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| **UST Owner/Operator Requirements:**1. Sumps shall be clean and free of solid and liquid material at all times.
2. Sumps without continuous monitoring sensors shall be visually inspected every 90 days.
3. Required visual inspection shall
	1. Determine if there is solid or liquid material in the sump;
	2. Inspect for signs of sump corrosion, breakage and wear.
4. Solid and liquid material shall be removed immediately in accordance with applicable federal, state and local requirements.
5. If the liquid is a regulated substance, the Owner/Operator shall investigate the path of entry to the sump and make any necessary repairs.
6. Repair or replacement of sumps and sump components shall be done in accordance with 310 CMR 80.33 and shall pass an integrity test upon repair or replacement.
7. Records of inspections, repairs and replacements shall be maintained in hard copy or electronically for a minimum of four years.
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| **Facility Name** |       | **UST ID#** |       |
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| **Date** of Inspection (Every 90 days): |       |
| Sump Inspected: [ ]  Sump for DEP UST#\_\_\_\_ [ ]  Sump for Dispenser #\_\_\_\_ [ ]  Intermediate Sump #\_\_\_\_ | Material Removed: | [ ]  Regulated Substance[ ]  Water[ ]  Solids | Path of Entry for Liquid and/or Solids: | [ ]  UST System leak[ ]  Crack, tear, hole in sump or boot[ ]  Failed sump cover seal |
| Liquid and solid material removed immediately and managed in accordance with applicable federal, state and local requirements. | [ ]  **Yes**[ ]  **No** |
| Repair(s) Made:       | **Date** of repair |       | Attach Passing Integrity Test **Results** (if applicable) |
|  |
| **Date** of Inspection (Every 90 days): |       |
| Sump Inspected: [ ]  Sump for DEP UST#\_\_\_\_ [ ]  Sump for Dispenser #\_\_\_\_ [ ]  Intermediate Sump #\_\_\_\_ | Material Removed: | [ ]  Regulated Substance[ ]  Water[ ]  Solids | Path of Entry for Liquid and/or Solids: | [ ]  UST System leak[ ]  Crack, tear, hole in sump or boo[ ]  Failed sump cover seal |
| Liquid and solid material removed immediately and managed in accordance with applicable federal, state and local requirements. | [ ]  **Yes**[ ]  **No** |
| Repair(s) Made:       | **Date** of repair |       | Attach Passing Integrity Test **Results** (if applicable) |

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| **Facility Name** |       | **UST ID#** |       |
|  |
| **Date** of Inspection (Every 90 days): |       |
| Sump Inspected: [ ]  Sump for DEP UST#\_\_\_\_ [ ]  Sump for Dispenser #\_\_\_\_ [ ]  Intermediate Sump #\_\_\_\_ | Material Removed: | [ ]  Regulated Substance[ ]  Water[ ]  Solids | Path of Entry for Liquid and/or Solids: | [ ]  UST System leak[ ]  Crack, tear, hole in sump or boot[ ]  Failed sump cover seal |
| Liquid and solid material removed immediately and managed in accordance with applicable federal, state and local requirements. | [ ]  **Yes**[ ]  **No** |
| Repair(s) Made:       | **Date** of repair |       | Attach Passing Integrity Test **Results** (if applicable) |
|  |
| **Date** of Inspection (Every 90 days): |       |
| Sump Inspected: [ ]  Sump for DEP UST#\_\_\_\_ [ ]  Sump for Dispenser #\_\_\_\_ [ ]  Intermediate Sump #\_\_\_\_ | Material Removed: | [ ]  Regulated Substance[ ]  Water[ ]  Solids | Path of Entry for Liquid and/or Solids: | [ ]  UST System leak[ ]  Crack, tear, hole in sump or boot[ ]  Failed sump cover seal |
| Liquid and solid material removed immediately and managed in accordance with applicable federal, state and local requirements. | [ ]  **Yes**[ ]  **No** |
| Repair(s) Made:       | **Date** of repair |       | Attach Passing Integrity Test **Results** (if applicable) |
| **Facility Name** |       | **UST ID#** |       |
|  |
| **Date** of Inspection (Every 90 days): |       |
| Sump Inspected: [ ]  Sump for DEP UST#\_\_\_\_ [ ]  Sump for Dispenser #\_\_\_\_ [ ]  Intermediate Sump #\_\_\_\_ | Material Removed: | [ ]  Regulated Substance[ ]  Water[ ]  Solids | Path of Entry for Liquid and/or Solids: | [ ]  UST System leak[ ]  Crack, tear, hole in sump or boot[ ]  Failed sump cover seal |
| Liquid and solid material removed immediately and managed in accordance with applicable federal, state and local requirements. | [ ]  **Yes**[ ]  **No** |
| Repair(s) Made:       | **Date** of repair |       | Attach Passing Integrity Test **Results** (if applicable) |