|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Facility Name | |  | | | Facility ID# |  |
|  | | | | | | |
| Applicable Period | |  | | | | |
|  | | | | | | |
| Annual  Leak Detection System Testing (Type) | Annual Test **Date** | | **Result** (Attached) | **Repair and Date Completed**  **(if applicable)** | | Passing Re-Test **Date**  (Results Attached) |
|  |  | | Pass  Fail |  | |  |
|  | | | | | | |
| Annual Automatic Line Leak Detection Test | Annual  Test **Date** | | **Result**  (Attached) | **Repair and Date Completed**  **(if applicable)** | | Passing Re-Test **Date**  (Results Attached) |
|  |  | | Pass  Fail |  | |  |
|  | | | | | | |
| 1/2/2017 Sump Testing Requirement | Test **Date** | | **Result**  (Attached) | **Repair and Date Completed**  **(if applicable)** | | Passing Re-Test **Date**  (Results Attached) |
|  |  | | Pass  Fail |  | |  |
|  | | | | | | |
| Annual Sump Sensor Testing | Annual Test **Date** | | **Result**  (Attached) | **Repair and Date Completed**  **(if applicable)** | | Passing Re-Test **Date**  (Results Attached) |
|  |  | | Pass  Fail |  | |  |
|  | | | | | | |
| 1/2/2017 Spill Bucket Testing Requirement (and every 5 years thereafter) | Test **Date** | | **Result**  (Attached) | **Repair and Date Completed**  **(if applicable)** | | Passing Re-Test **Date**  (Results Attached) |
|  |  | | Pass  Fail |  | |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | | | | | |
| Annual Overfill Prevention Equipment Inspection & Test | Annual Inspection & Test **Date** | **Result**  (Attached) | **Repair and Date Completed**  **(if applicable)** | | Passing Re-Test **Date**  (Results Attached) |
|  |  | Pass  Fail |  | |  |
|  | | | | | |
| **If Applicable** | | | | | |
|  | | | | | |
| Annual  Impressed Current Cathodic Protection System Testing | Annual Test **Date** | **Result**  (Attached) | **Repair and Date Completed**  **(if applicable)** | | Passing Re-Test **Date**  (Results Attached) |
|  |  | Pass  Fail |  | |  |
|  | | | | | |
| Financial Responsibility Mechanism Annual Renewal **(Type)** | FR Term  **(Start date – End Date**) | Complete Current FR Mechanism **Attached** | | Certification of FR  Current and complete | FR Registration in UST DMS is current and complete |
|  |  | Yes  No | | No  Yes | Yes  No |