

- If you need assistance in completing this document, please call our office at (916) 875-8550.
- Submit completed document to Sacramento County Environmental Compliance Division @ 10590 Armstrong Avenue Suite A Mather, CA 95655

FACILITY IDENTIFICATION / OPERATIONS OVERVIEW			
1	BUSINESS NAME	FACILITY #	DATE

Underground Storage Tank <i>Written Monitoring Plan</i>	
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2	<b>Applicability of Plan</b>	
3	Indicate tanks covered by this monitoring plan: <ul style="list-style-type: none"> <li><input type="checkbox"/> all tanks on-site</li> <li><input type="checkbox"/> all fuel tanks</li> <li><input type="checkbox"/> all waste oil tanks</li> <li><input type="checkbox"/> the following tanks only:</li> </ul>	Identification #: _____ Description: _____ _____ _____

4	<b>Tank Leak Detection Monitoring</b>	
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		Monitoring method	Specify Manufacturer / Company Name	Specify Model # / Type	Frequency
5		<input type="checkbox"/> continuous in-tank leak detection w/ programmed leak threshold of $\leq 0.2$ gph			Leak results recorded: <input type="checkbox"/> daily <input type="checkbox"/> monthly
		<input type="checkbox"/> automatic tank gauging w/ programmed leak threshold of $\leq 0.2$ gph			Leak test performed: <input type="checkbox"/> daily <input type="checkbox"/> monthly
6	<b>Identify <i>primary tank</i> leak monitoring</b>	<input type="checkbox"/> manual tank gauging plus annual tank testing	tank tester: _____		Gauging period: <input type="checkbox"/> 36 hours <input type="checkbox"/> 60 hours
		<input type="checkbox"/> statistical inventory reconciliation plus biennial tank testing	SIR company: _____ tank tester: _____		
		<input type="checkbox"/> other (specify): _____			
7	<b>Identify <i>tank interstitial (annular) space</i> leak monitoring</b>	<input type="checkbox"/> liquid sensor w/ audible & visible alarm			continuous
		<input type="checkbox"/> discriminating sensor w/ audible & visible alarm			continuous
		<input type="checkbox"/> liquid float sensor w/ audible & visible alarm			continuous
		<input type="checkbox"/> other (specify): _____			
		<input type="checkbox"/> single-walled tank with no interstitial space	N/A	N/A	N/A

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### Underground Storage Tank Written Monitoring Plan, continued

#### Piping Leak Detection Monitoring

	Monitoring method	Specify Manufacturer / Company Name	Specify Model # / Type	Frequency
10				
11	<input type="checkbox"/> sump leak sensors connected to continuous monitoring system Specify type: <input type="checkbox"/> discriminating sensor <input type="checkbox"/> liquid sensor <input type="checkbox"/> liquid float			continuous
	<input type="checkbox"/> mechanical line leak detectors w/ programmed leak threshold of: <input type="checkbox"/> 0.2 gph <input type="checkbox"/> 3 gph			every pumping cycle
	<input type="checkbox"/> electronic line leak detectors w/ programmed leak threshold of: <input type="checkbox"/> 0.1 gph <input type="checkbox"/> 0.2 gph <input type="checkbox"/> 3 gph			every pumping cycle
	<input type="checkbox"/> line integrity testing by: <input type="checkbox"/> monitoring system <input type="checkbox"/> third party testing			<input type="checkbox"/> monthly <input type="checkbox"/> triennially <input type="checkbox"/> annual
	<input type="checkbox"/> other (specify):			
	<input type="checkbox"/> facility has suction piping only which meets exemption requirements	N/A	N/A	N/A
12	<input type="checkbox"/> no product or remote-fill piping	N/A	N/A	N/A

#### Dispenser Leak Detection Monitoring

	Monitoring method	Specify Manufacturer / Company Name	Specify Model # / Type	Frequency
14				
15	<input type="checkbox"/> mechanical float in dispenser containment (i.e. Bravo box connected to shear valve)			
	<input type="checkbox"/> electronic leak sensor in dispenser containment			
	<input type="checkbox"/> electronic leak sensor in piping sump monitors dispenser containment drainage			
	<input type="checkbox"/> visual inspection			
	<input type="checkbox"/> no dispensers in system	N/A	N/A	N/A

#### Positive Automatic Pump Shut-off

17	Indicate whether monitoring system has positive automatic pump shut-off capabilities:	<input type="checkbox"/> System does not have positive automatic pump shut-off capability. <input type="checkbox"/> Automatic pump shut-off will occur whenever:	<input type="checkbox"/> release is sensed in piping sump <input type="checkbox"/> system is disconnected <input type="checkbox"/> release is sensed in primary piping <input type="checkbox"/> system fails in any way <input type="checkbox"/> release is sensed at dispenser <input type="checkbox"/> other:
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#### Annual Equipment Certification / Testing

19 Explanation of Requirement      All components of the monitoring system must be certified for proper operation at least annually; more frequent testing and certification may be required when designated by a manufacturer. Certification must be performed by qualified personnel. Examples of equipment requiring annual certification include electronic monitor consoles, probes, sensors, line leak detectors and dispenser meters.

20	Indicate equipment certification period	<input type="checkbox"/> annually-- in the month of: <input type="checkbox"/> other (specify):	Company:
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### FACILITY IDENTIFICATION / OPERATIONS OVERVIEW

21	BUSINESS NAME	FACILITY #	DATE
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### Underground Storage Tank Written Monitoring Plan, continued

#### 22 Responsibility for Monitoring & Maintenance

23	Person(s) responsible for monitoring duties and equipment maintenance / operation:	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td colspan="2">Name / Title of Party 1:</td> </tr> <tr> <td style="width: 30%;">Duties:</td> <td> <input type="checkbox"/> routine monitoring                      <input type="checkbox"/> maintenance of monitoring records  <input type="checkbox"/> equipment inspections &amp; record-keeping    <input type="checkbox"/> problem &amp; alarm / leak reporting  <input type="checkbox"/> scheduling annual equipment certification &amp;/or tightness testing                 </td> </tr> <tr> <td colspan="2">Name / Title of Party 2:</td> </tr> <tr> <td>Duties:</td> <td> <input type="checkbox"/> routine monitoring                      <input type="checkbox"/> maintenance of monitoring records  <input type="checkbox"/> equipment inspections &amp; record-keeping    <input type="checkbox"/> problem &amp; alarm / leak reporting  <input type="checkbox"/> scheduling annual equipment certification &amp;/or tightness testing                 </td> </tr> <tr> <td colspan="2">Name / Title of Party 3:</td> </tr> <tr> <td>Duties:</td> <td> <input type="checkbox"/> routine monitoring                      <input type="checkbox"/> maintenance of monitoring records  <input type="checkbox"/> equipment inspections &amp; record-keeping    <input type="checkbox"/> problem &amp; alarm / leak reporting  <input type="checkbox"/> scheduling annual equipment certification &amp;/or tightness testing                 </td> </tr> </table>	Name / Title of Party 1:		Duties:	<input type="checkbox"/> routine monitoring <input type="checkbox"/> maintenance of monitoring records <input type="checkbox"/> equipment inspections & record-keeping <input type="checkbox"/> problem & alarm / leak reporting <input type="checkbox"/> scheduling annual equipment certification &/or tightness testing	Name / Title of Party 2:		Duties:	<input type="checkbox"/> routine monitoring <input type="checkbox"/> maintenance of monitoring records <input type="checkbox"/> equipment inspections & record-keeping <input type="checkbox"/> problem & alarm / leak reporting <input type="checkbox"/> scheduling annual equipment certification &/or tightness testing	Name / Title of Party 3:		Duties:	<input type="checkbox"/> routine monitoring <input type="checkbox"/> maintenance of monitoring records <input type="checkbox"/> equipment inspections & record-keeping <input type="checkbox"/> problem & alarm / leak reporting <input type="checkbox"/> scheduling annual equipment certification &/or tightness testing
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#### 24 Cathodic Protection Systems

25	Indicate type of cathodic protection system installed:  (required for steel tanks or components)	<input type="checkbox"/> none <input type="checkbox"/> impressed current system <input type="checkbox"/> sacrificial anode system	Location(s):  Servicing company / Expert:	
	Describe maintenance & testing frequency:	<input type="checkbox"/> tested triennially <input type="checkbox"/> impressed current reading logged every 60 days <input type="checkbox"/> other:		

#### 26 Monitoring Reports Sent to EMD

27	Indicate which monitoring reports will be sent to our office (Environmental Compliance Division):	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 50%;">Type of Report</th> <th style="width: 50%;">When Due</th> </tr> </thead> <tbody> <tr> <td><input type="checkbox"/> Unauthorized Release Report</td> <td>24 hours initial notification; 5 days for written report</td> </tr> <tr> <td><input type="checkbox"/> Tank Tightness Testing Report</td> <td>within 30 days of test or annually if system generated</td> </tr> <tr> <td><input type="checkbox"/> Annual Monitoring System Certification / Test Report</td> <td>annually; within 30 days of test / evaluation</td> </tr> <tr> <td><input type="checkbox"/> Annual Statistical Inventory Reconciliation Summary Report</td> <td>annually; within 30 days of receipt from SIR contractor</td> </tr> <tr> <td> <input type="checkbox"/> Line Tightness Testing Report                      format is:    <input type="checkbox"/> printed from monitoring system                                        <input type="checkbox"/> independent third party report                 </td> <td>within 30 days of test</td> </tr> <tr> <td><input type="checkbox"/> Annual Automatic Tank Gauging Summary Report</td> <td>annually; within 30 days after end of report period</td> </tr> <tr> <td><input type="checkbox"/> Annual Monitoring Alarm Events Summary Report</td> <td>annually; within 30 days after end of report period</td> </tr> <tr> <td><input type="checkbox"/> Combined Monitoring Log and Annual Summary Report</td> <td>annually; within 30 days after end of report period</td> </tr> <tr> <td><input type="checkbox"/> Third Party Monitoring Annual Summary Report</td> <td>annually; within 30 days after end of report period</td> </tr> <tr> <td><input type="checkbox"/> Cathodic Protection Report</td> <td>within 30 days of test</td> </tr> <tr> <td><input type="checkbox"/> 60 Day Impressed Current Log</td> <td>annually; within 30 days after end of report period</td> </tr> </tbody> </table>	Type of Report	When Due	<input type="checkbox"/> Unauthorized Release Report	24 hours initial notification; 5 days for written report	<input type="checkbox"/> Tank Tightness Testing Report	within 30 days of test or annually if system generated	<input type="checkbox"/> Annual Monitoring System Certification / Test Report	annually; within 30 days of test / evaluation	<input type="checkbox"/> Annual Statistical Inventory Reconciliation Summary Report	annually; within 30 days of receipt from SIR contractor	<input type="checkbox"/> Line Tightness Testing Report format is: <input type="checkbox"/> printed from monitoring system <input type="checkbox"/> independent third party report	within 30 days of test	<input type="checkbox"/> Annual Automatic Tank Gauging Summary Report	annually; within 30 days after end of report period	<input type="checkbox"/> Annual Monitoring Alarm Events Summary Report	annually; within 30 days after end of report period	<input type="checkbox"/> Combined Monitoring Log and Annual Summary Report	annually; within 30 days after end of report period	<input type="checkbox"/> Third Party Monitoring Annual Summary Report	annually; within 30 days after end of report period	<input type="checkbox"/> Cathodic Protection Report	within 30 days of test	<input type="checkbox"/> 60 Day Impressed Current Log	annually; within 30 days after end of report period
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### LIST OF ATTACHMENTS

List any attachments to this document here:  
 3/20/09 gfb W:\Data\FORMSARCHIVE\HMD\UST MATHER\UST MATHER\WRITTEN MONITORING PLAN 3 PG DG MATHER X.doc