

# UST Compliance Notebook for Texas

*Facility Name* \_\_\_\_\_

*Address* \_\_\_\_\_

*ID #* \_\_\_\_\_

*Owner Name* \_\_\_\_\_

*Contact Information* \_\_\_\_\_

# Instructions Page

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This compliance notebook is designed to help owners and operators of USTs to have compliance documentation organized so that the time of an investigation can be shortened. This guide addresses recordkeeping requirements and provides samples of records required to be kept. There are references to the regulations and applicable guidance documents for technical requirements. The information in this document may be subject to change with policy and rule changes.

Included in each tab are blank forms and log sheets as well as samples of completed forms and reports. Remove these blanks and samples and replace them with records from your facility. Note that some sample reports have multiple versions in order to demonstrate different reporting system formats.

You may request records from the TCEQ by contacting the Central Records Section at (512) 239-2900.

You can find forms at the TCEQ here: [http://www.tceq.texas.gov/search\\_forms.html](http://www.tceq.texas.gov/search_forms.html)

You can access the TCEQ Petroleum Storage Tank Super Guide here: <https://www.tceq.texas.gov/publications/rg/rg-475>

Third Party Certifications for UST equipment may be found at: [www.nwglde.org](http://www.nwglde.org)

In general, records to document compliance must be maintained for at least five years or as long as the equipment is in use. Please check the recordkeeping section for specific requirements.

Applicable rules may be found in the following chapters of Title 30 of the Texas Administrative Code:

- Chapter 37 – Financial Assurance
- Chapter 113 – National Emission Standards for Hazardous Air Pollutants for Source Categories (Stage I Vapor Recovery for Counties covered under the federal rule)
- Chapter 115 – Stage I & Stage II Vapor Recovery
- Chapter 334 – Underground and Aboveground Storage Tanks

This document is a general guide to laws and regulations about USTs and an aid in minimizing potential risks; it does not replace those laws and regulations, which take precedence over any information contained herein. If your tank system is located in Kinney, Uvalde, Medina, Bexar, Comal, Hays, Travis, or Williamson County, additional requirements related to the protection of the Edwards or the Trinity Aquifer may apply (Title 30 TAC Chapters 213 and 214). In addition to the laws and TCEQ rules, local governments and other state and federal agencies may have rules that apply. The owner and operator are responsible for ensuring compliance with applicable laws and regulations.

If you have questions or need more information about UST requirements, please refer to the Small Business and Local Government Assistance webpage at: [www.texasenvirohelp.org](http://www.texasenvirohelp.org) or contact the SBLGA hotline at 1-800-447-2827.

# Rule Citations

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Rule Citations are from Title 30 of the Texas Administrative Code (30 TAC), unless otherwise stated. The TAC is available online at [www.sos.state.tx.us/tac/index.shtml](http://www.sos.state.tx.us/tac/index.shtml)

General record keeping requirements are located in Chapter 334.10

## **Citations by Tab Title:**

### **Self- Certification & Registration**

- Chapter 334.7
- Chapter 334.8

### **Financial Assurance**

- Chapter 37, Subchapter I

### **Corrosion Protection**

- Chapter 334.49

### **Tank Release Detection**

- Chapter 334.50

### **Piping Release Detection**

- Chapter 334.50

### **Spill and Overfill Prevention**

- Chapter 334.42
- Chapter 334.51

### **Release Reporting**

- Chapter 334, Subchapter D

### **Miscellaneous Records**

- Chapter 334.6
- Chapter 334.48

### **Operator Training**

- Chapter 334, Subchapter N

### **Shear Valves**

- Chapter 334.45

### **Equipment Installed after January 1, 2009**

- Chapter 334.42
- Chapter 334.45

### **Texas Department of Agriculture**

- Title 4, Part 1, TAC Chapter 12

### **Temporarily out of service USTs**

- Chapter 334.54

### **Stage I & Stage II Vapor Recovery**

- Chapter 115, Subchapter C

# Examples of Records for: *Self-Certification & Registration*

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- Copies of all registration/self-certification forms (TCEQ-0724) submitted in the past 60 months, including designating a Class A/B Operator
- Copy of Registration Certificate
- Copy of Delivery Certificate and ensure it's posted at facility
- Copy of temporary delivery authorization, if applicable
- Ensure all tanks and compartments physically numbered according to the registration/self-certification form

**Attachments:**

1. *Registration/Self-Certification form (TCEQ-0724)- Blank*
2. *Delivery Certificate Example*
3. *Construction Notification Form Acknowledgment Letter - Example*

Owner's Customer No.: CN

Facility's Regulated Entity No.: RN

**TCEQ - UNDERGROUND STORAGE TANK REGISTRATION & SELF-CERTIFICATION FORM**  
(Use this form for filing registration and self-certification information) Page 1 of 5

<b>For Use in TEXAS</b>		<b>Texas Commission On Environmental Quality</b>	• <b>Please mail completed form to:</b> Petroleum Storage Tank Registration Team (MC-138) Texas Commission on Environmental Quality P. O. Box 13087 Austin, Texas 78711-3087 (512) 239-2160 Fax (512)239-3398 *MAKE A COPY OF FORM FOR YOUR RECORDS*	TCEQ Facility ID No.:
		TCEQ Owner ID No.:		
		Federal Tax ID No.:		

**1. TANK OWNER INFORMATION**

TANK OWNER BUSINESS OR LAST NAME:	TANK OWNER FIRST NAME	TYPE OF TANK OWNER:		
OWNER MAILING ADDRESS		<input type="checkbox"/> Individual	<input type="checkbox"/> Corporation	<input type="checkbox"/> Common Carrier Railroad
		<input type="checkbox"/> Federal Gov't	<input type="checkbox"/> State Gov't	<input type="checkbox"/> Local Gov't
		<input type="checkbox"/> County Gov't	<input type="checkbox"/> City Gov't	<input type="checkbox"/> Sole Proprietorship
		LOCATION OF RECORDS:		
		<input type="checkbox"/> At facility <input type="checkbox"/> Offsite at:		
CITY:	STATE:	ZIP CODE:	OFFSITE RECORDS LOCATION ADDRESS	CITY STATE
COUNTRY (OUTSIDE USA)	E-MAIL ADDRESS	RECORDS CUSTODIAN/CONTACT PERSON:	TELEPHONE No.	
OWNER'S AUTHORIZED REPRESENTATIVE	TITLE:	TELEPHONE NO.	FAX NO:	INDEPENDENTLY OWNED & OPERATED <input type="checkbox"/> YES <input type="checkbox"/> NO
STATE FRANCHISE TAX ID	DUNN NO	NUMBER OF EMPLOYEES <input type="checkbox"/> 0-20 <input type="checkbox"/> 21-100 <input type="checkbox"/> 101-250 <input type="checkbox"/> 251-500 <input type="checkbox"/> 501 & HIGHER		

**\*\* For Self-Certification only this form will not be processed until all delinquent fees and/or penalties owed to the TCEQ or the Office of the Attorney General on behalf of the TCEQ are paid in accordance with the [Delinquent Fee and Penalty Protocol](#). \*\***

**2. FACILITY INFORMATION**

FACILITY NAME:	TYPE OF FACILITY: <input type="checkbox"/> Emergency Generator <input type="checkbox"/> Wholesale				
PHYSICAL LOCATION:	<input type="checkbox"/> Retail <input type="checkbox"/> Farm or Residential <input type="checkbox"/> Fleet Refueling				
	<input type="checkbox"/> Aircraft Refueling <input type="checkbox"/> Indian Land <input type="checkbox"/> Watercraft Fueling				
	<input type="checkbox"/> Industrial/Manufacturing/Chemical Plant				
CITY:	ZIP CODE	COUNTY:	Number of regulated *USTs at this facility: _____		
<b>TEXAS</b>			*Underground Storage Tanks (USTs)		
			Number of regulated *ASTs at this facility: _____		
			*Aboveground Storage Tanks (ASTs)		
ON-SITE CONTACT PERSON	TITLE:	TELEPHONE No.:	PRIMARY SIC CODE	SECONDARY SIC CODE	
E-MAIL ADDRESS:	FAX NUMBER	PRIMARY NAICS CODE	SECONDARY NAICS CODE		
LATITUDE Degrees	Minutes	Seconds	LONGITUDE Degrees	Minutes	Seconds

**\*\*\* PRIOR TO RETAIL SALE OF FUEL TO THE PUBLIC USING MEASURED DISPENSING DEVICES, ANY METER MUST BE REGISTERED WITH THE TEXAS DEPARTMENT OF AGRICULTURE 1-800-TELL-TDA (1-800-835-5832).**

**3. TANK OPERATOR\*INFORMATION**  (mark here if same as owner)

\* "Operator" means any person in day-to-day control of, and having responsibility for, the daily operation of the UST system.

TCEQ Operator ID No.:	(Assigned by TCEQ) <b>CN</b>				
TANK OPERATOR NAME: <u>(Do NOT List Employees of Operator)</u>	TYPE OF TANK OPERATOR: <input type="checkbox"/> Individual <input type="checkbox"/> Corporation				
MAILING ADDRESS:	<input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Federal Gov't				
	<input type="checkbox"/> State Gov't <input type="checkbox"/> County Gov't <input type="checkbox"/> City Gov't				
	<input type="checkbox"/> Local Gov't				
CITY:	STATE:	ZIP CODE:	Date listed person became operator: _____		
OPERATOR'S AUTHORIZED REPRESENTATIVE:	TITLE:	TELEPHONE NO.:			



**TCEQ- UST REGISTRATION & SELF-CERTIFICATION FORM****7. SELF-CERTIFICATION OF COMPLIANCE WITH UST REQUIREMENTS**

**Important:** Completion of this section is required before TCEQ issues a UST Delivery Certificate. Delivery of regulated substances into regulated USTs is prohibited by state law unless a valid, current Delivery Certificate is available and/or displayed at the UST facility. **Any responses marked ANO@, or any incomplete submittal, will result in non-issuance of a Delivery Certificate for this facility.**

● INDICATE RESPONSES TO EACH QUESTION BY MARKING X IN THE APPROPRIATE SPACE AT THE RIGHT.		YES	NO
REGISTRATION	● For regulated UST systems at the facility indicated below, is the registration information filed with the TCEQ pursuant to §334.7 of TCEQ rules (including information in this filing) complete, accurate, & up-to-date?	<input type="checkbox"/>	<input type="checkbox"/>
FACILITY FEES	● For regulated UST systems at the facility indicated below, have all facility fees billed to date to the current owner been paid in full (i.e., annual fees plus all late fees, penalties, & interest)? (Does not apply to common carrier railroads)	<input type="checkbox"/>	<input type="checkbox"/>
FINANCIAL ASSURANCE	● For regulated UST systems at the facility indicated below, does financial assurance coverage meet TCEQ requirements, as described in Chapter 37 Subchapter I of TCEQ rules, for first-party corrective action, third-party bodily-injury, and third-party property damage in the event of a petroleum release from these UST systems?	<input type="checkbox"/>	<input type="checkbox"/>
TECHNICAL STANDARDS	● For regulated UST systems at the facility indicated below, are all in compliance with technical standards, as described in TCEQ rules in §334.49 (relating to Corrosion Protection), §334.50 (relating to Release Detection), §334.51 (relating to Spill and Overfill Prevention and Control) and §334.43 (relating to Variances and Alternative Procedures) if a written variance to all or part of the requirements of the previous three sections has been granted by the TCEQ? (A Yes@ response indicates that recordkeeping requirements and reporting duties have been met for 60 days prior to and including the date of certification.)	<input type="checkbox"/>	<input type="checkbox"/>

I am certifying that the following UST systems at this facility are in compliance:

Tank ID #(s) \_\_\_\_\_ as numbered on Pages 4 and 5 of this form.

If certifying more UST systems, please list additional ID #s on another form.

**This Self-Certification will not be processed or Delivery Certificate created unless Proof of Financial Assurance has been provided with this form. (State & Federal Entities Exempt)**

**8. FINANCIAL ASSURANCE INFORMATION**

Financial Assurance (Petroleum USTs only)

Does this facility meet Financial Assurance (FA) requirements for both

1<sup>st</sup> party corrective action and 3<sup>d</sup> party bodily injury/property damage liability?  Yes  No  Exempt (state and federal entities only)

If YES, identify FA mechanism(s):  Insurance (or risk retention group)  Financial test  Guarantee\*  Letter of credit\*

Surety bond\*  Local Gov. financial test \*\*  Local Gov. guarantee\*\*  Trust fund

\* Also requires stand-by trust fund. \*\* Only available to local governments (counties, municipalities, and special districts).

Information pertaining to the financial assurance mechanism(s) used to demonstrate financial assurance under Chapter 37, Subchapter I of Title 30, Texas Administrative Code is as follows:

Name of Issuer:	Phone # of Issuer:	Policy or mechanism #:
Coverage period Beginning: _____ Ending: _____	Coverage Amount s: Occurrence \$ _____ Annual Aggregate \$ _____	Insurance Premium pre-paid for entire year?*** <input type="checkbox"/> Yes <input type="checkbox"/> No***For information purposes only

**\*\*For questions regarding Financial Assurance, call the Financial Assurance Section at (512) 239-0300\*\***

**9. TANK OWNER/OPERATOR SELF-CERTIFICATION (for Delivery Certificate)**

I hereby certify under penalty of law to the following:

● I am the (mark one):  owner . . .  legally-authorized representative of the owner . . .  
 operator . . .  legally-authorized representative of the operator . . .

. . . of the regulated underground storage tank (UST) systems at this facility; AND

● I have personally examined and am familiar with the information included in Sections 1 through 4 AND 7; AND 8

● Based on my current knowledge and understanding, the submitted information is true, accurate, and complete; AND

● I understand that any person who intentionally or knowingly submits false information on this form is subject to criminal prosecution.

PRINTED NAME OF OWNER/OPERATOR (OR AUTHORIZED REPRESENTATIVE)	TITLE
SIGNATURE OF OWNER/OPERATOR (OR AUTHORIZED REPRESENTATIVE)	DATE OF SIGNATURE (PLEASE PRINT)

**10. TANK OWNER/OPERATOR REGISTRATION (for Initial Registration or Changes)**

I hereby represent the following:

● I am the (mark one):  owner . . .  legally-authorized representative of the owner . . .  
 operator . . .  legally-authorized representative of the operator . . .

. . . of the regulated underground storage tank (UST) systems at this facility; AND

● I have personally examined and am familiar with the information included in Sections 1 through 4, and Sections 8, 11 - 12; AND

● Based on my current knowledge and understanding, the submitted information is true, accurate, and complete; AND

● I understand that any person who intentionally or knowingly submits false information on this form is subject to criminal prosecution.

PRINTED NAME OF OWNER/OPERATOR (OR AUTHORIZED REPRESENTATIVE)	TITLE
SIGNATURE OF OWNER/OPERATOR (OR AUTHORIZED REPRESENTATIVE)	DATE OF SIGNATURE (PLEASE PRINT)

**TCEQ- UST REGISTRATION & SELF-CERTIFICATION FORM**

**11. INSTALLER/ON-SITE SUPERVISOR CERTIFICATION**

NOTE: This section must be completed and signed by the Installer or On-Site Supervisor. Leave blank if no tank or underground line installation activity is involved.

Was tank and/or line testing completed during and after installation?  Yes  No

DATE(S) INSTALLATION ACTIVITIES PERFORMED: CONTRACTOR (COMPANY OR FIRM): TCEQ CRP No.:  
CRP

INDIVIDUAL INSTALLER/ ON-SITE SUPERVISOR: TCEQ ILP No.:  
ILP

• I hereby certify that the information provided concerning recent installations were conducted by me or under my direct supervision, that I am familiar with the TCEQ requirements applicable to such activities and that to the best of my knowledge and belief such activities were performed in conformance with applicable TCEQ UST regulations.

• SIGNATURE OF INSTALLER/SUPERVISOR: DATE OF SIGNATURE

**Important: The information in the following sections regarding the UST system(s) at this facility must be properly completed in sufficient detail to support registration. UST owners & operators are encouraged to examine their UST records and/or consult with their UST equipment installers, service technicians, and/or insurance providers to ensure that this information is accurate and complete.**

**12. TANK IDENTIFICATION/DESCRIPTION**

Tank Identification <i>Number each tank compartment at your site consistent with Rule 334.8(c)(5)(C).</i>				
Tank Installation Date <i>(Month/day/year)</i>				
Tank Capacity <i>(in U.S. gallons)</i>				
<b>Tank Status</b> <i>(Mark One Status &amp; Indicate Date, if Applicable)</i>				
1-Currently in Use	1- <input type="checkbox"/>	1- <input type="checkbox"/>	1- <input type="checkbox"/>	1- <input type="checkbox"/>
2-Temporarily out of service <i>(date)</i>	2- _____	2- _____	2- _____	2- _____
- Meets TCEQ Definition of Empty?-Yes or 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
3-Perm.filled in place w/ sand, concrete, etc. <i>(date)</i>	3- _____	3- _____	3- _____	3- _____
4-Permanently removed from the ground <i>(date)</i>	4- _____	4- _____	4- _____	4- _____
<b>Current/Last Substance Stored</b> <i>(Mark All that Apply)</i>				
1-Gasoline	1- <input type="checkbox"/>	1- <input type="checkbox"/>	1- <input type="checkbox"/>	1- <input type="checkbox"/>
2-Diesel	2- <input type="checkbox"/>	2- <input type="checkbox"/>	2- <input type="checkbox"/>	2- <input type="checkbox"/>
3-Kerosene	3- <input type="checkbox"/>	3- <input type="checkbox"/>	3- <input type="checkbox"/>	3- <input type="checkbox"/>
4-Used Oil	4- <input type="checkbox"/>	4- <input type="checkbox"/>	4- <input type="checkbox"/>	4- <input type="checkbox"/>
5-New Oil	5- <input type="checkbox"/>	5- <input type="checkbox"/>	5- <input type="checkbox"/>	5- <input type="checkbox"/>
6-Other Petroleum Substance <i>(specify)</i>	6- _____	6- _____	6- _____	6- _____
7a-CERCLA Hazardous Substance <i>(specify)</i>	7a- _____	7a- _____	7a- _____	7a- _____
7b-Chemical Abstract Service (CAS) No.	7b- # _____	7b- # _____	7b- # _____	7b- # _____
7c-Hazardous Substances Mixture <i>(specify)</i>	7c- _____	7c- _____	7c- _____	7c- _____
8-Petroleum/Hazardous Substances Mixture <i>(specify)</i>	8- _____	8- _____	8- _____	8- _____

**13. UST SYSTEM TECHNICAL INFORMATION**

Tank & Piping Design <i>(Mark One for Tank &amp; Piping)</i>	Tank	Piping	Tank	Piping	Tank	Piping	Tank	Piping
1-Single-Wall	1- <input type="checkbox"/>	<input type="checkbox"/>						
2-Double-Wall	2- <input type="checkbox"/>	<input type="checkbox"/>						
<b>External Containment</b> <i>(Mark all that apply)</i>								
3-Factory-Built Nonmetallic Jacket	3- <input type="checkbox"/>	<input type="checkbox"/>						
4a-Synthetic Tank-Pit/Piping-Trench Liner	4a- <input type="checkbox"/>	<input type="checkbox"/>						
4b-Tank Vault/Rigid Trench Liner	4b- <input type="checkbox"/>	<input type="checkbox"/>						
<b>Type of Piping</b> <i>(Mark One)</i>								
5a-Pressurized		5a- <input type="checkbox"/>						
5b-Suction		5b- <input type="checkbox"/>						
5c-Gravity		5c- <input type="checkbox"/>						
<b>Tank Internal Protection</b>								
6-Internal Tank Lining <i>(Indicate date)</i>	6- _____		6- _____		6- _____		6- _____	

**TCEQ- UST REGISTRATION & SELF-CERTIFICATION FORM**

**13. UST SYSTEM TECHNICAL INFORMATION – CONTINUED FROM PAGE 4**

Tank Identification (e.g. 1, 2, 3, 4, etc.)								
Tank & Piping Materials (Mark all that apply)	Tank	Piping	Tank	Piping	Tank	Piping	Tank	Piping
1-Steel	1 - <input type="checkbox"/>	<input type="checkbox"/>						
2-FRP (fiberglass-reinforced plastic)	2 - <input type="checkbox"/>	<input type="checkbox"/>						
3-Composite tank (steel w/external FRP cladding)	3 - <input type="checkbox"/>	N/A						
4-Concrete	4 - <input type="checkbox"/>	<input type="checkbox"/>						
5a-Jacketed (steel w/external nonmetallic jacket)	5a- <input type="checkbox"/>	<input type="checkbox"/>						
5b-Coated (steel w/external polyurethane cladding)	5b- <input type="checkbox"/>	N/A						
5c-Nonmetallic flexible piping	5c-N/A	<input type="checkbox"/>						
<b>Piping Connectors &amp; Valves (Mark all that apply)</b>								
6-Shear/Impact Valves (under dispenser)	6-N/A	<input type="checkbox"/>						
7-Steel swing-joints (at ends of piping)	7-N/A	<input type="checkbox"/>						
8-Flexible connectors (at ends of piping)	8-N/A	<input type="checkbox"/>						
Tank/Piping Corrosion Protection (Mark all that apply)	Tank	Piping	Tank	Piping	Tank	Piping	Tank	Piping
1-External dielectric coating/laminate/tape/wrap	1- <input type="checkbox"/>	<input type="checkbox"/>						
2a-Listed/certified factory-installed cathodic protection	2a- <input type="checkbox"/>	<input type="checkbox"/>						
2b-Certified field-installed cathodic protection	2b- <input type="checkbox"/>	<input type="checkbox"/>						
3a-Listed composite tank (steel w/FRP external laminate)	3a- <input type="checkbox"/>	N/A						
3b-Listed coated tank (steel w/external polyurethane laminate)	3b- <input type="checkbox"/>	N/A						
4a-Listed FRP tank or piping (non-corrodible)	4a- <input type="checkbox"/>	<input type="checkbox"/>						
4b-Listed nonmetallic flexible piping (non-corrodible)	4b-N/A	<input type="checkbox"/>						
5a-Listed/certified external nonmetallic jacket	5a- <input type="checkbox"/>	N/A						
5b-Isolated in open-area (e.g., sump, boot, etc.) or secondary containment device (e.g., wall, jacketed or liner)	5b- N/A	<input type="checkbox"/>						
6-Dual protected	6- <input type="checkbox"/>	N/A						
7-Unnecessary per corrosion protection specialist	7- <input type="checkbox"/>	<input type="checkbox"/>						
Tank & Piping Release Detection (Mark all that apply)	Tank	Piping	Tank	Piping	Tank	Piping	Tank	Piping
1-External vapor/tracer monitoring	1- <input type="checkbox"/>	<input type="checkbox"/>						
2-External groundwater monitoring	2- <input type="checkbox"/>	<input type="checkbox"/>						
3-Monitoring of secondary containment barrier	3- <input type="checkbox"/>	<input type="checkbox"/>						
4-Automatic tank gauge test & inventory control	4- <input type="checkbox"/>	N/A						
5-Interstitial monitoring within secondary wall/jacket	5- <input type="checkbox"/>	<input type="checkbox"/>						
6a-Monthly piping tightness test (@ 0.2 gph)	6a-N/A	<input type="checkbox"/>						
6b- Annual piping tightness test / Annual electronic monitoring (@ 0.1 gph)	6b-N/A	<input type="checkbox"/>						
6c-Triennial tightness test (for suction/gravity piping)	6c-N/A	<input type="checkbox"/>						
6d-Auto. line leak detector (3.0gph for pressure piping)	6d-N/A	<input type="checkbox"/>						
7a-Weekly manual tank gauging (tanks ≤ 1,000 gal)	7a- <input type="checkbox"/>	N/A						
7b-Monthly tank gauging (for emer. generator tanks)	7b- <input type="checkbox"/>	N/A						
8-SIR-Statistical Inventory Reconciliation & inv. Control	8- <input type="checkbox"/>	<input type="checkbox"/>						
9-Exempt system suction	9- N/A	<input type="checkbox"/>						
Spill Containment & Overfill Prevention Equipment								
1- Tight-fill fitting	1 - <input type="checkbox"/>							
2- Factory-built spill container/bucket/sump	2 - <input type="checkbox"/>							
3a-Delivery shut-off valve (set@ ≤95% capacity)	3a- <input type="checkbox"/>							
3b-Flow restrictor valve, e.g., vent ball-float (set@ ≤90% cap.)	3b- <input type="checkbox"/>							
3c-Alarm (set@ ≤90%), w/3a or 3b (set@ ≤98% cap.)	3c- <input type="checkbox"/>							
4 - N/A - All deliveries to tank are ≤ 25 gal. each	4 - <input type="checkbox"/>							
Stage I Vapor Recovery								
* See 30 TAC 115 for rule & location exemption information.								
<b>1-Stage I (UST to tanker truck): Installation date:</b>								
• Type: 1a-Stage I two-point system	1a- <input type="checkbox"/>							
1b-Stage I coaxial system	1b- <input type="checkbox"/>							
• Exempt by: 1c-TCEQ Rule*	1c- <input type="checkbox"/>							



Texas Commission on Environmental Quality  
Petroleum Storage Tank Program

### Delivery Certificate

(Non-Transferable)

Expires On:

Feb 29, [REDACTED]

TCEQ Form LPS PET05 (05-11-2001)

*R. A. Hylb*

For The Commission

This hereby certifies that the underground storage tanks (USTs) at the facility identified herein have been self-certified as compliant with all technical and administrative standards for fuel delivery purposes. This certificate verifies self-certification only, and does not certify that the listed USTs are in compliance with TCEQ's Technical and Administrative requirements. *Prior to retail sale of fuel to the public using measured dispensing devices, any meter must be registered with the Texas Department of Agriculture.*

Owner/Operator #: [REDACTED]

[REDACTED]

Facility #: [REDACTED]

[REDACTED]

Self-Certified UST's 1A

Bryan W. Shaw, Ph.D., P.E., *Chairman*  
Toby Baker, *Commissioner*  
Zak Covar, *Commissioner*  
Richard A. Hyde, P.E., *Executive Director*



Texas Commission on Environmental Quality  
*Protecting Texas by Reducing and Preventing Pollution*

January 21, 2015

[REDACTED]

Re: UST INSTALLATION at [REDACTED] Activity  
scheduled on 02/15/2015; TCEQ PST Facility No [REDACTED]; Notification Received by TCEQ on 01/20/2015.

Dear Sir:

This letter acknowledges receipt by the Texas Commission on Environmental Quality (TCEQ) of notification for the referenced underground storage tank (UST) construction activity, as required by 30 TAC '334.6.

**This letter does not constitute an official approval, permit or endorsement for the referenced activity or for any associated construction methods or equipment.** A copy of your notification has been sent to the TCEQ regional office indicated below. The time and scope of this activity must be confirmed with the regional UST personnel 24 to 72 hours before the activity in order to arrange an inspection. Any rescheduling of the proposed construction must be coordinated and/or approved by authorized regional personnel.

Technical requirements which apply to various UST construction activities are included in 30 TAC '334, Subchapter C. **Also, all UST installations, repairs, and removals must be conducted by a registered UST contractor who has a licensed installer or on-site supervisor at the site during all critical junctures, as required by 30 TAC Chapter 334, Subchapter I.**

*This letter also serves as a temporary delivery certificate to allow initial deliveries into any new or replacement UST system, or the initial delivery into an UST system temporarily out-of-service under '334.54 for the purpose of returning to service. This temporary delivery certificate is valid for no more than 90 days after the first delivery of regulated substances into the new or replacement UST system, after which a permanent TCEQ-issued delivery certificate must be posted or available at the UST facility.*

*This action is taken under authority delegated by the Executive Director of the Texas Commission on Environmental Quality.*

Upon completion of construction, the attached UST Registration form and Self-Certification form must be completed and returned to the referenced address on the form. For further assistance, please contact the PST Registration & Self-Certification Team, at (512)239-2160, or the TCEQ regional UST personnel indicated below.

Sincerely,

A handwritten signature in black ink that reads "Martha C. Glasgow".

Martha Glasgow  
Team Leader, PST Registration Team  
Permitting & Registration Support Division

Enclosures: TCEQ UST Registration & Self-Certification Form  
**Regional Representative: Region 13, PST Team, (210)490-3096**

# Examples of Records for: *Financial Assurance*

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- Current Certificate of Insurance or other proof of financial assurance such as a letter of credit from a bank or an accountant.

## **Attachments:**

1. *Certificate of Insurance Example*

**Remove this page and replace with your facility's records**  
ENDORSEMENT

Policy Number: [REDACTED]  
Period of Coverage: From: 1/8/2013 To: 1/8/2014

Name of Insured: [REDACTED]

Address of Insured: [REDACTED]

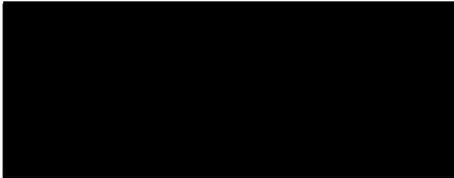
**Endorsement:**

1. This endorsement certifies that the policy to which the endorsement is attached provides liability insurance covering the following underground storage tank(s):

**Third Party / CUC**

Facility ID	Location Address	# PST
[REDACTED]	[REDACTED]	3
[REDACTED]	[REDACTED]	3
[REDACTED]	[REDACTED]	4
[REDACTED]	[REDACTED]	3
[REDACTED]	[REDACTED]	4
[REDACTED]	[REDACTED]	4
[REDACTED]	[REDACTED]	4
[REDACTED]	[REDACTED]	3
[REDACTED]	[REDACTED]	4

**Remove this page and replace with your facility's records**



3

3

for taking corrective action and/or compensating third parties for bodily injury and property damage caused by accidental releases; in accordance with and subject to the limits of liability, exclusions, conditions, and other terms of the policy; arising from operating the underground storage tank(s) identified above.

The limits of liability are \$1000000 for each occurrence and \$3000000 for the annual aggregate, exclusive of legal defense costs. This coverage is provided under Policy Number [REDACTED]. The effective date of said policy is: 1/8/2013

2. The Insurance afforded with respect to these occurrences is subject to all the terms and conditions of the policy; provided, however, that any provisions inconsistent with subparagraphs (a)-(e) of this paragraph are to be amended to conform with these subparagraph:
  - a. Bankruptcy or insolvency of the insured shall not relieve the Insurer of its obligations under the policy to which this endorsement is attached.
  - b. The Insurer is liable for the payment of amounts within any deductible applicable to the policy, to the provider of corrective action or a damaged third party, with a right of reimbursement by the insured for any payment made by the Insurer. This provision does not apply with respect to that amount of any deductible for which coverage is demonstrated under another mechanism or combination of mechanisms as specified in Title 30, TAC, §37.825 of this title, §37.830 of this title, §37.835 of this title, §37.840 of this title, §37.845 of this title and §37.850 of this title.
  - c. Whenever requested by the Executive Director of the Texas Commission on Environmental Quality (TCEQ), the Insurer agrees to furnish to the Executive Director a signed duplicate original of the policy and all endorsements.
  - d. Cancellation or any other termination of the insurance by the Insurer, except for non-payment of premium or misrepresentation by the insured, will be effective only upon written notice and only after the expiration of 60 days after a copy of this written notice is received by the insured. Cancellation for non-payment of premium or misrepresentation by the insured will be effective only upon written notice and only after expiration of a minimum of ten days after a copy of such written notice is received by the insured.
  - e. The insurance covers claims otherwise by the policy that are reported to the Insurer within six months of the effective date of cancellation or non-renewal of the policy except where the new or renewed policy has the same retroactive date or a retroactive date earlier than that of the prior policy, and which arise out of any covered occurrence that commenced after the policy retroactive date, if applicable, and prior to such policy renewal or termination date. Claims reported during such extended reporting period are subject to the terms, conditions, limits including limits of liability, and exclusions of the policy.

I hereby certify that the wording of this instrument is identical to the wording in Title 30, Texas Administrative Code, §37.835 (b) (1) and that the Insurer is licensed to transact the business of insurance in Texas.

\_\_\_\_\_  
Authorized Representative of [REDACTED]

# Examples of Records for: *Corrosion Protection*

---

- Cathodic protection systems for metal components (tanks, piping, equipment in sumps and manways):
  - 60 day rectifier inspection log (for impressed current systems)
  - 3 year test results
  - Initial cathodic protection system testing (at installation and 3 – 6 months later)
- Fiberglass tanks/piping:
  - Visual proof (Investigator Verification)
  - Installation records (original invoice, delivery manifest for tank)  
Or
  - Statement from a corrosion specialist indicating the tank is made of fiberglass or does not need cathodic protection
- Composite/Clad/Jacketed Steel tanks:
  - Installation records/original invoice for tank
  - Statement from a corrosion specialist indicating the tank is sufficiently protected from corrosion

## **Attachments:**

1. *60 Day Rectifier Inspection Log- Blank*
2. *60 Day Rectifier Inspection Results Example*

**\*\*You may use this template to demonstrate compliance\*\***



## 60-Day Record of Impressed Current Cathodic Protection

If you have questions on how to complete this form or about the Petroleum Storage Tank (PST) program, please contact Small Business and Local Government Assistance at its hot line, 800-447-2827, or online at <www.sblga.info>.

### Facility Information

<b>Facility Name:</b>	<b>Facility ID No.:</b>
<b>Street Address:</b>	<b>City, State, Zip:</b>

### Instructions

- This form may be used to document operational checks of the cathodic protection system rectifier at least once every 60 days.
- If your rectifier is so equipped, you should also record the output voltage and current, and the number of hours indicated on the meter.
- Any significant variance should be reported to your corrosion professional so that any necessary repairs or adjustments can be made.
- Every three years your cathodic protection should be tested by a corrosion specialist or corrosion technician.
- Keep this form on file for at least five years.

### Impressed Current Rectifier Data

<b>Rectifier Manufacturer:</b>	<b>Rated DC Output:</b> _____ Volts _____ Amps
<b>Rectifier Model:</b>	<b>Rectifier Serial Number:</b>
<b>What is the "as designed" or most recently recommended rectifier output?</b>	
	_____ Volts _____ Amps





# Examples of Records for: *Tank Release Detection*

---

## **Tank Release Detection must be conducted monthly. Approved methods include:**

- Automatic Tank Gauging (ATG) & Inventory Control:
  - At least one passing ATG test, no more than 35 days from the previous passing ATG test, when the tank was at the proper level. Ensure tank has sufficient product to conduct a valid test.

**AND**

  - Inventory control with reconciliation **OR**

Statistical Inventory Reconciliation (SIR) & Inventory Control:

  - Results from an SIR vendor using a third party certified method stating “Pass”, “Fail”, or “Inconclusive” (must be received by the 15<sup>th</sup> of the following month)

**AND**

  - Inventory control with reconciliation **OR**
- Interstitial Monitoring:
  - Log sheet showing status of the sensor **OR**
- Groundwater/Vapor Monitoring:
  - Statement from well installer that a release from any part of the system will be detected in at least 35 days

**AND**

  - Results of monitoring well (no more than 35 days from the previous reading)
- Monthly Tank Gauging
  - Records showing periodic monitoring results
- Secondary containment barriers
  - Records showing periodic monitoring results
- Manual Tank Gauging
  - Records showing periodic monitoring results

### **Attachments:**

1. *ATG Passing Test Example*
2. *SIR Results from Third Party Example*
3. *Daily Inventory Worksheet – Sample*
4. *Daily Inventory Worksheet - Blank*
5. *Inventory Control with Reconciliation Example*
6. *Inventory Control Form - Blank*
7. *Interstitial Monitoring Log- Blank*
8. *Groundwater/Vapor Monitoring Logs- Blank*
9. *Secondary Containment Barriers Log-Blank*
10. *Manual Tank Gauging Log –Blank*
11. *Monthly Tank Gauging Table - Blank*

Remove this page and replace with your facility's records

[REDACTED]

APR 2, 2015 5:10 PM  
LEAK TEST REPORT  
T 1:REG UNLEADED 1  
PROBE SERIAL NUM 762191

TEST STARTING TIME:  
MAR 4, 2014 2:00 AM  
HEIGHT = 31.1 INCHES  
WATER = 0.0 INCHES  
TEMP = 73.5 F

TEST LENGTH = 2.0 HRS  
STRT VOLUME = 1523.4 GAL  
PERCENT VOLUME = 18.9

LEAK TEST RESULTS  
0.20 GAL/HR TEST INVL

0.20 GAL/HR FLAGS:  
LOW LEVEL TEST ERROR  
PERCENT VOLUME TOO LOW

\*\*\*\*\* END \*\*\*\*\*

[REDACTED]

APR 2, 2015 5:10 PM  
LEAK TEST REPORT  
T 3: SUPER UNLEADED  
PROBE SERIAL NUM 762190

TEST STARTING TIME:  
MAR 4, 2014 2:00 AM  
HEIGHT = 28.6 INCHES  
WATER = 0.0 INCHES  
TEMP = 74.5 F

TEST LENGTH = 2.0 HRS  
STRT VOLUME = 1344.0 GAL  
PERCENT VOLUME = 16.6

LEAK TEST RESULTS  
0.20 GAL/HR TEST INVL

0.20 GAL/HR FLAGS:  
LOW LEVEL TEST ERROR  
PERCENT VOLUME TOO LOW

\*\*\*\*\* END \*\*\*\*\*

[REDACTED]

APR 2, 2015 5:10 PM  
LEAK TEST REPORT  
T 2:REG UNLEADED 2  
PROBE SERIAL NUM 762189

TEST STARTING TIME:  
MAR 4, 2014 2:00 AM  
HEIGHT = 36.0 INCHES  
WATER = 0.0 INCHES  
TEMP = 73.6 F

TEST LENGTH = 2.0 HRS  
STRT VOLUME = 1860.5 GAL  
PERCENT VOLUME = 23.0

LEAK TEST RESULTS  
RATE = 0.08 GAL/HR  
THRS = -0.13 GAL/HR  
0.20 GAL/HR TEST PASS

[REDACTED]

APR 2, 2015 5:10 PM  
LEAK TEST REPORT  
T 4:DIESEL  
PROBE SERIAL NUM 558552

TEST STARTING TIME:  
MAR 4, 2014 2:00 AM  
HEIGHT = 33.8 INCHES  
WATER = 1.5 INCHES  
TEMP = 74.4 F

TEST LENGTH = 2.0 HRS  
STRT VOLUME = 1812.9 GAL  
PERCENT VOLUME = 29.9

LEAK TEST RESULTS  
RATE = 0.09 GAL/HR  
THRS = -0.13 GAL/HR  
0.20 GAL/HR TEST PASS

MONTHLY STATISTICAL INVENTORY RECONCILIATION (SIR) REPORT

FACILITY NAME: [REDACTED] FACILITY ID#: [REDACTED]  
TANK LOCATION: [REDACTED] Houston, TX 77032  
( ) OWNER/ [REDACTED] PHONE: [REDACTED]  
( ) OPERATOR: [REDACTED] Houston, TX 77032

SIR PROVIDER: [REDACTED] Phone: 1-(772) [REDACTED]  
SIR VERSION: [REDACTED] DATE OF SIR REPORT: 09/18/2013 TIME 13:30:40  
PERIOD COVERED: 08/13 Data points to calculate leak rate: 20 or more

TANK NUMBER	TANK CONTENTS	TANK CAPACITY	LEAK THRESHOLD	MIN. DET. LEAK RATE	CALCULATED LEAK RATE	CRRNT	PREV. 1 MO.	PREV. 2 MO.
1100	Regular	15000	0.005	0.010	0.002	X	X	X
1300	Premium	6000	0.052	0.104	-0.008		X	X

*Fail/Inconclusive for one month - must fill out suspended release for + research portion*

- NOTE: ( ) OWNER/( ) OPERATOR -> Be sure to check the appropriate status.  
CRRNT = Current Month, PREV = Previous Month, 2 MO. = 2 months prior  
P|F|I = Pass, Fail and Inconclusive
- A copy of this SIR report form shall be maintained on-site for review for each month that SIR is used for release detection.
  - [REDACTED]
  - Results of each monthly analysis must include the calculated results from the data set for leak threshold, the minimum detectable leak rate, the calculated leak rate, and a determination of whether the result of the test was 'Pass', 'Fail', or 'Inconclusive'.
  - 'Pass' means the calculated leak rate for the data set is less than the leak threshold and the minimum detectable leak rate is less than or equal to the certified performance standard (0.2gph).
  - 'Fail' means the calculated leak rate for the data set is equal to or greater than the leak threshold.
  - 'Inconclusive' means the minimum detectable leak rate exceeds the certified performance standard (0.2gph) and the calculated leak rate is less than the leak threshold. If for any other reason the test result is not a 'Pass' or 'Fail', the result is 'Inconclusive'.
  - An incident Notification Form shall be submitted to the regulators when a monthly SIR report of 'Fail' is received, or after the receipt of one monthly SIR report of 'Inconclusive'.
  - S.I.R monitors the complete UST system, from UST fuel tube to dispenser, including the piping. In certain states passing S.I.R. test can be substituted for annual line test. The UST owner/operator is responsible for obtaining the applicable states regulations concerning S.I.R. and required line test.

Person conducting evaluation: [REDACTED] Date: 09/18/2013  
Signature: \_\_\_\_\_  
Tank Owner/Operator: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_  
Signature: \_\_\_\_\_



**SAMPLE**

**DAILY INVENTORY WORKSHEET**

**A** FACILITY NAME: LAST CHANCE #2

YOUR NAME: JUAN DOE

DATE: 9/22/93

<b>B</b>	<b>TANK IDENTIFICATION</b>	1	2	3	4	
	Type of Fuel	REG UNL	PREM UNL	DIESEL	MID UNL	
	Tank Size in Gallons	6000	6000	6000	10,000	
<b>C</b>	<b>END STICK INCHES</b>	41 $\frac{1}{4}$	58 $\frac{7}{8}$	69	86 $\frac{1}{2}$	
<b>D</b>	<b>AMOUNT PUMPED</b>	↓	↓	↓	↓	↓
	Totalizer Reading	24 383	30798	92485	44013	
	Totalizer Reading	55138	11017	70178	38974	
	Totalizer Reading					
	Totalizer Reading					
	Totalizer Reading					
	Totalizer Reading					
	Totalizer Reading					
<b>E</b>	<b>TODAY'S SUM OF TOTALIZERS</b>	79 521	41815	162663	82487	
<b>F</b>	Previous Day's Sum of Totalizers	78271	40260	161663	82584	
<b>G H</b>	<b>AMOUNT PUMPED TODAY</b>	1250	1555	1000	403	
	<b>DELIVERY RECORD</b>	↓	↓	↓	↓	↓
<b>I</b>	Inches of Fuel Before Delivery	13 $\frac{7}{8}$			49 $\frac{7}{8}$	
<b>K</b>	Gallons of Fuel Before Delivery (from tank chart)	537			5246	
<b>J</b>	Inches of Fuel After Delivery	41 $\frac{1}{4}$			86 $\frac{1}{2}$	
<b>K</b>	Gallons of Fuel After Delivery (from tank chart)	2672			9423	
<b>L</b>	<b>GALLONS DELIVERED (STICK)</b> (Gallons "After" - Gallons "Before")	2135			4177	
<b>M</b>	<b>GROSS GALLONS DELIVERED (RECEIPT)</b>	2100			4200	

**\*\*You may use this template to demonstrate compliance\*\***

## DAILY INVENTORY WORKSHEET

FACILITY NAME: \_\_\_\_\_

YOUR NAME: \_\_\_\_\_

DATE: \_\_\_\_\_

<b>TANK IDENTIFICATION</b>					
Type of Fuel					
Tank Size in Gallons					
<b>END STICK INCHES</b>					
<b>AMOUNT PUMPED</b>	↓	↓	↓	↓	↓
Totalizer Reading					
Totalizer Reading					
Totalizer Reading					
Totalizer Reading					
Totalizer Reading					
Totalizer Reading					
Totalizer Reading					
Totalizer Reading					
<b>TODAY'S SUM OF TOTALIZERS</b>					
Previous Day's Sum of Totalizers					
<b>AMOUNT PUMPED TODAY</b>					
<b>DELIVERY RECORD</b>	↓	↓	↓	↓	↓
Inches of Fuel Before Delivery					
Gallons of Fuel Before Delivery <small>(from tank chart)</small>					
Inches of Fuel After Delivery					
Gallons of Fuel After Delivery <small>(from tank chart)</small>					
<b>GALLONS DELIVERED (STICK)</b> <small>[Gallons "After" Gallons "Before"]</small>					
<b>GROSS GALLONS DELIVERED (RECEIPT)</b>					

**\*\*Remove this form and replace it with your facility's records\*\***

**SAMPLE**

**MONTHLY INVENTORY RECORD**

**(N)** TANK IDENTIFICATION & TYPE OF FUEL: 4 MIDGRADE UNL

MONTH/YEAR: 9, 93

FACILITY NAME: LAST CHANCE #2

DATE OF WATER CHECK: 9/1 LEVEL OF WATER (INCHES): 0 **(V)**

DATE	START STICK INVENTORY (GALLONS)	GALLONS DELIVERED	GALLONS PUMPED	BOOK INVENTORY (GALLONS)	END STICK INVENTORY		DAILY OVER (+) OR SHORT (-) ("End" - "Book")	INITIALS
					(INCHES)	(GALLONS)		
1	4047 (+)	—	(-) 333	(-) 3714	38 1/4	3690	-24	JD
2	3690 (+)	—	(-) 44	(-) 3646	38	3658	+12	JD
3	3658 (+)	—	(-) 329	(-) 3329	35 3/8	3323	-6	JD
4	3323 (+)	—	(-) 60	(-) 3263	35	3275	+12	JD
5	3275 (+)	—	(-) 145	(-) 3130	33 3/4	3117	-13	JD
6	3117 (+)	—	(-) 238	(-) 2879	31 1/8	2790	-89	JD
7	2790 (+)	6134	(-) 117	(-) 8807	80	8844	+37	JD
8	8844 (+)	—	(-) 127	(-) 8717	78 7/8	8732	+15	JD
9	8732 (+)	—	(-) 142	(-) 8590	77 1/2	8591	+1	JD
10	8591 (+)	—	(-) 205	(-) 8386	75 1/2	8379	-7	JD
11	8386 (+)	—	(-) 204	(-) 8182	73 5/8	8173	-9	JD
12	8182 (+)	—	(-) 166	(-) 8016	72	7991	-16	JD
13	7991 (+)	—	(-) 320	(-) 7671	69 3/4	7730	-159	JD
14	7671 (+)	—	(-) 307	(-) 7364	67	7402	+38	JD
15	7364 (+)	—	(-) 76	(-) 7288	66 1/2	7342	+54	JD
16	7288 (+)	—	(-) 224	(-) 7064	64 1/2	7050	-14	JD
17	7064 (+)	—	(-) 390	(-) 6674	61	6657	-7	JD
18	6674 (+)	—	(-) 296	(-) 6378	58 3/8	6354	-24	JD
19	6378 (+)	—	(-) 78	(-) 6290	58 1/8	6290	0	JD
20	6290 (+)	—	(-) 424	(-) 5866	54 3/8	5869	+3	JD
21	5866 (+)	—	(-) 205	(-) 5661	53 1/8	5639	-22	JD
22	5661 (+)	4177	(-) 403	(-) 9413	86 1/2	9423	+10	JD
23	9413 (+)	—	(-) 87	(-) 9326	85 1/2	9343	+7	JD
24	9326 (+)	—	(-) 311	(-) 9015	82	9036	+21	JD
25	9015 (+)	—	(-) 239	(-) 8776	79 1/8	8757	-19	JD
26	8776 (+)	—	(-) 256	(-) 8520	76 7/8	8526	+6	JD
27	8520 (+)	—	(-) 264	(-) 8256	74 1/2	8270	+14	JD
28	8256 (+)	—	(-) 263	(-) 8003	72	7991	-16	JD
29	8003 (+)	—	(-) 185	(-) 7818	69	7811	-7	JD
30	7818 (+)	—	(-) 116	(-) 7695	68	7690	-5	JD
31	(+)	(-)	(-)					

**(W)** TOTAL GALLONS PUMPED > 6594 TOTAL GALLONS OVER OR SHORT > -74 **(X)**

DROP THE LAST 2 DIGITS from the TOTAL GALLONS PUMPED number and enter on the line below

**(Y)** LEAK CHECK: 65 + 130 = 195 gallons

Is "TOTAL GALLONS OVER OR SHORT" LARGER than "LEAK CHECK" result? YES **(NO)** (circle one) **(Z)**

If answer is "YES" for 2 MONTHS IN A ROW, notify regulatory agency as soon as possible

**KEEP THIS PIECE OF PAPER ON FILE FOR AT LEAST 5 YEARS**

**\*\*You may use this template to demonstrate compliance\*\***

# MONTHLY INVENTORY RECORD

TANK IDENTIFICATION & TYPE OF FUEL: \_\_\_\_\_

MONTH/YEAR: \_\_\_\_ / \_\_\_\_

FACILITY NAME: \_\_\_\_\_

DATE OF WATER CHECK: \_\_\_\_\_ LEVEL OF WATER (INCHES): \_\_\_\_\_

DATE	START STICK INVENTORY (GALLONS)	GALLONS DELIVERED	GALLONS PUMPED	BOOK INVENTOR Y (GALLONS)	END STICK INVENTORY		DAILY OVER (+) OR SHORT ( ) ["End" "Book"]	INITIALS
					(INCHES)	(GALLONS)		
1	(+)	( )	(=)					
2	(+)	( )	(=)					
3	(+)	( )	(=)					
4	(+)	( )	(=)					
5	(+)	( )	(=)					
6	(+)	( )	(=)					
7	(+)	( )	(=)					
8	(+)	( )	(=)					
9	(+)	( )	(=)					
10	(+)	( )	(=)					
11	(+)	( )	(=)					
12	(+)	( )	(=)					
13	(+)	( )	(=)					
14	(+)	( )	(=)					
15	(+)	( )	(=)					
16	(+)	( )	(=)					
17	(+)	( )	(=)					
18	(+)	( )	(=)					
19	(+)	( )	(=)					
20	(+)	( )	(=)					
21	(+)	( )	(=)					
22	(+)	( )	(=)					
23	(+)	( )	(=)					
24	(+)	( )	(=)					
25	(+)	( )	(=)					
26	(+)	( )	(=)					
27	(+)	( )	(=)					
28	(+)	( )	(=)					
29	(+)	( )	(=)					
30	(+)	( )	(=)					
31	(+)	( )	(=)					

TOTAL GALLONS PUMPED >  TOTAL GALLONS OVER OR SHORT >

DROP THE LAST 2 DIGITS from the PUMPED number and enter on the line below  
**LEAK CHECK:** \_\_\_\_\_ + 130 = \_\_\_\_\_ gallons  
 Compare these numbers

Is "TOTAL GALLONS OVER OR SHORT" **LARGER** than "LEAK CHECK" result? **YES NO** (circle one)

If answer is "YES" for 2 MONTHS IN A ROW, notify regulatory agency as soon as possible.



**KEEP THIS PIECE OF PAPER ON FILE FOR AT LEAST 5 YEARS**









**\*\*You may use this template to demonstrate compliance\*\***



## Weekly Record of Manual Tank Gauging (Tanks <1,000 gallons)

If you have questions on how to complete this form or about the Petroleum Storage Tank (PST) program, contact the Small Business and Local Government Assistance hotline at 1-800-447-2827, or online at <www.TexasEnviroHelp.org>.

### Facility Information

<b>Facility Name:</b>	<b>Facility ID No.:</b>
<b>Street Address:</b>	<b>City, State, Zip:</b>

### Instructions

- Manual tank gauging must be performed weekly.
- In the table to the side, circle your tank size, duration, and standard.
- If the weekly or monthly average of the four weekly test results exceed the standard in the table your tank may be leaking.
- If there is a suspected release notify TCEQ within 24 hours and refer to module RG-475h, *Suspected Releases from Petroleum Storage Tanks*.
- If you don't have sufficient quiet time, you must choose a different method of release detection.
- Release detection is a good business practice. Lost product, penalties and fines, and cleanup costs can add up to a significant amount of money.

<b>Tank Size</b>	<b>Minimum Duration of the Test</b>	<b>Weekly Standard (1 test)</b>	<b>Monthly Standard (4-test average)</b>
Up to 500 Gallons	36 hours	10 gallons	5 gallons
551–1000 gallons (when tank diameter is 64")	44 hours	9 gallons	4 gallons
551–1000 gallons (when tank diameter is 48")	58 hours	12 gallons	6 gallons

**Use this template or replace with your facility's records**

**Gauge Record**

<b>Start Test</b> (date and time)					
<b>First Initial Stick Reading</b>					
<b>Second Initial Stick Reading</b>					
<b>Average Initial Reading</b>					
<b>Initial Gallons</b> (convert inches to gallons) [a]					
<b>End Test</b> (date and time)					<b>To calculate monthly average, divide sum of 4 weekly readings by 4 and enter results here ▼</b>
<b>First End Stick Reading</b>					
<b>Second End Stick Reading</b>					
<b>Average End Reading</b>					
<b>End Gallons</b> (convert inches to gallons) [b]					
<b>Change in Tank Volume</b> (gallons + or -) [a - b]					
<b>Initials</b>					
<b>Tank Passes Test? Y/N</b>					



# Examples of Records for: *Piping Release Detection*

---

- Pressurized Piping Systems:
  - Automatic Line Leak Detector Function Test (no more than 365 days since previous test) **AND**
  - Piping tightness test results (no more than 365 days since previous test) **OR**
  - Vapor or groundwater monitoring results (no more than 35 days from the previous reading) **OR**
  - Interstitial monitoring
    - log sheet showing status of the sensor **OR**
  - SIR and inventory control
    - Results from an SIR vendor stating “Pass”, “Fail”, or “Inconclusive” (must be received by the 15<sup>th</sup> of following month)
    - Inventory control with reconciliation **OR**
  - Monthly electronic leak monitoring
    - Test results (receipt from electronic monitoring equipment)
- Suction Piping:
  - Piping tightness results (no more than 3 years since previous test) **OR**
  - Vapor or groundwater monitoring results (no more than 35 days since previous reading) **OR**
  - Interstitial monitoring
    - log sheet showing status of the sensor **OR**
  - SIR and inventory control
    - Results from an SIR vendor stating “Pass”, “Fail”, or “Inconclusive” (must be received by the 15<sup>th</sup> of following month)
    - Inventory control with reconciliation
- Suction piping with one high mounted check valve located at the suction pump:
  - To verify your facility has this type of piping and meets applicable criteria, you need as-built drawings or written documentation from a registered UST contractor

## \*\*\*\*Attachments:

1. *Automatic Line Leak Detector Test Examples*
  2. *Piping Tightness Test Examples (from invoice or printout of electronic equipment)*
  3. *Groundwater/Vapor Monitoring Log - Blank*
  4. *Interstitial Monitoring Log - Blank*
  5. *SIR Results from a Third Party Example*
  6. *Inventory Control with Reconciliation Example*
  7. *Monthly Electronic Leak Detection Test Example*
  8. *Secondary Containment Barrier Log – Blank*
- These records may be found in the Tank Release Detection Section**

**\*\*Remove this page and replace with your facility's records\*\***

# RJ - LEAK DETECTOR TEST REPORT

Completion of this report is required for all mechanical leak detector testing

## Testing Company

Store # [REDACTED]	[REDACTED]	Date: 6/3/13
Address: [REDACTED]	[REDACTED]	Tech Name: [REDACTED]
City / State: HOUSTON TX.	[REDACTED] Tx. 77383-0340	Tech Cert # [REDACTED]

### Test Equipment Used

Make/Model LS-2003

### Test Method Used

AVO (RJ21)    
  FTA (RJ20)    
  FXT (RJ 061-272-1)

### Type of Leak Detectors tested

LDC     XLP     BFLD     DLD     PLD     BFLD     FX1  
 FX1D     FX2     FX2D     FX1BFLD     FX2BFLD     FX1DV     FX2DV  
 FXIV     FX2V     OTHER \_\_\_\_\_

## TEST INFORMATION

	UL UL+ SU DIE	Leak Detector Type (see above)	Serial Number	Resiliency (ml)	Func. Element (check valve) Holding PSI	Opening Time (sec)	Test Leak Rate ml/min or gal/hr	Metering PSI	Pass or Fail
1	UL	FX1V	8949	116 ML	16	2 SEC	196 ML	10	PASS
2	SU	FX1V	8765	112 ML	18	2 SEC	196 ML	10	PASS
3	D	FX1DV	7766	110 ML	20	2 SEC	196 ML	10	PASS
4									
5									
6									
7									
8									

Technician Signature

[REDACTED SIGNATURE]

Date: 6/3/13

[REDACTED]

INFORM LINE LEAK PASSED TEST REPORT

Site: [REDACTED]

LINE LEAK DETECTOR

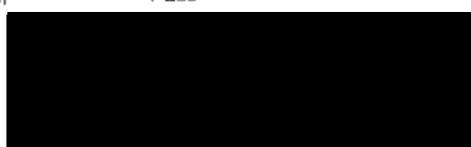
NUMBER	LABEL
1	UNLEADED

DATE	TIME	TEST TYPE	
1/15/2014	12:46:00AM	PLLD	3 gal / hr
1/23/2014	1:43:00AM	PLLD	3 gal / hr
1/24/2014	12:40:00AM	PLLD	3 gal / hr
1/24/2014	1:56:00AM	PLLD	3 gal / hr
1/25/2014	1:59:00AM	PLLD	3 gal / hr
1/25/2014	7:10:00PM	PLLD	3 gal / hr
1/29/2014	11:57:00PM	PLLD	3 gal / hr
1/31/2014	12:57:00AM	PLLD	3 gal / hr
1/31/2014	4:36:00AM	PLLD	3 gal / hr
2/1/2014	2:06:00AM	PLLD	3 gal / hr
2/2/2014	1:47:00AM	PLLD	3 gal / hr
2/3/2014	12:44:00AM	PLLD	3 gal / hr
2/4/2014	1:16:00AM	PLLD	3 gal / hr
2/15/2014	12:37:00AM	PLLD	3 gal / hr
3/1/2014	12:23:00AM	PLLD	3 gal / hr
3/8/2014	12:34:00AM	PLLD	3 gal / hr
3/15/2014	12:30:00AM	PLLD	3 gal / hr
3/22/2014	12:39:00AM	PLLD	3 gal / hr
3/25/2014	6:45:00PM	PLLD	3 gal / hr
3/29/2014	12:33:00AM	PLLD	3 gal / hr
4/5/2014	12:13:00AM	PLLD	3 gal / hr
4/12/2014	12:28:00AM	PLLD	3 gal / hr
4/19/2014	12:40:00AM	PLLD	3 gal / hr
4/25/2014	7:04:00PM	PLLD	3 gal / hr
4/26/2014	12:19:00AM	PLLD	3 gal / hr
5/3/2014	12:38:00AM	PLLD	3 gal / hr
5/17/2014	12:39:00AM	PLLD	3 gal / hr
5/24/2014	12:27:00AM	PLLD	3 gal / hr
5/25/2014	7:05:00PM	PLLD	3 gal / hr
5/31/2014	12:40:00AM	PLLD	3 gal / hr
6/7/2014	12:39:00AM	PLLD	3 gal / hr

LINE LEAK DETECTOR

NUMBER	LABEL
2	PREMIUM

DATE	TIME	TEST TYPE	
1/15/2014	12:53:00AM	PLLD	3 gal / hr
1/23/2014	12:46:00AM	PLLD	3 gal / hr
1/23/2014	11:28:00PM	PLLD	3 gal / hr
1/24/2014	9:55:00PM	PLLD	3 gal / hr
1/25/2014	7:09:00PM	PLLD	3 gal / hr
1/30/2014	12:20:00AM	PLLD	3 gal / hr
1/31/2014	12:16:00AM	PLLD	3 gal / hr
1/31/2014	2:37:00AM	PLLD	3 gal / hr
2/1/2014	12:43:00AM	PLLD	3 gal / hr
2/2/2014	12:15:00AM	PLLD	3 gal / hr
2/3/2014	12:45:00AM	PLLD	3 gal / hr
2/3/2014	11:48:00PM	PLLD	3 gal / hr



**\*\*Remove this page and replace with your facility's records\*\***



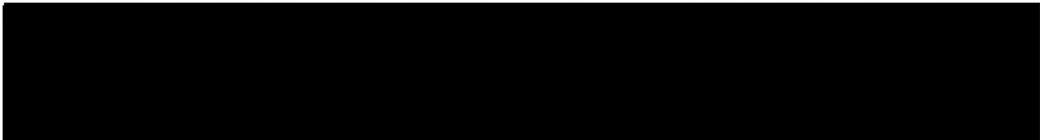
UNDERGROUND STORAGE TANK AND PIPING CERTIFICATION REPORT

*Mechanical*

TEST REQUESTED BY:

TEST LOCATION:

TEST NO.	PRODUCT	TEST DATE	LINE LEAK RATE	LINE TYPE	LINE TEST TIME	LINE TEST PSI.	LINE TEST RESULT	LEAK DETECTOR RESULT
130904	SUPER	9/4/2013	0.0000	PRESSURE	30	50	PASS	PASS
COMMENTS: The Red Jacket FX-1V Ser# 10985-XXXX Product Line Leak Detector detected a leak of 3 GPH @ 10 PSI.								
130904	REG	9/4/2013	0.0060	PRESSURE	30	50	PASS	PASS
COMMENTS: The Red Jacket FX-1V Ser# 20700-6375 Product Line Leak Detector detected a leak of 3 GPH @ 10 PSI.								
130904	DIESEL	9/4/2013	0.0000	PRESSURE	30	50	PASS	PASS
COMMENTS: The FE PETRO STP-MLD-D Ser # HJ1458 Product Line Leak Detector detected a leak of 3 GPH @ 10 PSI.								



**INFORM SENSOR REPORT**

Site: [REDACTED]

TYPE	SENSOR NUMBER	LABEL
Liquid Sensor	1	DISPENSER 1-2 SUMP

DATE	TIME	STATUS
1/15/2014	3:13:00AM	Sensor Normal
1/23/2014	3:19:00AM	Sensor Normal
1/24/2014	1:10:00AM	Sensor Normal
1/24/2014	4:49:00AM	Sensor Normal
1/25/2014	3:59:00AM	Sensor Normal
1/25/2014	7:13:00PM	Sensor Normal
1/30/2014	4:29:00AM	Sensor Normal
1/31/2014	1:21:00AM	Sensor Normal
1/31/2014	4:59:00AM	Sensor Normal
1/31/2014	5:54:00AM	Sensor Normal
2/1/2014	3:13:00AM	Sensor Normal
2/2/2014	3:08:00AM	Sensor Normal
2/3/2014	3:07:00AM	Sensor Normal
2/4/2014	3:28:00AM	Sensor Normal
2/15/2014	1:00:00AM	Sensor Normal
3/1/2014	12:39:00AM	Sensor Normal
3/8/2014	12:39:00AM	Sensor Normal
3/15/2014	12:39:00AM	Sensor Normal
3/22/2014	12:39:00AM	Sensor Normal
3/25/2014	7:06:00PM	Sensor Normal
3/29/2014	12:39:00AM	Sensor Normal
4/5/2014	12:38:00AM	Sensor Normal
4/12/2014	12:38:00AM	Sensor Normal
4/19/2014	12:38:00AM	Sensor Normal
4/25/2014	7:05:00PM	Sensor Normal
4/26/2014	12:38:00AM	Sensor Normal
5/3/2014	12:38:00AM	Sensor Normal
5/17/2014	12:40:00AM	Sensor Normal
5/24/2014	12:40:00AM	Sensor Normal
5/25/2014	7:07:00PM	Sensor Normal
5/31/2014	12:40:00AM	Sensor Normal
6/7/2014	12:40:00AM	Sensor Normal

TYPE	SENSOR NUMBER	LABEL
[REDACTED]		

# Examples of Records for: *Spill and Overfill Prevention*

---

## **Tight-fill fitting and spill bucket should be visually verifiable and in good operating condition**

- Spill Bucket:
  - 60 day spill bucket inspection log sheet
  - Records/manifest of debris/contaminated water/fuel which was disposed within 96 hours of discovery

## **Overfill Protection**

- Automatic Shutoff Device (located in fill port) :
  - May be visually verifiable by investigator
  - Records showing installation and that device is set to activate at the appropriate level (95% of tank's capacity) **OR**
- Flow Restrictor (located in vent line):
  - Records showing installation and that device is set to activate at the appropriate level (90% of tank's capacity)

### ***Attachments:***

1. *60 Day Spill Bucket Inspection Log – Blank*
2. *60 Day Spill Bucket Inspection Log – Example*
3. *Waste Manifest for Spill Bucket Waste*



# 60-day Spill Container Inspection

If you have questions on how to complete this form or about the Petroleum Storage Tank (PST) program, please contact Small Business and Local Government Assistance at its hot line, 800-447-2827 or online at <[www.sblga.info](http://www.sblga.info)>.

## Instructions

- This form may be used to document compliance with the 60-day inspection requirement for spill containers.
- Inspect all spill containers to ensure that their sides, bottoms, and any penetration points are liquid tight.
- Remove and properly dispose of any liquids or debris found during the inspection within 96 hours of discovery.
- Keep this form on file for at least 5 years

## Inspection Log for Spill Container

Date Inspected	Result	Inspector Initials	Comments, including date emptied

**\*\*You may use this template to demonstrate compliance\*\***  
Facility Information

Facility Name:	Facility ID No.:
Street Address:	City, State, Zip:

**\*\*Remove this page and replace with your facility's records\*\***

**SPILL BUCKET INSPECTION LOG**

30 TAC 334.42(i)

Spill Buckets <u>Sept 2012</u> (Month/Year)	Bucket No.: <u>1</u>			Bucket No.: <u>2</u>			Bucket No.: <u>3</u>			Bucket No.:		
	Yes	No	Fixed?	Yes	No	Fixed?	Yes	No	Fixed?	Yes	No	Fixed?
Is the lid to the Spill Bucket liquid tight?	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>					
Is the Spill Bucket free of debris and/or liquid?	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>					
Is the Spill Bucket free of cracks or holes?	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>					
If debris or liquid is present was it removed within 96 hrs ?												
Inspected by: <u>CMB</u>	Date/Time of Inspection: <u>9/13/12</u>											
Comments/Follow Up Needed (e.g.: repairs made, etc.): <u>Emptied #2 9/13/12</u>												
Spill Buckets <u>Oct 2012</u> (Month/Year)	Bucket No.: <u>1</u>			Bucket No.: <u>2</u>			Bucket No.: <u>3</u>			Bucket No.:		
	Yes	No	Fixed?	Yes	No	Fixed?	Yes	No	Fixed?	Yes	No	Fixed?
Is the lid to the Spill Bucket liquid tight?	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>					
Is the Spill Bucket free of debris and/or liquid?	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>					
Is the Spill Bucket free of cracks or holes?	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>					
If debris or liquid is present was it removed within 96 hrs ?												
Inspected by: <u>RRS</u>	Date/Time of Inspection: <u>10/4/12</u>											
Comments/Follow Up Needed (e.g.: repairs made, etc.): <u>Replaced Lid #1 10/6/12 - See Invoice</u>												
Spill Buckets <u>Nov 2012</u> (Month/Year)	Bucket No.: <u>1</u>			Bucket No.: <u>2</u>			Bucket No.: <u>3</u>			Bucket No.:		
	Yes	No	Fixed?	Yes	No	Fixed?	Yes	No	Fixed?	Yes	No	Fixed?
Is the lid to the Spill Bucket liquid tight?	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>					
Is the Spill Bucket free of debris and/or liquid?	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>					
Is the Spill Bucket free of cracks or holes?	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>					
If debris or liquid is present was it removed within 96 hrs ?												
Inspected by: <u>CMB</u>	Date/Time of Inspection: <u>11/5/12</u>											
Comments/Follow Up Needed (e.g.: repairs made, etc.):												
Spill Buckets <u>Dec 2012</u> (Month/Year)	Bucket No.: <u>1</u>			Bucket No.: <u>2</u>			Bucket No.: <u>3</u>			Bucket No.:		
	Yes	No	Fixed?	Yes	No	Fixed?	Yes	No	Fixed?	Yes	No	Fixed?
Is the lid to the Spill Bucket liquid tight?	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>					
Is the Spill Bucket free of debris and/or liquid?	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>					
Is the Spill Bucket free of cracks or holes?	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>					
If debris or liquid is present was it removed within 96 hrs ?												
Inspected by: <u>RRS</u>	Date/Time of Inspection: <u>12/5/12</u>											
Comments/Follow Up Needed (e.g.: repairs made, etc.):												
Spill Buckets <u>Jan 2013</u> (Month/Year)	Bucket No.: <u>1</u>			Bucket No.: <u>2</u>			Bucket No.: <u>3</u>			Bucket No.:		
	Yes	No	Fixed?	Yes	No	Fixed?	Yes	No	Fixed?	Yes	No	Fixed?
Is the lid to the Spill Bucket liquid tight?	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>					
Is the Spill Bucket free of debris and/or liquid?	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>					
Is the Spill Bucket free of cracks or holes?	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			
If debris or liquid is present was it removed within 96 hrs ?												
Inspected by: <u>CMB</u>	Date/Time of Inspection: <u>1/6/13</u>											
Comments/Follow Up Needed (e.g.: repairs made, etc.): <u>Replaced Spill Bucket #3 1/12/13 - See Invoice</u>												

\* Keep this form on file for 5 years

[Redacted]

[Redacted]

USED - OIL

Houston, TX 77016

Tel. [Redacted]

DATE: 1-22-15

INV. NO.

Company

[Redacted]

Street & No

[Redacted]

City Houston

State TX

Zip 77396

Telephone Number:

Description Waste Material

Cash

Charge

Clean AM Spill

200.00

13 Buckets

Paul [Signature] 1/28/15

Driver

Signature:

[Signature]

Tax

Total

200.00

# Examples of Records for: *Release Reporting*

---

**If you have a suspected release, within 24 hours of discovery you must report it to TCEQ Remediation Division at 512-239-2200. You must also do a system tightness test within 30 days of the suspected release.**

**Additional forms not included here may be required if you have a suspected release.**

**Applies to all suspected releases when a release detection method or other information indicates a leak or release may have occurred**

- Date the suspected release occurred
- Date the owner/operator became aware of the suspected release
- Date the suspected release was reported to TCEQ
- Results of investigation steps taken by owner/operator
- Date and results of system tightness test

***Attachments:***

1. *PST Program Incident Report Form ( TCEQ-20097) - Blank*

**FORM INSTRUCTIONS:** Use this form to report suspected/confirmed PST releases to the Texas Commission on Environmental Quality (TCEQ) within 24 hours of discovery. Forms may be e-mailed (pstrpr@tceq.state.tx.us), faxed (512/239-2216), or phoned in (512/239-2200). Call 512/239-2120 for emergencies during regular business hours, or if after hours, page 512/606-9197.

## TEXAS PETROLEUM STORAGE TANK PROGRAM INCIDENT REPORT FORM

<b>Facility Information</b>	Facility Name: _____ Address: _____ City: _____ County: _____ Facility ID: _____ Ghost tank(s)? <input type="checkbox"/> Y <input type="checkbox"/> N Pre-existing LPST ID? <input type="checkbox"/> N <input type="checkbox"/> Y: # _____
<b>Responsible Party (RP) Information</b>	Contact Person: _____ Phone: _____ Company: _____ Fax: _____ Address: _____ City: _____ State: _____ Zip: _____ The RP is the . . . <input type="checkbox"/> tank owner <input type="checkbox"/> tank operator <input type="checkbox"/> landowner <input type="checkbox"/> other
<b>Release reported by</b> (if different than RP):	Contact person: _____ Phone: _____ Company: _____ Address: _____ City: _____ State: _____ Zip: _____
<b>Insurance Provider</b>	Name of insurance provider: _____ Policy No.: _____ Date insurance provider was notified about this release: _____

### RELEASE DETAILS

<input type="checkbox"/> Confirmed	<input type="checkbox"/> AST	Date discovered: _____	Date reported to TCEQ: _____	Tank system piping: <input type="checkbox"/> pressurized
<input type="checkbox"/> Suspected	<input type="checkbox"/> UST			<input type="checkbox"/> suction/gravity
				<input type="checkbox"/> unknown

**Check all that apply:**

<p><b><u>Release discovery</u></b></p> <input type="checkbox"/> Routine tank closure or site assessment <input type="checkbox"/> Free product or sheen <input type="checkbox"/> Odors <input type="checkbox"/> Automatic tank gauge <input type="checkbox"/> Probe or sensor <input type="checkbox"/> Inventory records <input type="checkbox"/> Tank tightness test failure <input type="checkbox"/> Line tightness test failure <input type="checkbox"/> Groundwater monitoring well <input type="checkbox"/> 1-mo. SIR failure or "inconclusive" <input type="checkbox"/> 2-mo. inventory control discrepancy <input type="checkbox"/> Vapor detection (auto or manual) <input type="checkbox"/> Public or private water supply contaminated	<p><b><u>Substance</u></b></p> <input type="checkbox"/> Gasoline (leaded, unleaded, unknown) <input type="checkbox"/> Diesel/Fuel oil <input type="checkbox"/> Waste oil <input type="checkbox"/> Hydraulic/ transmission/ mineral oil <input type="checkbox"/> Jet fuel/kerosene <input type="checkbox"/> Petroleum of unknown type <input type="checkbox"/> Hazardous subst. (describe in Comments) <input type="checkbox"/> Unknown <input type="checkbox"/> Other (describe in Comments)	<p><b><u>Impacted media</u></b></p> <input type="checkbox"/> Groundwater <input type="checkbox"/> Surface water <input type="checkbox"/> Soil <input type="checkbox"/> Air <p><b><u>Cause</u></b></p> <input type="checkbox"/> Spill <input type="checkbox"/> Overfill <input type="checkbox"/> Phys/mech damage <input type="checkbox"/> Faulty installation <input type="checkbox"/> Corrosion <input type="checkbox"/> Other (describe in Comments) <input type="checkbox"/> Unknown	<p><b><u>Source</u></b></p> <input type="checkbox"/> Tank <input type="checkbox"/> Dispenser <input type="checkbox"/> Piping <input type="checkbox"/> Submersible Turbine <input type="checkbox"/> Pump (STP) Area <input type="checkbox"/> Delivery Problem <input type="checkbox"/> Other (describe in Comments) <input type="checkbox"/> Unknown
---	--	---	--

**Comments/Notes**

**<<< TCEQ USE ONLY >>>** **PM:** complete this form when a PST release is reported to TCEQ, and provide to Admin Staff for LPST number assignment. Initial here to assign new LPST no.: \_\_\_\_\_ PM \_\_\_\_\_ TL/2nd Reviewer. **ADMIN** - fax completed form to RP & enter into appropriate databases. **NEW LPST ID# :** \_\_\_\_\_ Priority Code: \_\_\_\_\_ Region No.: \_\_\_\_\_ County Code: \_\_\_\_\_

# Examples of Records for: *Miscellaneous Records*

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- Copies of construction notification forms submitted for construction activity
- Inventory control records (if required only because the facility sells fuel)
- Receipts and invoices for repairs and maintenance (e.g., securing shear valve)

***Attachments:***

1. *Construction Notification Form (TCEQ-0495)*



# Examples of Records for: *Operator Training*

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## **Operator Training is valid for 3 years for all classes of operators**

- Copy of current A/B Operator certificate issued by TCEQ-approved operator training provider
- Current list of C Operators trained for the facility and date of latest training
- Ensure at least one certified operator is on site during hours of operation
- Signage if you sell fuel when an operator is not present
  - Procedures for addressing a surface spill
  - Location of emergency shutoff button
  - When to call “911”
  - Contact information for the A/B Operator
- If applicable, and if facility was previously determined to be in significant noncompliance, please provide documentation of re-training
- If applicable, documentation that a third party designated Class B Operator holds a current A or A/B license and is employed by a registered UST contractor
  - Signed agreement between B operator and facility owner or operator

### ***Attachments:***

- 1.** *Current A/B Operator Training Certificate Example*
- 2.** *“C” Operator Training Log Sheet – Blank*

# Certificate of Completion



Texas Petroleum Marketers  
and Convenience Store Association

This Certifies That

[REDACTED]

is awarded this certificate for  
TPCA Class A and B UST Facility Operator Training Course  
who completed the 4 hours of training on  
03/28/2012

[REDACTED]



# Examples of Records for: *Shear Valves*

---

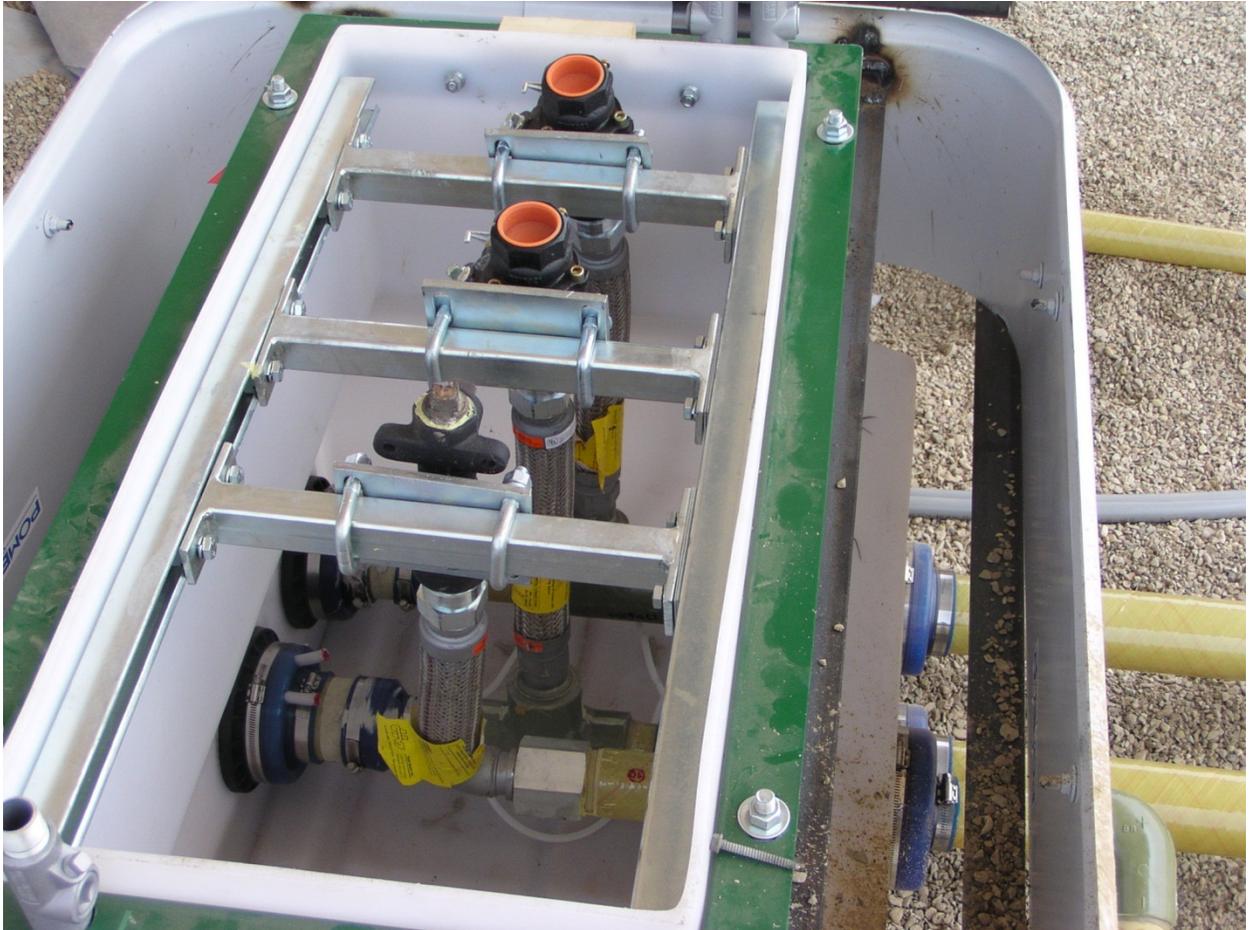
## **Shear valves on pressurized piping systems must be present and properly anchored**

- Ensure shear valves are properly anchored - Investigator will visually verify proper installation

### ***Attachments:***

- 1. Photo of properly anchored shear valve*

**Photo of Properly Anchored Shear Valve**



# **Examples of Records for:**

## ***Equipment Installed after January 1, 2009***

---

- Annual inspection logs of all sumps and manways used for release detection
- 3 year tightness test results for sumps and manways that are part of secondary containment
- If piping has been replaced, installation records documenting that no more than 35% of the total original length of an existing line has been replaced with single walled line
- Visual verification or installation records which document that new components are equipped with secondary containment

# Examples of Records for: *Texas Department of Agriculture*

---

**This applies only to retail facilities (facilities that sell fuel)**

- TDA current annual registration on-site
- Ensure TDA Consumer Information Stickers are on each side of dispenser

# Examples of Records for: *Temporarily Out of Service USTs*

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- Copies of Registration/Self-Certification forms for past 60 months with current deliverable mailing address, and reflecting tanks are temporarily out of service\*(*Records may be located in Tab 1*)
- Tank and Piping Release Detections Records
- Current Certificate of Insurance or other proof of financial assurance
- Copy of current, valid delivery certificate
- If Empty\*\* (*Empty means all liquid has been removed from the tank and no more than an inch of sludge remains*), verification that tank is empty such as a manifest or invoice
  - Release detection, financial assurance, and self-certification not required if empty
- Corrosion protection installation, testing, repairs and rectifier reading records or verification of fiberglass equipment
- Visual verification that vent lines are open and functioning and that fill caps are locked or other evidence the tanks system is secure (inside a locked fence)
- Operator Training - **Valid for 3 years for all classes of operators**
  - Copy of current A/B Operator certificate issued by TCEQ-approved operator training provider
  - Current list of C Operators trained for the facility
  - Signage if facility is unmanned
    - Procedures for addressing a surface spill
    - Location of emergency shutoff button
    - When to call “911”
    - Contact information for the A/B Operator

# Examples of Records for: *Stage I & Stage II Vapor Recovery*

---

**Stage I vapor recovery is required for gasoline dispensing facilities based on location and monthly throughput. Stage II may be required for gasoline dispensing facilities in ozone nonattainment counties.**

- Stage I & Stage II compliance documentation
  - Stage I
    - 40 CFR 63 Subpart 6C Initial Notification Report
    - 40 CFR 63 Subpart 6C Notification of Compliance Status
    - Verification of monthly gasoline throughput (inventory control records)
    - If throughput > 10,000 gallons per month, verification of a submerged fill tube
    - If throughput > 100,000 gallons per month, annual test results for the past two years
  - Stage II
    - Daily and monthly inspection records
    - Test results
    - Decommissioning notification, test results, and report

***Attachments:***

- 1.** 6C Initial Notification/ Compliance Status Example Form – Blank
- 2.** Stage I and Stage II Passing test results – Example
- 3.** Stage II Daily Inspection Form
- 4.** Stage II Monthly Inspection Form

Texas Commission on Environmental Quality  
**Initial Notification Report**

Applicable Rule: 40 CFR Part 63, Subpart CCCCCC (MACT 6C) - National Emission Standards for Hazardous Air Pollutants for Area Source Category: Gasoline Dispensing Facilities

This Initial Notification is to meet the requirements of §63.11124(a) or (b), 40 CFR Part 63, Subpart CCCCCC.

This Initial Notification Report is due:

1. For existing sources, May 9, 2008, or at the time you become subject to the control requirements in §63.11117 (monthly throughput of 10,000 gallons of gasoline or more) or §63.11118 (monthly throughput of 100,000 gallons of gasoline or more); or
2. May 24, 2011, if your existing source is subject to the control requirements in §63.11117 or §63.11118 only because it loads gasoline into fuel tanks other than those in motor vehicles, as defined in §63.11132; or
3. If you are a new or reconstructed Gasoline Dispensing Facility (GDF) on or after November 9, 2006, you must also include information required under §63.5(d) and §63.9(b)(5) – the Application for Approval of Construction or Reconstruction. You may use the Application for Approval of Construction and Reconstruction as your initial notification (§63.5(d)(1)(ii)). Sources may also use the application for approval of construction or reconstruction under section 63.5(d) to fulfill the initial notification requirement.

**i. Name and address of the owner and the operator:**

Print or type the following information for each facility for which you are making initial notification:

Owner Name:		
Street Address		
City	State	ZIP Code
Operator Name (if different from Owner)		
Operator Address (If different than Owner)		
City	State	ZIP Code

**ii. Name and address (i.e., physical location) of GDF:**

Print or type the following information for each facility for which you are making initial notification:

Operating Permit Number (OPTIONAL)		Facility I.D. Number (OPTIONAL)	
Facility Name			
Facility Street Address			
City		State	ZIP Code
Facility Local Contact Name		Title	Phone (OPTIONAL)

**iii. Identification of Requirements:**

Questions	
Yes	1. Does your GDF have a <i>monthly throughput</i> <sup>1</sup> of less than 10,000 gallons per month?
No	
<p>Note: You are not required to submit this Initial Notification if you answer "Yes", as long as the monthly throughput at your GDF remains below 10,000 gallons. You must have records available within 24 hours of a request to document your gasoline throughput. You are still subject to this rule, and must comply (be able to answer "Yes" with all the items in Question 2, below) by January 10, 2011, except that if your existing source is subject to this subpart only because it loads gasoline into fuel tanks other than those in motor vehicles, as defined in section 63.11132, you must comply by January 24, 2014.</p>	

Yes	2. Do you prohibit gasoline from being handled in a manner that would result in vapor releases to the atmosphere for extended periods of time? Measures to be taken include, but are not limited to, the following: (a) Minimize gasoline spills; (b) Clean up spills as expeditiously as practicable; (c) Cover all open gasoline containers and all gasoline storage tank fill-pipes with a gasketed seal when not in use; (d) Minimize gasoline sent to open waste collection systems that collect and transport gasoline to reclamation and recycling devices, such as oil/water separators.
No	

<sup>1</sup> *Monthly throughput* means the total volume of gasoline that is loaded into, or dispensed from, all gasoline storage tanks at each GDF during a month. Monthly throughput is calculated by summing the volume of gasoline loaded into, or dispensed from, all gasoline storage tanks at each GDF during the current day, plus the total volume of gasoline loaded into, or dispensed from, all gasoline storage tanks at each GDF during the previous 364 days, and then dividing that sum by 12.

Yes		3. Does your GDF have a <i>monthly throughput</i> of 10,000 gallons per month or more?
No		
Yes		4. Do you fill all gasoline storage tanks greater than or equal to 250 gallons, through a <i>submerged fill</i> <sup>2</sup> pipe whose discharge in the bottom of the tank is no more than the following?
No		(a) Submerged fill pipes installed on or before November 9, 2006, must be no more than 12 inches from the bottom of the storage tank. (b) Submerged fill pipes installed after November 9, 2006, must be no more than 6 inches from the bottom of the storage tank.  <b>Note:</b> Submerged fill pipes not meeting the specifications in (a) or (b) above are allowed if the owner or operator can demonstrate that the liquid level in the tank is always above the entire opening of the fill pipe. Documentation providing such demonstration must be made available for inspection by EPA or TCEQ staff during the course of a site visit.
<p><b>Note:</b> You are not required to submit this Initial Notification if you answered “Yes” to Question 4 and “No” to Question 5 (below), <u>and</u> you can demonstrate at any time to the EPA Administrator or delegated authority that prior to January 10, 2008, you are operating in compliance with an enforceable State, local, or tribal rule or permit that requires at least:</p> <p>(a) Submerged fill pipes installed on or before November 9, 2006, must be no more than 12 inches from the bottom of the storage tank.</p> <p>(b) Submerged fill pipes installed after November 9, 2006, must be no more than 6 inches from the bottom of the storage tank.</p> <p>(See note under Question 4.)</p>		

Yes		5. Does your GDF have a <i>monthly throughput</i> of 100,000 gallons per month or more?
No		
Yes		6. Do you have a <i>vapor balance system</i> <sup>3</sup> on all gasoline storage tanks, except for the following gasoline storage tanks?
No		(a) Tanks constructed on or before January 10, 2008, with a capacity of less than 2,000 gallons (b) Tanks constructed after January 10, 2008, with a capacity of less than 250 gallons (c) Tanks equipped with floating roofs, or the equivalent.

<sup>2</sup> *Submerged filling* means, for the purposes of this subpart, the filling of a gasoline storage tank through a submerged fill pipe whose discharge is no more than the applicable distances specified in section 63.11117(b) (and listed in question 4) from the bottom of the tank. Bottom filling of gasoline storage tanks is included in this definition.

<sup>3</sup> *Vapor balance system* means a combination of pipes and hoses that create a closed system between the vapor spaces of an unloading gasoline cargo tank and a receiving storage tank such that vapors displaced from the storage tank are transferred to the gasoline cargo tank being unloaded.

**Note:** You are not required to submit this Initial Notification if you answered “Yes” to Questions 4, 5, and 6; and if you can demonstrate that prior to January 10, 2008, you are operating in compliance with an enforceable State, local, or tribal rule or permit that requires at least, both:

(a) *Submerged fill* pipe whose discharge in the bottom of the tank is no more than: (a) Submerged fill pipes installed on or before November 9, 2006, must be no more than 12 inches from the bottom of the storage tank, and (b) Submerged fill pipes installed after November 9, 2006, must be no more than 6 inches from the bottom of the storage tank. (See note under Question 4.)

(b) *Vapor balance system* in compliance before January 10, 2008 that either: (a) Achieves emissions reduction of at least 90 percent, or (b) Operates using management practices at least as stringent as those listed in Table 1 to 40 CFR Part 63, Subpart CCCCCC.

**Briefly describe your GDF:**

Provide a brief description of the nature, size, design, and method of operation of the GDF and an identification of the types of gasoline storage tanks and vent pipes. *[Example: This facility is a 24-hour convenience store with about 120,000 gallons per month in sales of gasoline. We have four dispenser islands and three 15,000-gallon capacity underground storage tanks with pressure vacuum valves on each storage tank vent.]*

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# TCEQ Regional Offices

Submit Initial Notification forms to the TCEQ regional office serving your area.

## 1 – AMARILLO

Regional Director: Brad Jones  
3918 Canyon Dr.  
Amarillo, TX 79109-4933

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## 2 – LUBBOCK

Regional Director: Gary Shipp  
5012 50th St., Ste. 100  
Lubbock, TX 79414-3426

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## 3 – ABILENE

Regional Director: Winona Henry  
1977 Industrial Blvd.  
Abilene, TX 79602-7833

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## 4 – DALLAS/FORT WORTH

Regional Director: Tony Walker  
2309 Gravel Dr.  
Fort Worth, TX 76118-6951

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## 5 – TYLER

Regional Director: Leroy Biggers  
2916 Teague Dr.  
Tyler, TX 75701-3734

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## 6 – EL PASO

Regional Director: Lorinda Gardner  
401 E. Franklin Ave., Ste. 560  
El Paso, TX 79901-1212

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## 7 – MIDLAND

Regional Director: Lorinda Gardner  
9900 W. IH-20, Ste. 100  
Midland, TX 79706

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## 8 – SAN ANGELO

Regional Director: Winona Henry  
622 S. Oakes, Ste. K  
San Angelo, TX 76903-7035

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## 9 – WACO

Regional Director: David Van Soest  
6801 Sanger Ave., Ste. 2500  
Waco, TX 76710-7826

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## 10 – BEAUMONT

Regional Director: Kathryn Saucedo  
3870 Eastex Fwy.  
Beaumont, TX 77703-1830

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## 11 – AUSTIN Central Office

Regional Director: David Van Soest  
P.O. Box 13087  
Austin, TX 78711-3087

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12100 Park 35 Circle  
Austin, TX 78753

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## 12 – HOUSTON

Regional Director: Ashley K. Wadick  
5425 Polk St., Ste. H  
Houston, TX 77023-1452

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## 13 – SAN ANTONIO

Regional Director: Joel Anderson  
14250 Judson Rd.  
San Antonio, TX 78233-4480

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## 14 – CORPUS CHRISTI

Regional Director: Susan Clewis  
NRC Bldg., Ste. 1200  
6300 Ocean Dr., Unit 5839  
Corpus Christi, TX 78412-5839

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## 15 – HARLINGEN

Regional Director: Jaime A. Garza  
1804 W. Jefferson Ave.  
Harlingen, TX 78550-5247

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## 16 – LAREDO

Regional Director: Jaime A. Garza  
707 E. Calton Rd., Ste. 304  
Laredo, TX 78041

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**\*\*Remove this form and replace with your facility's records\*\***

**Form 102-1:  
Pressure Decay Test Data**

Test Date: 5/16/2014

Page 1 of 1

Facility Name: [REDACTED]

Facility ID Number: [REDACTED]

Test Company Name: [REDACTED]

Type of Stage II System Installed: BALANCE

Executive Order: [REDACTED]

Describe Manifolding of System (if any): NONE

Date and Time of Last Bulk Delivery / Removal : 4/7/2014 @ 07:30:00

Time of Last Vehicle Refueling Prior to Test: 11:00:00 Time Test Began: 12:00:00

	Parameter (Indicate Manifolding by Circling Tank Numbers →)	Tank Number			Total
		2			
1	Product Grade	REGULAR			
2	Type of Storage Tank (AST or UST)	UST			
3	Actual Tank Capacity (gallons)	12016 12016			12016
4	Gasoline Volume (gallons)	7895			7895
5	Ullage (gallons) (item 3 - item 4)	4105			4121
6	Number of Nozzles w/ Vapor Return to Tank				0
7	P/V Manufacturers Rated Cracking Pressure				1.00
8	P/V Pressure When Cracking Began				2.50
9	Time Required to Pressurize System (seconds)				4
10	Nitrogen Flowrate Circle: <b>SCFM</b> or <b>SCFH</b> Flowrate:				3.00
11	Initial Pressure (Inches WC)				2.00
12	Pressure After 1 Minute (Inches WC)				2.00
13	Pressure After 2 Minutes (Inches WC)				1.99
14	Pressure After 3 Minutes (Inches WC)				1.98
15	Pressure After 4 Minutes (Inches WC)				1.97
16	Pressure After 5 Minutes (Inches WC)				1.96
17	Allowable Final Pressure (from table or equation)*				1.93
18	Healy Nozzle to Multi / Mini-Jet: <b>Pass</b> or <b>Fail</b> $\Delta V =$ Piping Length= ft. $A\Delta V =$				
19	Test Result: Pass or Fail				Pass

SAMPLE

Comments (Include any equipment replaced and / or repairs made prior to or during the test):

\* Final regulatory compliance must be determined by using the appropriate equation in Section 9.2.



# Vapor Recovery Test Result Cover Sheet

<(NOTICE: Submit Test Results to the appropriate TCEQ regional office, or local program with jurisdiction, within 10 working days of test completion. See reverse side for addresses.)

**Tests of the Vapor Recovery System were conducted at the following location:**

Facility Name: \_\_\_\_\_ Facility ID Number: \_\_\_\_\_  
 Facility Address: \_\_\_\_\_  
 Facility City: HOUSTON State: TX Zip Code: 77087  
 Facility Phone: \_\_\_\_\_  
 Owner Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

**Vapor Recovery System Installed:**

System	UST or AST	Type of System <sup>1</sup>	Executive Order or Certification Number	Test Purpose <sup>2</sup>
Stage I			N/A	N/A
Stage II				

<sup>1</sup> Coaxial or Two-point for Stage I, Balance or Assist for Stage II.

<sup>2</sup> Test Purposes are: CI=Initial Compliance, CA=Annual Compliance, CM=After Major Modification or 5 Yearly Year.

**The Following Tests were Conducted at the Facility:**

Number	Test Procedure Name	Date Tested	Name of Person(s) Conducting Test	Pass or Fail
TXP-101	Vapor Space Manifold			
TXP-102	Pressure Decay	5/16/2014		Pass
TXP-103	Dynamic Backpressure			
TXP-104	Flow Rate Determination			
TXP-105	Liquid Removal Device	5/16/2014		Pass
TXP-106	V/L Ratio			
TP 201.5	CARB A/L Ratio			
TXP-107	Healy Booted Nozzle			
Other:				

The tester arrived on-site at ( AM or PM ) and departed at ( AM or PM ).

There are a total of \_\_\_\_\_ pages containing test results attached to this cover sheet.

I certify that the above tests, the results of which are attached to this cover sheet, were conducted in accordance with the test procedures as outlined in the Vapor Recovery Test Procedures Handbook, and that the results submitted here are true and correct to the best of my knowledge.

Signature of Test Contractor Responsible Party: \_\_\_\_\_ Date: 5/16/2014

Test Company Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_





## Stage II Vapor Recovery Monthly Inspection Log

Company/Store:

Address:

Facility ID #:

Year:

Month	Pressure/vacuum Relief Valves*	Stage I Dry Break**	Inspected by (initials)	Date Inspected	Comments
January					
February					
March					
April					
May					
June					
July					
August					
September					
October					
November					
December					

\* Visual inspection to insure the pressure vacuum/relief valves are present on the vent pipe, and without apparent disrepair is sufficient.

\*\* It is recommended that the dry break(s) should be inspected after each fuel delivery and are required to be checked at least monthly. Be sure that the containment area for the dry break is free of dirt, debris, and water. The appropriate dust cover and gasket should seat properly on the dry break to prevent damage to the unit.

The monthly inspection requirements are in addition to any manufacturer's inspection requirements for daily, monthly, and annual inspections.