

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

FOR OFFICIAL USE ONLY –
DO NOT WRITE IN THIS SPACE

UST Monthly Walkthrough Inspection

1. UST Facility Information

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

2. Monthly Inspection Checklist

(The monthly walkthrough inspection is part of the annual walkthrough inspection and should be completed at the time of the annual inspection)

40 C.F.R. 280.36(a)(1)(i) – UST systems receiving deliveries at intervals greater than every 30 days shall conduct an inspection prior to each delivery.

Monthly Inspection Date	/ /	/ /	/ /	/ /	/ /	/ /
Spill Prevention						
Covers & Lids <i>(Spill Buckets)</i>	1. Present, in good condition, seated firmly on correct tank	<input type="checkbox"/> N/A	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N
	Spill Containment Manhole <i>(Spill Buckets)</i>	2. Bucket walls, plunger, plugs, gauges, in good condition	<input type="checkbox"/> N/A	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N
3. Free of water and product		<input type="checkbox"/> N/A	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N
4. Free of trash or debris		<input type="checkbox"/> N/A	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N
Drop Tubes	5. Check for and remove obstructions	<input type="checkbox"/> N/A	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N
	6. Fill cap fits securely	<input type="checkbox"/> N/A	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N
Release Detection						
Automatic Tank Gauge (ATG)	7. Passing tank test results	<input type="checkbox"/> N/A	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N
Continuous Interstitial Monitoring	8. Sensor status normal	<input type="checkbox"/> N/A	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N
Statistical Inventory Reconciliation (SIR)	9. Previous months results obtained with passing result	<input type="checkbox"/> N/A	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N
	10. Data being collected for current month	<input type="checkbox"/> N/A	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N
Monthly Piping Leak Test	11. Passing piping leak test results	<input type="checkbox"/> N/A	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N
Manual Interstitial Monitoring for Piping	12. Tank-top sumps inspected, free of liquid	<input type="checkbox"/> N/A	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N

I certify that I have personally examined and performed the walkthrough inspections as described above for this UST facility as established in 40 C.F.R. 280.36. I further certify that the information in this document is true, accurate and complete.

Walkthrough Certification <i>(Initial)</i> <i>(Must be completed by the owner, operator, or Combined Class A & Class B Operator)</i>						
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AI _____

Monthly Inspection Checklist (continued from Section 2)

(The monthly walkthrough inspection is part of the annual walkthrough inspection and should be completed at the time of the annual inspection)

40 C.F.R. 280.36(a)(1)(i) – UST systems receiving deliveries at intervals greater than every 30 days shall conduct an inspection prior to each delivery.

Monthly Inspection Date		/ /	/ /	/ /	/ /	/ /	/ /
Spill Prevention							
Covers & Lids <i>(Spill Buckets)</i>	1. Present, in good condition, seated firmly on correct tank	<input type="checkbox"/> N/A	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N
Spill Containment Manhole <i>(Spill Buckets)</i>	2. Bucket walls, plunger, plugs, gauges, in good condition	<input type="checkbox"/> N/A	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N
	3. Free of water and product	<input type="checkbox"/> N/A	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N
	4. Free of trash or debris	<input type="checkbox"/> N/A	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N
Drop Tubes	5. Check for and remove obstructions	<input type="checkbox"/> N/A	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N
	6. Fill cap fits securely	<input type="checkbox"/> N/A	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N
Release Detection							
Automatic Tank Gauge (ATG)	7. Passing tank test results	<input type="checkbox"/> N/A	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N
Continuous Interstitial Monitoring	8. Sensor status normal	<input type="checkbox"/> N/A	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N
Statistical Inventory Reconciliation (SIR)	9. Previous months results obtained with passing result	<input type="checkbox"/> N/A	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N
	10. Data being collected for current month	<input type="checkbox"/> N/A	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N
Monthly Piping Leak Test	11. Passing piping leak test results	<input type="checkbox"/> N/A	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N
Manual Interstitial Monitoring for Piping	12. Tank-top sumps inspected, free of liquid	<input type="checkbox"/> N/A	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N
<p>I certify that I have personally examined and performed the walkthrough inspections as described above for this UST facility as established in 40 C.F.R. 280.36. I further certify that the information in this document is true, accurate and complete.</p>							
Walkthrough Certification (Initial) <i>(Must be completed by the owner, operator, or Combined Class A & Class B Operator)</i>							

In accordance with 401 KAR 42:060, Section 1, confirmed or suspected releases, spills, and overfills, shall be reported immediately to the cabinet's 24-hour Emergency Response Line at (800) 928-2380 or (502) 564-2380.

GENERAL INSTRUCTIONS
UST Monthly Walkthrough Inspection

Instructions provided are for the DWM 4230, UST Monthly Walkthrough Inspection form. For any questions regarding any section of this form, please call the Division of Waste Management's Underground Storage Tank (UST) Branch. This form must be completed either by typing or by printing legibly with black ink.

Walkthrough inspections shall be completed by the owner, operator, or combined Class A and Class B operator. The walkthrough inspections are to be completed and retained at the UST facility, or made available to the cabinet upon request.

Section	1.	<p>UST Facility Information:</p> <ul style="list-style-type: none"> • Agency Interest Number (AI) – Enter the agency interest number for the UST facility. • UST Facility Name – Enter the UST facility name. • UST Facility Physical Address – Enter the UST facility physical address including a street address, city, county, and zip code. A PO Box will not be accepted.
Section	2.	<p>Monthly Inspection Checklist:</p> <ul style="list-style-type: none"> • Monthly Inspection Date – Enter date the walkthrough inspection was performed. • Each monthly walkthrough inspection shall be indicated in a separate column. • The first six (6) months of walkthrough inspections shall be entered on page 1. • The remaining six (6) months of walkthrough inspections shall be entered on page 2. • During each walkthrough inspection, answer questions 1 through 12 by checking the appropriate box for each corresponding question for the UST facility. <ul style="list-style-type: none"> ○ If a condition is observed select Y (yes). ○ If the condition is not present select N (no). If N is selected for any question, comments are required in Section 3 of this form. ○ If the question does not pertain to the particular UST facility select N/A (not applicable). • Certify the walkthrough inspection by initialing the column for the month performed.
Section	3.	<p>Problem and Solution / Repair Log:</p> <ul style="list-style-type: none"> • Complete this section for any condition observed during the walkthrough inspection with N in Section 2 of this form. • Enter the walkthrough inspection date the condition was observed from Section 1 of this form. • Indicate the corresponding question number (1 through 12). • Describe the problem. • Describe the solution or repair that was preformed to correct the problem. • Enter the date the problem was corrected. • Initials of the owner, operator, or combined Class A and Class B operator.