Requirements, 280.36(a)(1)(i)(B).**

<b>Automatic Tank Gauge (ATG)</b>	8	The ATG is operating with no alarms or unusual operating conditions.											
<b>Line Leak Detection</b>	9	Visually checked for warning or alarm lights.											
	10	Documented any unusual operating conditions such as dispensers operating at slow flow rate.											
<b>Statistical Inventory Reconciliation (SIR)</b>	11	Results submitted to a 3rd party so that a passing result can be received for each month.											

Release Detection Equipment			JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEPT	OCT	NOV	DEC
<b>Walkthrough Inspection Requirements, 280.36(a)(1)(i)(B). (continued)</b>														
Interstitial Monitoring	12	The monitoring equipment was checked for alarms or unusual operating conditions.												
Alarms	13	If alarms have occurred, they have been investigated and resolved.												
Records	14	All leak detection records are being kept. Examples include: ATG slips or SIR results, sensor printouts, visual logs.												
<b>A/B Operator Requirements, 280.242(b)(3) AB Log item 1: Each assigned facility has accomplished the required release and leak detection monitoring; AB Log item 2: Each assigned facility has the required release and equipment monitoring records; AB Log item 3: Required equipment and system testing has been accomplished; AB Log item 4: Unusual operating conditions or release detection system indication have been reported and investigated; and AB Log item 5: Routine operations and maintenance activities have been accomplished.</b>														
Recordkeeping and Reporting	15	All non-passing (i.e. failing, inconclusive, high-level) monthly monitoring results have been reported to SCDES.												
	16	All annual system and equipment testing has occurred and non-passing results were reported to SCDES.												
Cathodic Protection Equipment			JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEPT	OCT	NOV	DEC
<b>A/B Operator Requirements, 280.242(b)(3) AB Log item 6: Spill, overflow, and corrosion protection systems are in place and operational.</b>														
Testing	17	Testing has been done every three years as required.												
	18	If the test did not pass, the system was repaired and retested within 6 months.												
	19	For Impressed Current systems only: the rectifier is on and operational.												
	20	For Impressed Current systems only: the rectifier readings were taken and recorded at the minimum every 60 days.												
Optional (21-23). May be used to replace D-0648	21	Rectifier Manufacturer/Model: Rectifier Serial Number: Amps (record in blocks)												
	22	Volts (record in blocks)												
	23	Hour meter, if applicable (record in blocks)												
Metal Components	24	Metal components were checked and are not in contact with soil, water, other components.												
Class C Operators	25	Class C operators have been designated, trained and documentation is available on site.												

**ANNUAL INSPECTION REQUIREMENTS (R.61-92, Part 280)**

*(The walkthrough portion of this form must be completed by a knowledgeable person, according to an established code of practice. The A/B Operator must complete the designated A/B Operator requirements.)*

<b>Containment Sumps</b>	Year: _____
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**Walkthrough Inspection Requirements, 280.36(a)(1)(ii)(A)**

<b>Containment Sumps (i.e. STP sumps, transition sumps, under dispenser containment)</b>	<b>26</b>	Visually checked the containment sumps for damage and leaks.	
	<b>27</b>	Physically removed any liquid or debris.	
	<b>28</b>	The interstitial space on double-walled containment sumps is being monitored and checked for leaks -- if applicable.	

**Handheld Equipment**

**Walkthrough Inspection Requirements, 280.36(a)(1)(ii)(B)**

<b>Groundwater/Vapor Monitoring</b>	<b>29</b>	The monitoring equipment has been checked for operability and serviceability.	
<b>Gauge Sticks</b>	<b>30</b>	The gauge stick is in good operational condition with plastic button intact -- if applicable.	

**OPERATOR INFORMATION - QUARTERLY VISITS**

<b>A/B Operator Requirements, 280.242(b)(3). A/B Log item 8: Class A/B Operators must physically visit each assigned facility quarterly.</b>		<b>EX</b>	<b>Q1 (JAN-MAR)</b>	<b>Q2 (APR-JUN)</b>	<b>Q3 (JUL-SEPT)</b>	<b>Q4 (OCT-DEC)</b>
<b>Quarterly A/B Operator Visits</b>	<b>31</b>	Initial each box indicated that the A/B Operator physically visited the site each quarter.	<b>AMP</b>			

**EPA RECOMMENDED ACTIVITIES**

<b>Fill/Monitoring Ports</b>	<b>32</b>	All covers have been checked to ensure that they are tightly sealed and secured.				
<b>Spill and Response Supplies</b>	<b>33</b>	All emergency spill supplies have been inspected for functionality and deterioration.				
<b>Corrosion</b>	<b>34</b>	Observed any signs of corrosion on UST equipment.				





## **Instructions for Completing D-3185**

### *Walkthrough Inspection Checklist/Operator Log for Underground Storage Tanks (USTs)*

#### **General Information:**

The primary purpose of this form is meeting both the A/B Operator Log and the walkthrough requirements as outlined by the South Carolina Underground Storage Tank Regulations 61-92. Please note that this form may be used as a standalone form. Please type or print in ink. Also, please be sure that you have signatures in ink.

#### *Who must complete this form?*

Any person or their authorized representative that can be considered knowledgeable in the codes of practice and equipment associated with UST systems may complete the walkthrough portions. The A/B operator must complete the A/B log portions. The A/B operator and/or tank owner is responsible for ensuring that all inspections are adequately completed.

#### *What USTs are included?*

An UST system is defined as any one or combination of tanks that is used to contain an accumulation of regulated substances, and whose volume (including connected underground piping) is 10 percent or more beneath the ground. Regulated USTs store petroleum or hazardous substances. This includes UST systems with field-constructed tanks and airport hydrant fuel distribution systems.

#### *What Tanks are Excluded from these Requirements?*

- Tanks removed from the ground prior to January 1, 1986;
- Farm or residential tanks of 1,100 gallons or less used to store motor fuel for noncommercial purposes;
- Septic tanks;
- Certain pipeline facilities regulated under Chapters 601 and 603 of Title 49;
- Surface impoundments, pits, ponds, or lagoons;
- Storm water or wastewater collection systems;
- Flow-through process tanks;
- Liquid traps or associated gathering lines directly related to oil or gas production and gathering operations;
- Tanks on or above the floor of underground areas, such as basements or tunnels;
- Tanks with a capacity of 110 gallons or less;
- Wastewater treatment tank systems;
- UST systems containing radioactive materials that are regulated under the Atomic Energy Act of 1954;
- UST systems that are part of an emergency generator system at nuclear power generation facilities regulated by the Nuclear Regulatory Commission under 10 CFR part 50.

#### *What Substances are Covered?*

These requirements apply to USTs containing petroleum or certain hazardous substances. Petroleum includes gasoline, used oil, diesel fuel, crude oil, or any fraction thereof which is liquid at standard conditions of temperature and pressure (60 degrees F and 14.7 pounds per square inch absolute). Hazardous substances are those found in Section 101 (14) of the Comprehensive Environmental Response Compensation and Liability Act (CERCLA) of 1980 with the exception of those substances regulated as hazardous waste under Subtitle C of the Resource Conservation and Recovery Act (RCRA).

### **Item by Item Instructions:**

1. *General Information:* Enter the permit identification number for the facility, the name, address and phone number for the facility as well as the person conducting the walkthrough. The year for the inspection must also be noted.
2. *Monthly Inspection Requirements:* Indicate the date the inspection was conducted (month and day). Initial each box for numbers 1-24 indicating that these items have been inspected. **Note:** For Item 21, you may use this row as a replacement for the Impressed Current Rectifier Log if you complete the amps, volts and hour meter info in the blank (see example).
3. *Annual Inspection Requirements:* Indicate the year the inspection was conducted in the blank. Below the year enter the exact date in which the inspection occurred. Initial each box for numbers 25-29 indicating that these items have been inspected.
4. *Operator Information - Quarterly Visits:* Initial the box for each quarter indicating that the A/B operator visited the facility to ensure that the Items listed were completed.
5. *EPA recommended Activities:* The activities in this section are recommended and will not lead to violations; however, should be considered best practices. Initial the boxes for 31-33 should you complete the recommended activities.
6. *Issues Table:* Indicate the date, issue found and the action taken to fix the issue.

### **Office Mechanics and Filings:**

After completing the form, retain a copying your files. It will become part of your permanent file.

### **Retention Schedule:**

Forms will be retained within SCDES's electronic records for a period of 13 years after tanks are permanently closed under retention schedule 10304.

### **Contact Information:**

Please contact the UST Division at (803) 898-0589 for further information.