



AIR POLLUTION CONTROL DISTRICT
 10124 OLD GROVE RD.
 SAN DIEGO, CA 92131
 PHONE: (858) 586-2600
 FAX: (858) 586-2601

ATTACHMENT M: INSPECTION, MAINTENANCE AND REPAIR LOG FOR ASTS
 COPY THIS SHEET AS NEEDED

WEEKLY LOG

Month: _____ Year: _____ Facility Name: _____ Address: _____

Name of site representative responsible for reviewing and ensuring all inspections are conducted properly: Print: _____

Signature: _____

Check (✓) each box where your inspection revealed no problems, and place an (X) in each box if the component is found in need of repair or defective in accordance with the applicable Executive Order and/or California Code of Regulations, Title 17, Section 94006. **Any component that is determined to have a defect as set forth in the California Code of Regulations, Title 17, Section 94006, shall not be operated and shall be removed from service immediately. The defective component shall not be operated until the defect has been repaired or the defective component replaced such that the defect no longer exist.**

Tank Manufacturer	Component	Maintenance ¹	Weekly Inspection (✓) or (X)				
			Week 1	Week 2	Week 3	Week 4	Week 5
Modern Custom Fabrication	Emergency Vents	Check the operation of the emergency vents for free movement and no obstructions					
	Spill Pan/Box	The spill box should be clean and free of obstructions ² ; Drain valve must have free movement and be normally closed during operation of the tank.					
	Finish	Inspect surface of tank for chips or corrosion					
	Fuel	Eliminate contaminants, including water					
Steel Tank Institute	AST	Identify/repair areas of tank or finish damage					
ConVault® Inc.	AST	Complete "Weekly Maintenance" checklist in the IOM ¹					
Containment Solutions, Inc.	AST	Identify/repair areas of tank or finish damage					
Jensen Precast	AST	Identify/repair areas of tank or finish damage					

¹ For Standing Loss requirements see the ARB – approved Installation, Operation, and Maintenance Manual (IOM) for VR-301-X or VR-302-X for more details (<http://www.arb.ca.gov/vapor/eo-astslc.htm>)

² In addition to this weekly inspection, the spillbox shall be inspected after each gasoline delivery to ensure there is no standing gasoline



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MONTHLY LOG

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Tank Manufacturer	Maintenance ¹	Monthly Inspection (✓) or (X)											
		JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC
Modern Custom Fabrication	Check for leaks on the pumps, filters, hoses, nozzles, joints and fittings												
Steel Tank Institute	Check nipples, spill containment and manholes for paint or powder coating decay. Check piping and fittings for rust												
ConVault® Inc.	Check spill containment for debris												
Containment Solutions, Inc.	Check for small cracks in concrete												
Jensen Precast	Check for readability of signs and decals												

¹ For Standing Loss requirements see the ARB – approved Installation, Operation, and Maintenance Manual (IOM) for VR-301-X or VR-302-X for more details (<http://www.arb.ca.gov/vapor/eo-astslc.htm>)



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ANNUAL LOG

Date of Inspection: _____ Facility Name: _____ Address: _____

Name of site representative responsible for reviewing and ensuring all inspections are conducted properly: Print: _____

Signature: _____

Check (✓) each box where your inspection revealed no problems, and place an (X) in each box if the component is found in need of repair or defective in accordance with the applicable Executive Order and/or California Code of Regulations, Title 17, Section 94006. **Any component that is determined to have a defect as set forth in the California Code of Regulations, Title 17, Section 94006, shall not be operated and shall be removed from service immediately. The defective component shall not be operated until the defect has been repaired or the defective component replaced such that the defect no longer exist.**

Manufacturer	Component	Annual Maintenance ^{1, 12}	Annual Inspection (✓) or (X)
OPW 61VSA or 1611AV ³	Vapor Adaptor	1. Visually inspect the adaptor for large dents, cracks, or deformations 2. Check the vapor poppet for damage and ensure that the poppet seats evenly with the adaptor. 3. Clean out any foreign objects from the vapor poppet's seal and seal surface if necessary 4. Test the poppet seal by applying a soap solution to the poppet while the storage tank is under a positive gauge pressure of 2.00 inches water column and inspect for the presence of bubbles 5. If the facility continuously operates under vacuum, a bag test may be used by sealing a clear plastic bag to the adaptor's sides. If no bubbles appear at the poppet under positive pressure or the bag test shows no signs of the bag collapsing, no further maintenance is required. If bubbles appeared around the poppet seal or the bag collapsed, replace the poppet components and retest	
OPW – All Models ³	Spill Containers and Drain Valves	Clean the interior of the container and drain valve. Remove accumulated dirt and grit. If the drain valve becomes clogged, remove the valve, soak in water, and use high-pressure air to clean. If valve is removed, reinstall to its proper position.	
OPW 61T/61FT ³	Drop Tubes	Visually inspect the Drop Tube to see if it is installed and ensure that the bottom of tube is within 6 inches of the bottom of tank	
OPW – All Models ³	Dust Caps	Visually inspect the seal in cap and replace if damaged or missing. Test per OPW Installation and Maintenance Instructions if applicable	



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Manufacturer	Component	Annual Maintenance ^{1, 12}	Annual Inspection (√) or (X)
Husky 5885	Pressure/Vacuum Vent Valve	1. Remove screws that hold on the top cover. Do not remove the screens. 2. Remove any debris that might be sitting inside the lower cover 3. Check the drain holes in the lower cover for blockage 4. Reinstall the top cover and retaining screws 5. Tighten the screws firmly	
OPW 301	Emergency Vent	Visually inspect the seal and sealing surface for signs of wear and deformation. Replace seal or washer if necessary ³ Lift the top cap and release it to ensure freedom of movement ⁴	
OPW 199ASV ³	Anti-Siphon Valve	Visually inspect the valve for dents, cracks or deformations	
OPW 175 ³	Swing Check Valve	Visually inspect the valve for dents, cracks or deformations	
OPW 82RV ³	Thermal Pressure Relief Valve	Visually inspect the adaptor for dents, cracks or deformation.	
OPW 178S ³	Emergency Valve	Visually inspect the valve for dents, cracks or deformations	
OPW 21BV ³	Ball Valve	Visually inspect the valve for dents, cracks or deformation. Valve can be closed to verify functionality.	
OPW 1611AN/1612AN ³	Kamvalok Fill Adaptor	1. Visually inspect the adaptor for large dents, cracks, or deformations. Check the vapor poppet for damage and ensure that the poppet seats evenly with the adaptor. Clean out any foreign objects from the poppet's seal and seal surface if necessary 2. Test the poppet seal by applying a soap solution to the poppet while the storage tank is under a positive gauge pressure of 2.00 inches water column and inspect for the presence of bubbles 3. If the facility continuously operates under vacuum, a bag test may be used by sealing a clear plastic bag to the adaptor's sides. If no bubbles appear at the poppet under positive pressure or the bag test shows no signs of the bag collapsing, no further maintenance is required. If bubbles appeared around the poppet seal or the bag collapsed, replace the poppet components and retest	
EXISTING TANKS (Applies only to AST manufacturer's not listed in Exhibit 1(E.O. VR-301-X))	<u>White Paint</u> PPG High Performance Coatings Ponderosa Paint Company ICI Devoe Devthane	1. Wash the surface of the aboveground storage tank with soap solution and rinse with water 2. Visually inspect painted surface for signs of wear including but not limited to discoloration, peeling, chipping, thinning, or other areas where paint is not adhering to the aboveground storage tank surface 3. If signs of wear are observed, prepare surface of aboveground storage tank and re-apply white paint per the manufacturer's specifications	

³For EO#VR-401-XX Only

⁴For Con Vault Standing Loss AST's Only

¹² For Phase I EVR requirements see the ARB – approved IOM for VR-401-X for more details (<http://www.arb.ca.gov/vapor/eos/eo-vr401/eo-401.htm>)



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Facility Name: _____ Address: _____

Date Problem Detected ⁵	Date of Service ⁶	Name, Affiliation & Telephone Number of Person/Company Conducting Maintenance or Test(s) ⁷	Applicable Certifications Numbers and expiration dates ¹¹	Component Make and Model ⁸	Nature of Service ⁹	Maintenance, Inspection, Test and/or Service Performed, including Outcome ¹⁰ <u>If applicable, maintain copies of test results onsite</u> (Use as many rows as needed)

⁵ Month/Day/Year the problem was detected, which includes any system's malfunction or defect

⁶ Month/Day/Year the component was repaired or replaced

⁷ Name, affiliation, telephone number, and certified technician identification number (For EO#VR-401-XX) of the person performing the service

⁸ Make and Model of the component in service

⁹ Indicate if the service was to maintain, repair or replace a component.

¹⁰ Explanation of the maintenance, test(s) and/or inspection performed and outcome of service. When describing paint application provide a description of the surface preparation, the method of application, and list the manufacturer and name of the paint that was applied.

¹¹ Refer to Attachment K "Certification Requirements for Technicians"