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| Virginia Department of Environmental Quality Logo | | **Annual Leak Detection Equipment Operability Check**  **(Interstitial Sensors)** | | | | | | | | | | | | | | | | |  | | |
| Inspect the leak detection equipment in accordance with manufacturer guidelines and/or PEI RP 1200, “Recommended Practices for the Testing and Verification of Spill, Overfill, Leak Detection, and Secondary Containment Equipment at UST Facilities”. Print the alarm reports triggered during the operability check and attach to this form.  If the equipment manufacturer (e.g., Veeder Root) requires a training certification to conduct operability checks of their equipment then you must be certified.  Results must be maintained for at least one year and be readily available for inspection. | | | | | | | | | | | | | | | | | | | | | |
| **UST FACILITY** | | | | | | | | | | | | | | | | | | | | | |
| Owner / Operator Name | | | | Facility Name | | | | | | | | | Facility ID#: | | | | | | | | |
| Facility Street Address | | | | Facility City | | | | | | | | | County | | | | | | | | |
| **TESTING CONTRACTOR INFORMATION** | | | | | | | | | | | | | | | | | | | | | |
| Company Name | | | | | | Phone | | | | | | Email Address | | | | | | | | | |
|  | I certify, under penalty of law, that the testing data provided on this form documents the UST system equipment was checked in accordance with the manufacturer’s guidelines and the applicable national industry standards listed in 9VAC25-580-130. | | | | | | | | | | | | | | | | | | | |  |
|  |  | | | |  | |  | | |  | | | | |  |  |  | | | |  |
|  | Print Name of person conducting inspection | | | |  | |  | | Signature of person conducting test | | | | |  | |  | Inspection Date | | | |  |
| Sensor Location: **Enter Location #/Description:** | | | Dispenser  Spill Bucket  Tank Interstice  Tank Top and Other Sumps  #: | | | | | Dispenser  Spill Bucket  Tank Interstice  Tank Top and Other Sumps  #: | | | Dispenser  Spill Bucket  Tank Interstice  Tank Top and Other Sumps  #: | | Dispenser  Spill Bucket  Tank Interstice  Tank Top and Other Sumps  #: | | | | | Dispenser  Spill Bucket  Tank Interstice  Tank Top and Other Sumps  #: | | | |
| Tank Volume (gallons): | | |  | | | | |  | | |  | |  | | | | |  | | | |
| Product: | | |  | | | | |  | | |  | |  | | | | |  | | | |
| Sensor Manufacturer/Model: | | |  | | | | |  | | |  | |  | | | | |  | | | |
| Type of Sensor | | | Discriminating  Non- discriminating | | | | | Discriminating  Non-discriminating | | | Discriminating  Non-discriminating | | Discriminating  Non-discriminating | | | | | Discriminating  Non-discriminating | | | |
| Is Sensor Position sensitive? (N/A if No and Pos. Sens. not required) | | | Yes  No  N/A | | | | | Yes  No  N/A | | | Yes  No  N/A | | Yes  No  N/A | | | | | Yes  No  N/A | | | |
| Test Liquid | | | Water  Product | | | | | Water  Product | | | Water  Product | | Water  Product | | | | | Water  Product | | | |
| Is the ATG console clear of any active or recurring warnings or alarms regarding the leak sensor? If the sensor is in alarm and functioning, indicate why. | | | Yes  No | | | | | Yes  No | | | Yes  No | | Yes  No | | | | | Yes  No | | | |
| Is the sensor alarm circuit operational? | | | Yes  No | | | | | Yes  No | | | Yes  No | | Yes  No | | | | | Yes  No | | | |
| Has sensor been inspected and in good operating condition? | | | Yes  No | | | | | Yes  No | | | Yes  No | | Yes  No | | | | | Yes  No | | | |
| If Position Sensitive, does sensor alarm when raised off bottom? | | | Yes  No  N/A | | | | | Yes  No  N/A | | | Yes  No  N/A | | Yes  No  N/A | | | | | Yes  No  N/A | | | |
| When placed in the test liquid, does the sensor trigger an alarm?  (If sensor cannot be removed, e.g., Emco Spill bucket sensor then N/R) | | | Yes  No  N/R | | | | | Yes  No  N/R | | | Yes  No  N/R | | Yes  No  N/R | | | | | Yes  No  N/R | | | |
| When an alarm is triggered, is the sensor properly identified on the ATG console? | | | Yes  No | | | | | Yes  No | | | Yes  No | | Yes  No | | | | | Yes  No | | | |
| Sensor mounted at the lowest point of interstice (e.g., within 2 inches of containment sump bottom) (Liquid detecting float sensors only) | | | Yes  No  N/A | | | | | Yes  No  N/A | | | Yes  No  N/A | | Yes  No  N/A | | | | | Yes  No  N/A | | | |
| Alarm report attached? | | | Yes  No | | | | | Yes  No | | | Yes  No | | Yes  No | | | | | Yes  No | | | |
| Any “No” answer indicates the sensor fails the test. | | | | | | | | | | | | | | | | | | | | | |
| Test Results | | | **Pass**  **Fail** | | | | | **Pass**  **Fail** | | | **Pass**  **Fail** | | **Pass**  **Fail** | | | | | **Pass**  **Fail** | | | |
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| **Virginia Department of Environmental Quality Logo** | | **Annual Leak Detection Equipment Operability Check**  **(Automatic Tank Gauge / Spill Bucket Visual Gauge)** | | | | | | | | | | | | | **Page 2** | | |
| Inspect the leak detection equipment in accordance with manufacturer guidelines and PEI RP 1200, “Recommended Practices for the Testing and Verification of Spill, Overfill, Leak Detection, and Secondary Containment Equipment at UST Facilities”.  If the equipment manufacturer (e.g., Veeder Root) requires a training certification to conduct operability checks of their equipment then you must be certified.  Results must be maintained for at least one year at the UST site or the tank owner or operator’s place of business and be readily available for inspection. | | | | | | | | | | | | | | | | | |
| **UST FACILITY** | | | | | | | | | | | | | | | | | |
| Owner / Operator Name | | | | Facility Name | | | | | | | Facility ID#: | | | | | | |
| Facility Street Address | | | | Facility City | | | | | | | County | | | | | | |
| **TESTING CONTRACTOR INFORMATION** | | | | | | | | | | | | | | | | | |
| Company Name | | | | Phone | | | | | Email Address | | | | | | | | |
|  | I certify, under penalty of law, that the testing data provided on this form documents the UST system equipment was checked in accordance with the manufacturer’s guidelines and the applicable national industry standards listed in 9VAC25-580-130. | | | | | | | | | | | | | | | |  |
|  |  | |  | |  |  | | | | |  |  |  | | | |  |
|  | Print Name of person conducting inspection | |  | |  | Signature of person conducting test | | | | |  |  | Inspection Date | | | |  |
| Tank Volume (gallons): | | | |  | | | |  | |  | | | |  | | | |
| **Tank Diameter (inches):** | | | |  | | | |  | |  | | | |  | | | |
| Product: | | | |  | | | |  | |  | | | |  | | | |
| **Automatic Tank Gauge (ATG)** | | | | N/A | | | **Note:** If the facility is using the ATG to obtain data for SIR then the ATG operability check must be completed. | | | | | | | | | | |
| ATG Brand and Model | | | |  | | | |  | |  | | | |  | | | |
| 1. Using tank stick measure fuel level. Stick value agrees with Fuel level displayed on console? | | | | Yes  No | | | | Yes  No | | Yes  No | | | | Yes  No | | | |
| 1. Using tank stick measure water level. Stick value agrees with Water level displayed on console? | | | | Yes  No | | | | Yes  No | | Yes  No | | | | Yes  No | | | |
| 1. After removing the ATG probe from the tank, has it been inspected, and any damaged or missing parts replaced? | | | | Yes  No | | | | Yes  No | | Yes  No | | | | Yes  No | | | |
| 1. Franklin Fueling INCON ATGs: Volume Qualifier is 14% or greater? (Attach printout) (Skip question for other ATGs) | | | | Yes  No | | | | Yes  No | | Yes  No | | | | Yes  No | | | |
| 1. If a battery backup exists, did the battery have proper voltage? | | | | Yes  No | | | | Yes  No | | Yes  No | | | | Yes  No | | | |
| **Magnetostrictive Probes** | | | |  | | | |  | |  | | | |  | | | |
| 1. Float moves freely on the stem without binding? | | | | Yes  No | | | | Yes  No | | Yes  No | | | | Yes  No | | | |
| 1. Inch level (to nearest 1/8 inch) from bottom of stem when 90% alarm is triggered. | | | |  | | | |  | |  | | | |  | | | |
| 1. Inch level at which the overfill alarm activates corresponds with value programmed in the gauge? | | | | Yes  No | | | | Yes  No | | Yes  No | | | | Yes  No | | | |
| 1. Inch level (to nearest 1/8 inch) from bottom when the water float first triggers an alarm or warning. | | | |  | | | |  | |  | | | |  | | | |
| 1. Inch level at which the water float alarm activates corresponds with value programmed in the gauge? | | | | Yes  No | | | | Yes  No | | Yes  No | | | | Yes  No | | | |
| 1. Alarm reports attached? | | | | Yes  No | | | | Yes  No | | Yes  No | | | | Yes  No | | | |
| **Capacitance Probes** | | | |  | | | |  | |  | | | |  | | | |
| 1. Initiated diagnostic check of probes from console? | | | | Yes  No | | | | Yes  No | | Yes  No | | | | Yes  No | | | |
| 1. Diagnostic check does not show any open or shorted segments in measurement section of probe? (Attach diagnostic report to form) | | | | Yes  No | | | | Yes  No | | Yes  No | | | | Yes  No | | | |
| If any answers in Lines 1, 2, 3 (all ATGs) or 4 (INCON), 5; 6, 7, 8, 9,10, or 11 (for Mag Probes); 12 or 13 (for Cap Probes) are “No”, the system has failed the test. | | | | | | | | | | | | | | | | | |
| **Test Results** | | | | **Pass**  **Fail** | | | | **Pass**  **Fail** | | **Pass**  **Fail** | | | | **Pass**  **Fail** | | | |
| **Comments** | | | | | | | | | | | | | | | |  | |
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| VIRGINIA DEPARTMENT OF ENVIRONMENTAL QUALITY, 1111 E. MAIN ST., SUITE 1400, RICHMOND, VA 23219  PHONE: (804) 698-4010, WEBSITE: <https://www.deq.virginia.gov/land-waste/petroleum-tanks> | | | | | | | | | | | | | | | | 3/2023 | |

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| Virginia Department of Environmental Quality Logo | | | | **Annual Leak Detection Equipment Operability Check**  **(Mechanical and Electronic Line Leak Detectors)** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | **Page 3** | | | | | |
| **UST FACILITY** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Owner / Operator Name | | | | | | | | | | | | | | | Facility Name | | | | | | | | | | | | | Facility ID#: | | | | | | | | | | | | | | | | | | |
| Facility Street Address | | | | | | | | | | | | | | | Facility City | | | | | | | | | | | | | County | | | | | | | | | | | | | | | | | | |
| **TESTING CONTRACTOR INFORMATION** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Company Name | | | | | | | | | | | | | | Phone | | | | | | | | | | | Email Address | | | | | | | | | | | | | | | | | | | | | |
|  | | I certify, under penalty of law, that the testing data provided on this form documents the UST system equipment was checked in accordance with the manufacturer’s guidelines and the applicable national industry standards listed in . | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | |
|  | |  | | | | | | |  | | | | | |  | | |  | | | | | | | | | | | | |  | | |  | |  | | | | | | | | | |  |
|  | | Print Name of person conducting inspection | | | | | | |  | | | | | |  | | | Signature of person conducting test | | | | | | | | | | | | |  | | |  | | Inspection Date | | | | | | | | | |  |
| Tank #: | | | | |  | | | | | | | | | |  | | | | | | |  | | | | |  | | | | | | | | | |  | | | | | | | | | |
| Tank Size: | | | | |  | | | | | | | | | |  | | | | | | |  | | | | |  | | | | | | | | | |  | | | | | | | | | |
| Product: | | | | |  | | | | | | | | | |  | | | | | | |  | | | | |  | | | | | | | | | |  | | | | | | | | | |
| Leak Detector Manufacturer | | | | |  | | | | | | | | | |  | | | | | | |  | | | | |  | | | | | | | | | |  | | | | | | | | | |
| Leak Detector Model | | | | |  | | | | | | | | | |  | | | | | | |  | | | | |  | | | | | | | | | |  | | | | | | | | | |
| Type of Leak Detector | | | | | MLLD  ELLD | | | | | | | | | | MLLD  ELLD | | | | | | | MLLD  ELLD | | | | | MLLD  ELLD | | | | | | | | | | MLLD  ELLD | | | | | | | | | |
| **MLLD (ALL PRESSURE MEASUREMENTS ARE MADE IN PSIG)** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| STP Full Operating Pressure | | | | |  | | | | | | | | | |  | | | | | | |  | | | | |  | | | | | | | | | |  | | | | | | | | | |
| Check Valve Holding Pressure | | | | |  | | | | | | | | | |  | | | | | | |  | | | | |  | | | | | | | | | |  | | | | | | | | | |
| Line Resiliency (ml) (line bleed back volume as measured from check valve holding pressure to 0 psig) | | | | |  | | | | | | | | | |  | | | | | | |  | | | | |  | | | | | | | | | |  | | | | | | | | | |
| Step Through Time in Seconds (time the MLLD hesitates at metering pressure before going to full operating pressure as measured from 0 psig with no leak induced on the line) | | | | |  | | | | | | | | | |  | | | | | | |  | | | | |  | | | | | | | | | |  | | | | | | | | | |
| Metering Pressure (STP pressure when simulated leak rate, 3 gph at 10 psig) | | | | |  | | | | | | | | | |  | | | | | | |  | | | | |  | | | | | | | | | |  | | | | | | | | | |
| Opening Time in Seconds (the time the MLLD opens to allow full pressure after simulated leak is stopped) | | | | |  | | | | | | | | | |  | | | | | | |  | | | | |  | | | | | | | | | |  | | | | | | | | | |
| Does the STP pressure remain at or below the metering pressure for at least 60 seconds when the simulated leak is induced? | | | | | Yes  No | | | | | | | | | | Yes  No | | | | | | | Yes  No | | | | | Yes  No | | | | | | | | | | Yes  No | | | | | | | | | |
| Does the leak detector reset (trip) when the line pressure is bled off to zero psig? | | | | | Yes  No | | | | | | | | | | Yes  No | | | | | | | Yes  No | | | | | Yes  No | | | | | | | | | | Yes  No | | | | | | | | | |
| Does the STP properly cycle on/off under normal fuel system operation conditions? | | | | | Yes  No | | | | | | | | | | Yes  No | | | | | | | Yes  No | | | | | Yes  No | | | | | | | | | | Yes  No | | | | | | | | | |
| A “No” answer to any of the above questions indicates the MLLD fails the test. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **ELLD (ALL PRESSURE MEASUREMENTS ARE MADE IN PSIG)** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| STP Full Operating Pressure | | | | |  | | | | | | | | | |  | | | | | | |  | | | | |  | | | | | | | | | |  | | | | | | | | | |
| How many test cycles are observed before alarm/shutdown occurs? | | | | |  | | | | | | | | | |  | | | | | | |  | | | | |  | | | | | | | | | |  | | | | | | | | | |
| Does the simulated leak cause an alarm? (If “No” then leak detector fails) | | | | | Yes  No | | | | | | | | | | Yes  No | | | | | | | Yes  No | | | | | Yes  No | | | | | | | | | | Yes  No | | | | | | | | | |
| Does the simulated leak cause an STP shutdown? | | | | | Yes  No  N/A | | | | | | | | | | Yes  No  N/A | | | | | | | Yes  No  N/A | | | | | Yes  No  N/A | | | | | | | | | | Yes  No  N/A | | | | | | | | | |
| ELLD alarm reports attached?  (If “No” then leak detector fails) | | | | | Yes  No | | | | | | | | | | Yes  No | | | | | | | Yes  No | | | | | Yes  No | | | | | | | | | | Yes  No | | | | | | | | | |
| **Test Results** | | | | | **Pass  Fail** | | | | | | | | | | **Pass  Fail** | | | | | | | **Pass  Fail** | | | | | **Pass  Fail** | | | | | | | | | | **Pass  Fail** | | | | | | | | | |
| VIRGINIA DEPARTMENT OF ENVIRONMENTAL QUALITY, 1111 E. MAIN ST., SUITE 1400, RICHMOND, VA 23219 PHONE: (804) 698-4010, WEBSITE: <https://www.deq.virginia.gov/land-waste/petroleum-tanks> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 3/2023 | | | | | |
| Virginia Department of Environmental Quality Logo | | | | **Annual Leak Detection Equipment Operability Check**  **(Groundwater/Vapor Monitoring and Handheld LD Equipment)** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | **Page 4** | | | | | |
| Inspect the leak detection equipment in accordance with manufacturer guidelines and PEI RP 1200, “Recommended Practices for the Testing and Verification of Spill, Overfill, Leak Detection, and Secondary Containment Equipment at UST Facilities”.  Results must be maintained for at least one year at the UST site or the tank owner or operator’s place of business and be readily available for inspection. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **UST FACILITY** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Owner / Operator Name | | | | | | | | | | | | | | | | | | | Facility Name | | | | Facility ID#: | | | | | | | | | | | | | | | | | | | | | | | |
| Facility Street Address | | | | | | | | | | | | | | | | | | | Facility City | | | | County | | | | | | | | | | | | | | | | | | | | | | | |
| **TESTING CONTRACTOR INFORMATION** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Company Name | | | | | | | | | | Phone | | | | | | | | | | | | | Email Address | | | | | | | | | | | | | | | | | | | | | | | |
|  | | I certify, under penalty of law, that the testing data provided on this form documents the UST system equipment was checked in accordance with the manufacturer’s guidelines and the applicable national industry standards listed in 15A NCAC 2N .0407/.0501. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | |
|  |  | | | | | | | | | |  | |  | | |  | | | | | | | | | | | | | | |  |  | | |  | | | | | | | | | |  | |
|  | Print Name of person conducting inspection | | | | | | | | | |  | |  | | | Signature of person conducting test | | | | | | | | | | | | | | |  |  | | | Inspection Date | | | | | | | | | |  | |
| Tank #: | | | | | | |  | | | | | | | | | | | |  | | | |  | | | | | |  | | | | | | | | |  | | | | | | | | |
| Tank Size: | | | | | | |  | | | | | | | | | | | |  | | | |  | | | | | |  | | | | | | | | |  | | | | | | | | |
| Product: | | | | | | |  | | | | | | | | | | | |  | | | |  | | | | | |  | | | | | | | | |  | | | | | | | | |
|  | | |  | | | **N/A** | **Yes** | | | | | **No** | | | | | | | **Yes** | | **No** | | **Yes** | | | **No** | | | **Yes** | | | | **No** | | | | | **Yes** | | | | **No** | | | | |
| **Ground-water / Vapor Monitoring** | | | Handheld monitoring equipment operable and serviceable? | | |  |  | | | | |  | | | | | | |  | |  | |  | | |  | | |  | | | |  | | | | |  | | | |  | | | | |
| Electronic monitoring equipment operable and calibrated? | | |  |  | | | | |  | | | | | | |  | |  | |  | | |  | | |  | | | |  | | | | |  | | | |  | | | | |
| Equipment alarm and battery backup functional? | | |  |  | | | | |  | | | | | | |  | |  | |  | | |  | | |  | | | |  | | | | |  | | | |  | | | | |
| Monitoring equipment configuration checked and within specifications? | | |  |  | | | | |  | | | | | | |  | |  | |  | | |  | | |  | | | |  | | | | |  | | | |  | | | | |
| Probes and sensors have no residual buildup? | | |  |  | | | | |  | | | | | | |  | |  | |  | | |  | | |  | | | |  | | | | |  | | | |  | | | | |
| Floats move freely, the shaft is not damaged, and cables are free of kinks/breaks? | | |  |  | | | | |  | | | | | | |  | |  | |  | | |  | | |  | | | |  | | | | |  | | | |  | | | | |
| Alarm tested and operable? | | |  |  | | | | |  | | | | | | |  | |  | |  | | |  | | |  | | | |  | | | | |  | | | |  | | | | |
| Any “No” answer indicates the Groundwater or Vapor monitoring equipment fails the test. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Test Results** | | | | | | | **Pass  Fail** | | | | | | | | | | | | **Pass  Fail** | | | | **Pass  Fail** | | | | | | **Pass  Fail** | | | | | | | | | **Pass  Fail** | | | | | | | | |
| **Tank Gauge Stick (Statistical Inventory Reconciliation and Manual Tank Gauging)** | | | | | | | | N/A | | | | | | | | | **Note:** If the facility is using the ATG to obtain data for SIR then the ATG operability check must be completed. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Tank gauge stick can be clearly read, is not warped or broken? | | | | | | | | Yes  No | | | | | | | | | | | | Yes  No | | | | Yes  No | | | | | | Yes  No | | | | | | | | | Yes  No | | | | | | | |
| Tank gauge stick has plastic button on bottom of stick? | | | | | | | | Yes  No | | | | | | | | | | | | Yes  No | | | | Yes  No | | | | | | Yes  No | | | | | | | | | Yes  No | | | | | | | |
| **Vacuum/Pressure Monitoring Equipment** | | | | | | | | N/A | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Vacuum/Pressure gauge is functional and calibration has been checked? | | | | | | | | Yes  No | | | | | | | | | | | | Yes  No | | | | Yes  No | | | | | | Yes  No | | | | | | | | | | Yes  No | | | | | | |
| Any “No” answer indicates the Hand-held LD or Vacuum/Pressure monitoring equipment fails the test. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Test Results | | | | | | | | **Pass  Fail** | | | | | | | | | | | | **Pass**  **Fail** | | | | **Pass**  **Fail** | | | | | | **Pass**  **Fail** | | | | | | | | | | **Pass**  **Fail** | | | | | | |
| Comments and explanation of failing results and other problems noted during inspection: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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