OFFICE USE ONLY
UPFP: _____

WRITTEN MONITORING PROCEDURES
UNDERGROUND STORAGE TANK (UST) MONITORING PROGRAM

Authority cited: Title 23 CCR, Sections 2632 (d)(1), 2634 (d)(2), and 2641 (h)

This monitoring program must be kept at the UST location at all times. The elements of this monitoring program constitute conditions of the UST operating permit. The permit holder **must** submit any changes to the San Diego County, Hazardous Materials Division, P.O. Box 129261, San Diego, CA 92112-9261, **within 30 days** of any changes to the monitoring program, unless required to obtain approval before making the change.

A. General Information

Facility Name: _____

Facility Address: _____

☐ Tank and piping monitoring is identical for all UST's located at this facility; ***or***
☐ This plan covers only the following tank(s): _____

☐ No electronic leak detection systems are used to monitor UST systems covered by this plan; ***or***
☐ The following type of electronic monitoring system performs leak detection monitoring for UST systems covered by this plan (i.e.: Veeder Root TLS 350):

Manufacturer: _____Model #_____
Manufacturer: _____Model #_____

B. Tank Monitoring (refer to annual monitor certification for help)

☐ Continuous electronic monitoring of tank interstitial space or secondary containment:
Leak Sensor Manufacturer_____Sensor Model #_____
☐ Automatic Tank Gauging system used to monitor single-walled tank(s):
In-Tank Probe Manufacturer_____Probe Model #_____
Frequency of Leak Tests: ☐ Continuous (i.e. CITLD, CSLD) ☐ Daily ☐ Weekly
☐ Monthly ☐ Other (Specify)_____
Programmed Leak Threshold: ☐ 0.1gph ☐ 0.2gph
☐ Weekly Manual Tank Gauging. Testing Period: ☐ 36 hours ☐ 60 hours
☐ Statistical Inventory Reconciliation (SIR): Note: requires biennial tank integrity test
SIR Vendor:_____
☐ Tank Tightness Testing conducted: ☐ Annually ☐ Monthly ☐ Other (specify)_____
☐ Other Monitoring (specify): _____

C. Piping Monitoring (refer to annual monitor certification for help)

Line Monitoring is performed using the following methods: (*check all that apply*)
☐ No product or remote-fill piping connected to UST
☐ Continuous electronic monitoring of piping sump and other secondary containment sumps:
Sensor Manufacturer_____Sensor Model #_____
Will piping leak alarm trigger automatic shutdown of pump? ☐ Yes ☐ No
Will failure/disconnection of monitoring system trigger automatic shutdown of pump? ☐ Yes ☐ No
☐ Mechanical line leak detector (performs 3.0 gph leak test & restricts or shuts off flow when leak is detected):
Manufacturer_____Model #_____
☐ Electronic line leak detector (ELLD):
Manufacturer_____Model #_____
Programmed line tightness test: ☐ 0.1gph annually ☐ 0.2gph monthly ☐ 3.0 gph
Will ELLD detection of a piping leak trigger automatic shutdown of pump? ☐ Yes ☐ No
Will failure or disconnection of the ELLD trigger automatic shutdown of pump? ☐ Yes ☐ No
☐ Line tightness testing conducted: ☐ Annually ☐ Every 3 years ☐ Other (specify)_____
☐ Piping is suction piping meeting all requirements for exemption from monitoring (23 CCR § 2636(a)(3))
☐ Dispensers are checked daily and "Suction Piping Daily Inspection Log" is completed
☐ Above ground visual monitoring daily
☐ Other (specify):_____

D. Dispenser Leak Detection *(check all that apply)*

☐ No Under Dispenser Containment (UDC) :Dispenser housings are opened and fittings inspected daily
☐ No dispensers in system
☐ Float and chain assembly in under dispenser containment trips shear valve in case of leak
Assembly Manufacturer_____ Model #_____
☐ Continuous electronic monitoring of UDC

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Leak sensor Manufacturer:_____ Model #:_____
Will leak trigger audible and visual alarms? ☐Yes ☐No
Will leak trigger automatic shutdown of turbine pump? ☐Yes ☐No
Will failure/disconnection of monitoring system trigger shutdown of pump? ☐Yes ☐No
Other (specify):_____

E. Overfill Protection

The following method is present to prevent overfilling the UST(s): (*check all that apply*)

☐ High Level Alarm alerts transfer operator when tank is _____% capacity
☐ Ball Float Valve that activates at _____% of tank capacity
☐ Automatic Shut-off device (flapper valve)
☐ Total secondary containment of piping including vent lines

F. Monitoring Locations

☐ Attached to this monitoring plan is a site plan which shows the general tank and piping layouts and the location where monitoring is performed (i.e. locations of sumps, sensors, line leak detectors, control panels, etc.)

G. Personnel Responsibilities

The following facility personnel are responsible for performing UST monitoring activities and/or maintaining UST leak detection equipment: (include employee job title and specific UST monitoring responsibilities: i.e., inspection of equipment, reporting of alarms, arranging equipment testing &servicing, maintaining monitoring records, etc.)

		Area of Responsibility
Name: _____	Title: _____	_____
Name: _____	Title: _____	_____
Name: _____	Title: _____	_____

H. Reporting Format

Briefly describe the reporting format for monitoring: (i.e. SIR, in tank test, annual certification.)
_____

I. Equipment Testing and Preventive Maintenance

State law requires that testing, preventive maintenance, and calibration (if applicable) of monitoring equipment (i.e. sensors, probes, line leak detectors, etc.) be performed in accordance with the equipment manufacturer's instructions or annually, whichever is more frequent. Qualified personnel must perform such work.

Monitor equipment is serviced: ☐ Annually ☐ Other (specify)_____

Describe the preventive maintenance schedule for the monitoring equipment: (List contractor performing repairs and or certifications, if known) _____
_____
_____
_____

J. Training

Briefly describe the employee training necessary for the operation of UST system, including piping, and the monitoring equipment:
_____
_____
_____
_____

Certification

I have reviewed this Underground Storage Tank Monitoring Plan and determined that it accurately describes monitoring of underground storage tank systems at this facility.

Signature of Owner/Operator_____ Date_____/_____/_____

Below This Line For Agency Use Only

☐ This plan has been approved ☐ This plan has been returned
Specialist's Signature_____ Date_____/_____/_____
Comments: