

MANNED ENTRY INTEGRITY ASSESSMENT

	KENTUCKY DEPARTMENT FOR ENVIRONMENTAL PROTECTION	<i>Please mail completed form to:</i> DIVISION OF WASTE MANAGEMENT UNDERGROUND STORAGE TANK BRANCH 200 FAIR OAKS, SECOND FLOOR FRANKFORT, KENTUCKY 40601 (502) 564-5981 http://waste.ky.gov/ust	FOR STATE USE ONLY
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UST FACILITY INFORMATION	CONTRACTOR INFORMATION
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Agency Interest Number:	Person Conducting Test:
UST Facility Name:	Name of Company:
Address:	Address:
City, County, Zip Code:	City, State, Zip Code:
	Phone Number:

OWNER INFORMATION	GENERAL INFORMATION
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Owner:	Date of Assessment:
Address:	Code of Practice used: <input type="checkbox"/> NLPA Standard 631 <input type="checkbox"/> API 1631
City, State, Zip Code:	Date Lining Installed:
Phone Number:	Date Lining Last Inspected:

Answer each question as specified. If there are more than 4 tanks at this site, photocopy pages and complete for additional tanks.	Tank No.	Tank No.	Tank No.	Tank No.	Tank No.
Tank capacity in gallons?					
Substance stored? G -Gasoline, D -Diesel, K -Kerosene, E -E85, B -Biodiesel, O -other(specify)					

TANK CLEANING PRIOR TO INSPECTION

Interior of tank was cleaned as required for the use of ultrasonic thickness gauging equipment? (98% of tank visible)	<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
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TANK METAL THICKNESS TEST RESULTS AND TANK REPAIR

Any holes or perforations found in 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
Original tank metal thickness?					
Average tank metal thickness for entire tank before repair?					
Were any thin wall areas repaired?	<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
Percentage of original tank metal thickness after repair?					

RESULTS OF INTEGRITY ASSESSMENT

<p>Tank(s) Failed – After allowable repairs, average metal thickness is 74 percent or less than of original tank metal thickness; TANK SHALL BE PERMANENTLY CLOSED IN ACCORDANCE WITH 401 KAR 42:070.</p>	<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
<p>Tank(s) Pass – After allowable repairs, average tank metal thickness is between 75 and 100 percent of original tank metal thickness; EXTERNAL CATHODIC PROTECTION SHALL BE ADDED BY DECEMBER 22, 2013; OR PERMANENTLY CLOSED IN ACCORDANCE WITH 401 KAR 42:070.</p>	<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

CERTIFICATION

I certify that the integrity assessment inspection was performed in accordance with the appropriate code of practice identified in the General Information Section of this form. I further certify that information in this document is true, accurate and complete.

_____/_____/_____
 Signature of Certified Interior Lining Inspector Date

_____/_____/_____
 Certification Number Printed Name Date Certification Expires

If you have questions on how to fill out this form or to request a review of your UST facility records, please contact the UST Branch at (502) 564-5981 or visit our website at <http://waste.ky.gov/ust>.

****RETAIN A COPY OF THIS FORM FOR YOUR RECORDS****