



**UNITED STATES ENVIRONMENTAL PROTECTION AGENCY**  
**REGION 5**  
**77 WEST JACKSON BOULEVARD**  
**CHICAGO, IL 60604-3590**

**October 7, 2021**

**ELECTRONIC MAIL**  
**DELIVERY RECEIPT REQUESTED**

Ms. Janet Rogers  
Cook County Mosquito Abatement Team  
15440 Dixie Highway  
Harvey, Illinois 60626  
[jrogers@sccmad.org](mailto:jrogers@sccmad.org)

Re: Notice of Violation and Compliance Order/Settlement Agreement for the Cook County Mosquito Abatement Team facility, 15440 Dixie Highway, Harvey, Illinois 60626 ICIS #3601320242 **RUST-05-2022-0001**

Dear Ms. Rogers:

On August 12, 2021, the U.S. Environmental Protection Agency, Underground Storage Tank (UST) Section issued a Notice of Violation and a Compliance Order/Settlement Agreement (Field Citation) concerning an UST violation (i.e., failure to have designated A & B operators trained) found at the Cook County Mosquito Abatement Team facility located at 15440 Dixie Highway, Harvey, Illinois.

On September 15 and 23, 2021, EPA received your signed copy of the Settlement Agreement and supporting documentation. Also, on September 23, 2021 the EPA finance office confirmed receipt of your payment (check #6861) for a total of \$1,340.00 in penalties.

The Settlement Agreement states that it is effective upon EPA's final approval. I have enclosed a signed and dated copy of the approved Settlement Agreement. The original Settlement Agreement will remain in the EPA's files. We also have accepted and processed your second check as part of the settlement process.

If you have any questions, please feel free to contact Arturo Cisneros, of my staff, at (312) 886-7447.

Sincerely,

**Julie Morris**

Digitally signed by Julie  
Morris  
Date: 2021.10.07  
10:25:22 -05'00'

Julie Morris, Acting Chief  
Land Enforcement and Compliance Assurance Branch

cc: Tom Kenney, ORC, [kenney.thomas@epa.gov](mailto:kenney.thomas@epa.gov)  
James Bentley, IL OSFM, [James.Bentley@Illinois.gov](mailto:James.Bentley@Illinois.gov)

**U.S. ENVIRONMENTAL PROTECTION AGENCY (EPA), REGION 5**  
**77 West Jackson Boulevard (LR-17J), Chicago, Illinois 60604-3590**  
**UNDERGROUND STORAGE TANK (UST) FIELD CITATION FORM FOR EXPEDITED SETTLEMENT NO. R5-UST-21-20-AC**

**Part I: INSPECTION SUMMARY**

On 08/12/2021 Time 9:15 am  
 (Date of Violation) (a.m. or p.m.)

At South Cook County Mosquito Abatement Team  
 (Name of Facility)

Address: 15440 Dixie Highway  
Harvey, IL 60426

Ms. Janet Rogers  
 (Name of On site Representative if not the Owner or Operator)

Name and address of the UST  Owner or  Operator

Name: Southwest Cook County Mosquito Abatement District

Address: 15440 Dixie Highway  
Harvey, IL 60426

A duly designated officer, employee, or representative of the EPA or a duly designated officer or employee of the State or Tribe inspected this facility. EPA has reviewed the inspection report and other relevant materials and has identified the following violation(s) of the UST regulations promulgated or approved by EPA under Subtitle I of the Resource Conservation and Recovery Act (RCRA) (42 U.S.C. § 6991 et seq.).

1. Violation: Failure to designate at least one Class A operator.

Cite: 40 CFR §280.241(a) Proposed Penalty: \$ 670  
 x Tanks Multiplier: \_\_\_\_\_  
 Subtotal: \$ 670

2. Violation: Failure to designate at least one Class B operator.

Cite: 40 CFR §280.241(a) Proposed Penalty: \$ 670  
 x Tanks Multiplier: \_\_\_\_\_  
 Subtotal: \$ 670

3. Violation: \_\_\_\_\_

Cite: 40 CFR Proposed Penalty: \_\_\_\_\_  
 x Tanks Multiplier: \_\_\_\_\_  
 Subtotal: \_\_\_\_\_

4. Violation: \_\_\_\_\_

Cite: 40 CFR Proposed Penalty: \_\_\_\_\_  
 x Tanks Multiplier: \_\_\_\_\_  
 Subtotal: \_\_\_\_\_

**TOTAL PROPOSED PENALTY: \$ 1,340**

EPA finds the Owner or Operator in violation of the above referenced UST regulations.

[Signature]  
 (Signature of EPA Inspector)

Date: 8-12-2021

**Part II: SETTLEMENT AGREEMENT/COMPLIANCE ORDER**

**A. Settlement Agreement:** The Owner or Operator by signing this Settlement Agreement (or by having an authorized representative sign it) agrees to settle the violations identified in Part I, subject to the following terms and conditions:

The Owner or Operator certifies, subject to civil and criminal penalties for making a false submission to the U. S. Government, that he or she has corrected the violations, submitted true and accurate documentation of their correction, and submitted payment to the U.S. Treasury for the amount of \$ 1,340 in payment of the full proposed penalty amount, as described in Part I of this Form.

The Owner or Operator agrees to comply with the terms of the Compliance Order in Part II.B. Without admitting liability for the violations cited in Part I, the Owner or Operator signing below waives any objections to EPA's jurisdiction with respect to the Compliance Order and this Settlement Agreement, and consents to EPA's final approval of this Settlement Agreement without further notice. The Owner or Operator waives the opportunity for a public hearing pursuant to RCRA section 9006.

Once EPA signs the Settlement Agreement, EPA will take no further enforcement action against the Owner or Operator for the civil violations described in Part I, provided the violations have been timely corrected and the penalty has been paid. EPA does not waive its right to enforce against the Owner or Operator for any other violations not described in Part I and violations of the UST requirements or other requirements listed in Part I that were not corrected in a timely manner.

This Settlement Agreement and Compliance Order will become effective once signed by EPA and is binding on EPA and the Owner or Operator upon signature by both parties. Final approval of the Settlement Agreement and Compliance Order is in the sole discretion of the Regional Administrator, Region 5, EPA, or his or her authorized delegate. Upon final approval, EPA shall mail a copy of this document to the Owner or Operator signing below.

**SIGNATURE BY OWNER, OPERATOR, OR AUTHORIZED REPRESENTATIVE:**

Name (Print): Janet Rogers  
 Title (Print): Operations Superintendent  
 Signature: [Signature] Date: 8/14/2021

**B. Compliance Order:** This Compliance Order is issued under the authority of RCRA section 9006 to resolve the civil violations identified in Part I. The Owner or Operator is ordered to correct the violations, submit true and accurate documentation that the violations were corrected, and pay the total penalty amount listed in Part I of this Form. This Compliance Order shall become final and enforceable only upon signature by an EPA official with the authority to sign this document.

**SIGNATURE BY EPA APPROVING THE SETTLEMENT AGREEMENT AND COMPLIANCE ORDER:**

Name (Print): Patrick Kuefler  
 Title (Print): Chief, LCECAB

Signature: Julie Morris Digitally signed by Julie Morris Date: 2021.10.05 10:56:28 -05'00'

Notes:



## INSTRUCTIONS

On the reverse side is an Underground Storage Tank (UST) Field Citation Form (Form) for expedited settlement. If you, the Owner or Operator, wish to settle this case using this Form, you must do the following:

1. Correct the violation(s) cited in Part I of the Form ("Part I");
2. Pay the total penalty amount listed in Part I in accordance with the directions provided below;
3. Sign the Settlement Agreement in Part II of the Form ("Part II") (or in the case when an Owner or Operator is a corporate entity, have an authorized representative sign it); and
4. Return the Field Citation Form along with documentation of compliance and payment information (sufficient for EPA to track payment) to EPA at the following address (within the 30-day time limit specified below):

**U.S. Environmental Protection Agency  
Region 5 – Underground Storage Tank Program  
77 West Jackson Boulevard (ECR-17J)  
Chicago, Illinois 60604-3590**

This settlement process is optional. You are not required to submit this Form to EPA. If you do not submit this Form, EPA will conclude that you are not interested in pursuing an expedited settlement. EPA will then consider other actions to resolve these violations including the possibility of formal administrative or judicial enforcement.

**Whether you submit the Form or not, you are by law required to correct any noncompliance and comply with all applicable UST requirements.** EPA will not approve the Settlement Agreement if there is an alteration of any of the information in the Form or if the payment submitted is less than the full amount of settlement.

**Timeline:** The Form must be postmarked no later than thirty (30) days after the date of the inspection. In the event the Form is sent to you via registered or certified mail, the timeline begins on the date of receipt of that mail. If EPA does not receive the Form within thirty (30) days, EPA will conclude that you do not wish to pursue expedited settlement. EPA will then consider taking other actions to resolve these violations including pursuing formal administrative or judicial enforcement. (Note: All time periods and deadlines in the Form, including these Instructions, are in calendar days. If a deadline falls on a Saturday, Sunday, or federal holiday, EPA will consider the deadline to fall on the next business day.)

**Requesting An Extension:** EPA may grant, at its discretion, an extension of thirty (30) days if you can demonstrate that it is not feasible for you to come into compliance within the initial 30-day time period. You must request that extension in writing before the initial 30-day time period expires. That written request must explain why compliance within 30 days is not feasible and it must contain a schedule for when you will come into compliance (which must not extend beyond the 30-day extension period).

**Requesting that EPA Modify or Withdraw the Form:** If you can document that you were in compliance with the regulations cited in Part I at the time of the inspection, you must submit that documentation to EPA within fifteen (15) calendar days of your receipt of the Form. EPA will review the documentation and may choose to not pursue enforcement or may withdraw some or all of the violations and reissue a modified Form to the Owner/Operator (via certified or registered mail) for any violations that are not withdrawn.

**Payment:** Payment can be made by sending a personal or certified check made out to the "Treasury of the United States" to the following address: U.S. Environmental Protection Agency, Fines and Penalties, Cincinnati Finance Center, P.O. Box 979077, St. Louis, MO 63197-9000. The check should refer to the Field Citation Form Number (located at the top of the Form). If no such number is provided on the Form, the check should have the name of the facility on it. Other forms of payment such as wire transfers and online payment are also accepted by EPA. For further information on those other forms of payment, please email [CINWD\\_AcctsReceivable@epa.gov](mailto:CINWD_AcctsReceivable@epa.gov) or use the EPA contact listed below.

**Settlement Agreement Certification:** By signing the Settlement Agreement in Part II, you are certifying under penalty of law that you have corrected the violations, submitted true and accurate documentation of compliance, and have paid the penalty. Failure to meet those conditions means you will remain liable for the original violations with the possibility of being liable for additional violations for noncompliance with the Compliance Order and for making a false representation to the U.S. Government.

**EPA Review:** Once EPA has received the Form, EPA will review it and the documentation of compliance, and verify that payment was made. If EPA decides to settle the case using this Field Citation, EPA will sign and approve the Settlement Agreement and the Compliance Order and send a copy of the completed Form to you. Once EPA has signed the Compliance Order and Settlement Agreement, you and EPA are bound by their terms. EPA reserves the right not to pursue settlement under the Field Citation and instead pursue formal enforcement. In that event, you will be promptly reimbursed for the amount you paid into the U.S. Treasury when submitting the Field Citation.

If you have any questions, please contact:

**U.S. Environmental Protection Agency  
Region 5 – Underground Storage Tank Program  
77 West Jackson Boulevard (ECR-17J)  
Chicago, Illinois 60604-3590  
Phone: (312) 886-6159**





**INSPECTION FINDINGS**  
**US EPA, Region 5**  
**Underground Storage Tank Program**  
 77 West Jackson Boulevard (LR-17J), Chicago, IL 60604



The Environmental Protection Agency is responsible for ensuring compliance with the Resource Conservation and Recovery Act (RCRA) Public Law 94-580, as amended, Subtitle I Underground Storage Tanks (UST). On August 12, 2021 at 9:15 am the EPA conducted an Underground Storage Tank Inspection pursuant to the Federal regulations of 40 CFR 280 at South Cook County Mosquito Abatement Team, located in 15440 Dixie Hwy, Harvey, Illinois

- The EPA did not identify any areas of concern at the time of the inspection.
- The EPA identified some areas of concern (See Table 1) at the time of the inspection.
- Field Citation issued (FC) (8/12/2021)

**Table 1: Areas of Concern**

Area of Concern	Follow-up needed to Resolve Area of Concern	Response Due By	FC Issued
No valid "A" certificate for UST operator training. The old one expired.	Contact the State and renew the training and provide a copy of documentation to EPA and pay FC penalty	09/10/2021	<input checked="" type="checkbox"/>
No valid "B" certificate for UST operator training. The old one expired.	Contact the State and renew the training and provide a copy of documentation to EPA and pay FC penalty	09/10/2021	<input checked="" type="checkbox"/>
			<input type="checkbox"/>
			<input type="checkbox"/>

To assist the UST's owner and operator, EPA provided following compliance assistance materials during the inspection and/or directed the UST to EPA's compliance assistance resource documents. Please contact EPA if you need additional compliance assistance in addressing the noted potential violations:

<https://www.epa.gov/ust>

<https://www.epa.gov/ust/publications-related-underground-storage-tanks>

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INSPECTION FINDINGS

US EPA, Region 5

Underground Storage Tank Program

77 West Jackson Boulevard (LR-17J), Chicago, IL 60604



IF

Additional Comments:

Certificates were updated on Sept 7, 2021 by 3 employees in Peoria, IL. by 3 SCCMAD workers. They completed the A,B+C Certification. See attached

UST owners and operators can find comprehensive information on how to comply with the UST requirements at https://www.epa.gov/ust/meeting-underground-storage-tank-ust-requirements. This includes EPA's "Musts for USTs," which summarizes federal UST requirements for installation, reporting, spill and overfill prevention, corrosion protection, release detection, walkthrough inspections, compatibility, operator training, repairs, financial responsibility, release response, and closure.

The Area of Concerns(s) noted above have been described to me in satisfactory detail by the EPA representative. I understand that EPA requested documentation that the areas of concerns have been addressed, as described in Table 1. Send all documentation to the EPA Regional Representative listed below. EPA will review the information provided and these inspection findings. Based on that information and review, EPA will determine whether federal enforcement, including an action that would assess a civil penalty, is appropriate.

Ms. Janet Rogers

Facility Representative / Title

708-333-4120

Jrogers@scmad.org

Phone Number

Email

Signature / Date: Janet Rogers 9/14/2021

Arturo Cisneros/EPA Enforcement Officer

Lead Inspector's Name / Title

312-886-7447

cisneros.arturo@epa.gov

Phone Number

Email

Signature / Date: Arturo Cisneros 9/12-2021



**COMPLIANCE INSPECTION REPORT  
UNDERGROUND STORAGE TANKS  
EPA Region 5**



I. Location of Tanks(s)	II. Inspection Information
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<p>Cook County Mosquito Abatement Team Facility Name</p> <p>15440 Dixie Highway Harvey Address City</p> <p>IL 60426 (708) 333-4120 State Zip Phone</p> <p>Janet Rogers Contact Person(s) Title</p> <p>Indian Country <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes: <input type="checkbox"/> Trust Land <input type="checkbox"/> Fee Land</p>	<p>8/12/2021 08:30 Date Arrival Time Departure Time</p> <p>3601320242 ICIS # R5 Facility ID (Tribal Only)</p> <p>Arturo Cisneros <input type="checkbox"/> Marketer <input checked="" type="checkbox"/> Non-marketer Inspector</p> <p>Charles Souther, IL OSFM Additional Inspectors/Observers</p> <p>Additional Inspectors/Observers</p>
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III. Owner <input checked="" type="checkbox"/> Same as Location	IV. Operator <input checked="" type="checkbox"/> Same as Location
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<p>Southwest Cook County Mosquito Abatement District Owner Name</p> <p>15440 Dixie Highway Harvey Address City</p> <p>IL 60426 State Zip Phone</p> <p>Janet Rogers Contact Person(s) Title</p> <p>jrogers@sccmad.org Email</p>	<p>Cook County Mosquito Abatement Team Operator Name</p> <p>15440 Dixie Highway Harvey Address City</p> <p>IL 60426 State Zip Phone</p> <p>Janet Rogers Contact Person(s) Title</p> <p>jrogers@sccmad.org Email</p>
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**V. Financial Responsibility**

<input type="checkbox"/> Financial test of self-insurance	<input checked="" type="checkbox"/> State fund or other state assurance	<input type="checkbox"/> Local government bond rating test
<input type="checkbox"/> Guarantee	<input type="checkbox"/> Trust fund	<input type="checkbox"/> Local government financial test
<input type="checkbox"/> Surety bond	<input type="checkbox"/> Standby trust fund	<input type="checkbox"/> Local government guarantee
<input type="checkbox"/> Letter of credit	<input type="checkbox"/> Not Required (Federal & State government, hazardous substance USTs)	<input type="checkbox"/> Local government fund
<input type="checkbox"/> Use of state-required mechanism		
<input type="checkbox"/> Insurance and risk retention group coverage		
Expiration Date _____		Insurer & Policy Number (Private Insurance) _____

**VI. Notification**

Has Implementing agency been notified of all USTs?  Yes  No

Was there a change in ownership since the last inspection?  Yes  No If yes when? \_\_\_\_\_ Implanting agency notified?  Yes  No

**VII. Operator Training**

Does owner have a list of designated operators currently trained at each facility?  Yes  No

Is there a trained A and B operator identified by the facility?  Yes  No

Are all operators for class C trained?  Yes  No

Does owner have proof of operators training or retraining?  Yes  No

**VIII. Evidence of Release or Spills at Facility**  N/A

Greater than 25 gallons (estimate)  Yes  No  Unknown

Evidence of release in the surrounding area to the facility  Yes  No  Unknown

Releases reported to implementing agency; if so, date(s) \_\_\_\_\_

Release confirmed; when and how \_\_\_\_\_



<b>Tank Identification Number:</b> <small>(Split Compartmented USTs label as #-A and #-B...)</small>	<u>5</u>				
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### IX. General Tank Information

<b>1. Status of Tank (check one)</b>					
Currently In Use	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Temporarily Closed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Permanently Closed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>2. Installation Date (month/year)</b>	<u>01/1985</u>	_____	_____	_____	_____
<b>3. Estimated Capacity</b>	<u>12000</u>	_____	_____	_____	_____
<b>4. Substance Stored</b>					
Gasoline (≤ 10% ethanol)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Diesel	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Biodiesel (≤ 20% Biofuel)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Kerosene	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Heating Oil	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Used Oil	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Gasoline with >10% Ethanol (specify amount of ethanol)	_____	_____	_____	_____	_____
Diesel with >20% Biodiesel (specify amount of biodiesel)	_____	_____	_____	_____	_____
Other (Specify)	<u>Mineral Oil</u>	_____	_____	_____	_____
<b>5. Tank Construction</b>					
Asphalt Coated or Bare Steel	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cathodically Protected Steel	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Coated/Cathodically Protected Steel (STI-P3)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Composite (steel clad with non-corrodible material)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Concrete	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fiberglass	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Unknown	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other (Specify)	_____	_____	_____	_____	_____
<b>6. Tank Containment</b>					
Single Walled	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Double Walled	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Excavation Liner	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other (Specify)	_____	_____	_____	_____	_____
<b>7. Tank Cathodic Protection</b> <small>(If Applicable - Check all that Apply)</small>					
Sacrificial Anode	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Impressed Current	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Lined	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Not Required Per Expert	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>





<b>Tank Identification Number:</b> <small>(Split Compacted USTs label as #-A and #-B...)</small>	<u>5</u>				
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**X. Piping Information**

<b>1. Install/Replace Date</b> (month/year) <small>(If different from UST Installation)</small>					
<b>2. Piping Construction</b>					
Bare Steel	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Galvanized Steel	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fiberglass Reinforced Plastic	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Flexible Plastic	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Copper	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Unknown	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other (Specify)	_____	_____	_____	_____	_____
<b>3. Piping Containment</b>					
Single Walled	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Double Walled	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Excavation Liner	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other (Specify)	_____	_____	_____	_____	_____
<b>4. Piping Cathodic Protection</b> <small>(If Applicable - Check all that Apply)</small>					
Sacrificial Anode	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Impressed Current	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Not Required Per Expert	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>5. Pump Type</b> <small>(Check all that Apply)</small>					
Safe Suction (No valve at Tank)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
U.S. Suction (Valve at Tank)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pressure	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Gravity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**XI. Manifolder**

N/A

Manifolder (Describe in Notes)	NA	NA	NA	NA	NA
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**XII. AHS/FCT**

N/A

Airport Hydrant System					
Field Constructed UST					

**XIII. Temporary Closure**

N/A

CP continues to be maintained

UST system contains product and release detection is performed

Cap and secure all lines, pumps, manways

NA



<b>Tank Identification Number:</b> <small>(Split Compartment USTs label as #A and #B...)</small>	5				
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### XIV. Additional Information

<b>1. Overfill Protection Method</b>					
Not Required (Fill < 25 gallons)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Automatic Shutoff	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
High Level Alarm	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Flow Restrictor (Ball Float)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other (Specify)	_____	_____	_____	_____	_____
<b>2. Delivery method</b>					
Loose Fill	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Tight Fill (Gravity Drop)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Tight Fill (Pumped)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other (Specify)	_____	_____	_____	_____	_____
<b>3. Spill Bucket</b>					
Not Required (Fill < 25 gallons)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Single Walled	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Double Walled	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If Spill Bucket is Double Walled, Identify How it is Being Monitored	<input type="checkbox"/> None <input type="checkbox"/> Dry <input type="checkbox"/> Liquid <input type="checkbox"/> Vacuum <input type="checkbox"/> Pressurized	<input type="checkbox"/> None <input type="checkbox"/> Dry <input type="checkbox"/> Liquid <input type="checkbox"/> Vacuum <input type="checkbox"/> Pressurized	<input type="checkbox"/> None <input type="checkbox"/> Dry <input type="checkbox"/> Liquid <input type="checkbox"/> Vacuum <input type="checkbox"/> Pressurized	<input type="checkbox"/> None <input type="checkbox"/> Dry <input type="checkbox"/> Liquid <input type="checkbox"/> Vacuum <input type="checkbox"/> Pressurized	<input type="checkbox"/> None <input type="checkbox"/> Dry <input type="checkbox"/> Liquid <input type="checkbox"/> Vacuum <input type="checkbox"/> Pressurized
<b>4. Containment Sumps</b>					
None	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Single Walled	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Double Walled	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If Containment Sump is Double Walled, Identify How it is Being Monitored	<input type="checkbox"/> None <input type="checkbox"/> Dry <input type="checkbox"/> Liquid <input type="checkbox"/> Vacuum <input type="checkbox"/> Pressurized	<input type="checkbox"/> None <input type="checkbox"/> Dry <input type="checkbox"/> Liquid <input type="checkbox"/> Vacuum <input type="checkbox"/> Pressurized	<input type="checkbox"/> None <input type="checkbox"/> Dry <input type="checkbox"/> Liquid <input type="checkbox"/> Vacuum <input type="checkbox"/> Pressurized	<input type="checkbox"/> None <input type="checkbox"/> Dry <input type="checkbox"/> Liquid <input type="checkbox"/> Vacuum <input type="checkbox"/> Pressurized	<input type="checkbox"/> None <input type="checkbox"/> Dry <input type="checkbox"/> Liquid <input type="checkbox"/> Vacuum <input type="checkbox"/> Pressurized

### XV. UDC Information

Type ↓ Dispenser #'s →	1												
None	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Single Walled	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Double Walled	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If UDC is Double Walled, Identify How it is Being Monitored	<input type="checkbox"/> None <input type="checkbox"/> Dry <input type="checkbox"/> Liquid <input type="checkbox"/> Vacuum <input type="checkbox"/> Pressurized	<input type="checkbox"/> None <input type="checkbox"/> Dry <input type="checkbox"/> Liquid <input type="checkbox"/> Vacuum <input type="checkbox"/> Pressurized	<input type="checkbox"/> None <input type="checkbox"/> Dry <input type="checkbox"/> Liquid <input type="checkbox"/> Vacuum <input type="checkbox"/> Pressurized	<input type="checkbox"/> None <input type="checkbox"/> Dry <input type="checkbox"/> Liquid <input type="checkbox"/> Vacuum <input type="checkbox"/> Pressurized	<input type="checkbox"/> None <input type="checkbox"/> Dry <input type="checkbox"/> Liquid <input type="checkbox"/> Vacuum <input type="checkbox"/> Pressurized	<input type="checkbox"/> None <input type="checkbox"/> Dry <input type="checkbox"/> Liquid <input type="checkbox"/> Vacuum <input type="checkbox"/> Pressurized	<input type="checkbox"/> None <input type="checkbox"/> Dry <input type="checkbox"/> Liquid <input type="checkbox"/> Vacuum <input type="checkbox"/> Pressurized	<input type="checkbox"/> None <input type="checkbox"/> Dry <input type="checkbox"/> Liquid <input type="checkbox"/> Vacuum <input type="checkbox"/> Pressurized	<input type="checkbox"/> None <input type="checkbox"/> Dry <input type="checkbox"/> Liquid <input type="checkbox"/> Vacuum <input type="checkbox"/> Pressurized	<input type="checkbox"/> None <input type="checkbox"/> Dry <input type="checkbox"/> Liquid <input type="checkbox"/> Vacuum <input type="checkbox"/> Pressurized	<input type="checkbox"/> None <input type="checkbox"/> Dry <input type="checkbox"/> Liquid <input type="checkbox"/> Vacuum <input type="checkbox"/> Pressurized	<input type="checkbox"/> None <input type="checkbox"/> Dry <input type="checkbox"/> Liquid <input type="checkbox"/> Vacuum <input type="checkbox"/> Pressurized	<input type="checkbox"/> None <input type="checkbox"/> Dry <input type="checkbox"/> Liquid <input type="checkbox"/> Vacuum <input type="checkbox"/> Pressurized



Tank Identification Number	5				
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**XVI. Release Detection Method**

	Tank	Pipe	Tank	Pipe	Tank	Pipe	Tank	Pipe	Tank	Pipe
Manual Tank Gauging	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	
Tank Tightness Testing	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	
Inventory Control	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	
Automatic Tank Gauging	<input checked="" type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	
Vapor Monitoring	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Groundwater Monitoring	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Interstitial Monitoring	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Statistical Inventory Reconciliation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mechanical Line Leak Detectors		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>
Electronic Line Leak Detectors		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>
Line Tightness Testing		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>
Not Required (Some Suction Pipe)		<input checked="" type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>
None	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other (Specify)	_____		_____		_____		_____		_____	

RD Description (Includes: Make/Model/Vender/Version#)	EBW-Autostick Jr.				
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**XVII. Release Detection Test Dates**

Line Tightness Test					
Automatic Line Leak Detector Test					
Tank Tightness Test					

**XVIII. Dates of Last 12 Months of Release Detection Records**

USTs						Pipe (If Applicable)					
Month ↓ UST # →						Month ↓ Pipe # →					
1. Sep-00	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1. _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Oct-00	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2. _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Nov-00	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	3. _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Dec-00	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	4. _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Jan-01	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	5. _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Feb-01	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	6. _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Mar-01	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	7. _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Apr-01	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	8. _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. May-01	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	9. _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Jun-01	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	10. _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. Jul-01	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	11. _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. Aug-01	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	12. _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**XIX. Groundwater and Vapor Monitoring**

N/A

Site assessment/installation records available	<input type="checkbox"/> Yes <input type="checkbox"/> No
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Tank Identification Number	<u>5</u>				
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<b>XX. CP Testing</b>	<input checked="" type="checkbox"/> N/A
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CP test Date					
Date Tank Lined					
Lining Test Date					

<b>XXI. Impressed Current</b>	<input checked="" type="checkbox"/> N/A
-------------------------------	---

Rectifier Readings

	<u>        </u> Volt Meter Reading	<u>        </u> Amp Meter Reading	<u>        </u> Hour Meter Reading	<u>        </u> Shunt Reading
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Is the impressed current system on  Yes  No

Records available indicating impressed current system inspected every 60 days to ensure it is operating properly, in the last 12 months.  Yes  No

<b>XXII. Containment Sump Testing</b>	<input checked="" type="checkbox"/> N/A
---------------------------------------	---

UST system contains sumps used for interstitial monitoring of the piping. (Including submersible turbine pump, under dispenser containment, transitional and any other containment sumps)

	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
--	--	--	--	--	--

Date of Sump Tightness Test(s)

--	--	--	--	--	--

**NOTE!: If sump is secondarily contained AND monitored see section XXVI.**

<b>XXIII. Spill and Overfill Testing</b>	<input type="checkbox"/> N/A
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Date of Spill Bucket test	<u>11/4/1999</u>				
Date of Overfill test	<u>11/4/1999</u>				

**NOTE!: If spill bucket is secondarily contained AND monitored see section XXVI.**

<b>XXIV. Compatibility</b>	<input checked="" type="checkbox"/> N/A
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Product stored > E10 or > B20	NA	NA	NA	NA	NA
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If product is > E10 or >B20 facility provided documentation that system is compatible using a method described in §280.32(b)(1) or (2)

Tank	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Piping	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Containment Sumps	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Pumping Equipment	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Release Detection Equipment	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Spill Equipment	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Overfill Equipment	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Implementing Agency Notified	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

### XXV. Repairs

- Were any of the UST systems repaired since the last inspection  Yes  No
- Repaired tanks and piping are tightness tested within 30 days of repair completion  Yes  No  Unknown
- CP systems are tested/inspected within 6 months of repair of any cathodically protected UST system  Yes  No  Unknown
- Records of repairs are maintained  Yes  No  Unknown
- Overfill/Spill/Secondary Containment systems are tested/inspected within 30 days of repair  Yes  No  Unknown

### XXVI. Monthly Walkthrough

- Walkthrough Records are available for the last year  Yes  No
- Monthly - Records show that owner/operator conducted a walkthrough inspection of the following each month:**
- Spill Prevention Equipment – must be checked for damage, remove liquid or debris, and check fill cap.  Yes  No
- DW spill prevention equipment with interstitial monitoring – must check for leak in interstitial area.  Yes  No
- DW containment sumps with interstitial monitoring - must check for leak in interstitial area.  Yes  No
- Release detection equipment – must check to ensure operating with no alarms and review records of release detection testing  Yes  No
- Annual - Records show that owner/operator conducted a walkthrough inspection of the following each year:**
- Sumps – must check for damage, leaks, remove liquid or debris  Yes  No
- DW sumps with interstitial monitoring – must be checked for leak in interstitial area.  Yes  No  N/A
- Hand held release detection equipment – must check tank gauge sticks or groundwater bailer.  Yes  No  N/A

### XXVII. Facility Sketch





**XXVIII. Photo Log**  N/A

Image #	File # (Required)	Date	Time (Indicate AM/PM)	Orientation N/E/S/W/Down	Photographer	Description
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						
13						

**XXIX. Document Log**  N/A

Document #	Date	Description
1		
2		
3		
4		
5		
6		
7		
8		
9		
10		
11		
12		
13		





**XXX. Notes**

Annual release detection equipment test for the ATG system was conducted as follows:  
 Tank #5: 11/12/2020 - Passed

This UST contained "Mineral Oil" regulated as a hydrocarbon. It is used by the county as a means of mosquito control to abate mosquito larvae within the water film.

Per Section VII: Both the "A" and "B" operator training certificates expired in July of 2020 and were not renewed. An UST field citation was issued for these potential violations.

**XXXI. Inspector's Signature**

Arturo Cisneros UST Enforcement Officer  
 Inspector's Name (Print) Title

Arturo Cisneros Digitally signed by Arturo Cisneros  
 Signature Date: 2021.08.24 21:46:41 -05'00'

Date

**XXXII. EPA Supervisor's Signature**

LouAnn Unger Acting Section Chief  
 EPA Supervisor's Name (Print) Title

LOUANN UNGER Digitally signed by LOUANN UNGER  
 Signature Date: 2021.08.25 08:36:05 -05'00'

Date