

Kentucky Department for Environmental Protection  
Division of Waste Management  
Underground Storage Tank Branch  
300 Sower Boulevard, Second Floor – Frankfort KY 40601  
(502) 564-5981

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DO NOT WRITE IN THIS SPACE

### UST Integrity Assessment

#### 1. UST Facility Information

Agency Interest Number (AI)			
UST Facility Name			
UST Facility Physical Address	Street Address:		
	City:	County:	Zip Code: -
UST Facility Physical Phone	Phone: ( ) -	Alternate Phone: ( ) -	

#### 2. UST System Description

(Attach additional pages as necessary)

Substance List	UNL - Reg Unleaded Gas*	DSL - Diesel**	JET - Jet Fuel
	PLS - Plus Unleaded Gas*	UOL - Used Oil	REC - Recreation Fuel
	PRM - Premium Unleaded Gas*	NOL - New Oil	HAZ - Haz Substance (CAS #)
	KER - Kerosene	AVG - Aviation Gas	OTH - Other (specify)
Tank ID Number (e.g., 1, 2, etc.)			
Compartment Number (e.g., 1, 2, etc.)			
Capacity (gallons)			
Substance (refer to substance list below)			
Ethanol %			
Biodiesel %			

#### 3. Assessment Information

Test Date	/ /		
Code of Practice Used	<input type="checkbox"/> NLPA Standard 631 <input type="checkbox"/> API 1631		
Tank ID Number (e.g., 1, 2, etc.)			
Tank interior cleaned prior to inspection (required)			
Holes or perforations discovered			
Original tank metal thickness			
Average tank metal thickness for entire tank prior to repairs			
Thin walls were repaired			
Percentage of original tank metal thickness following repair			

#### 4. Assessment Results

Results (defined below)	<input type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> Pass <input type="checkbox"/> Fail
Pass	Average metal thickness is 100 to 75 percent of original tank metal thickness. Tank shall have external cathodic protection.
Fail	Average metal thickness is 74 or less than original tank metal thickness. Tank(s) shall be permanently closed in accordance with 401 KAR 42:060.

AI \_\_\_\_\_

**5. Assessment Results** (Continued from Section 4)

**Comments**

**6. Certification**

I certify that the information provided in this document is true, accurate, and complete.

<b>Tester Certification</b>	<i>Printed</i>		<b>Date</b>	/ /
	<i>Signature</i>			
<b>License</b>	Number:		Expiration Date:	/ /
<b>Certification Type</b> (mark all that apply)	<input type="checkbox"/> Tank Manufacturer	<input type="checkbox"/> Test Equipment Manufacturer	<input type="checkbox"/> Other (specify):	
<b>Contact Information</b>	Phone: ( ) -	Email:		
<b>Company Name</b>				
<p>If you have questions on how to fill out this form please contact the cabinet at (502) 564-5981 or visit our web site at <a href="http://waste.ky.gov/ust">http://waste.ky.gov/ust</a>. For copies of UST facility records please visit <a href="http://eec.ky.gov/pages/openrecords.aspx">http://eec.ky.gov/pages/openrecords.aspx</a> or email <a href="mailto:EEC.KORA@ky.gov">EEC.KORA@ky.gov</a>.</p>				