



INSTRUCTIONS FOR THE MONTHLY TANK MAINTENANCE INSPECTION CHECKLIST

The following instructions are designed to assist the applicant in properly completing the *Monthly Tank Maintenance Inspection Checklist*, form 8000-FM-OOGM0137. Please type or print clearly when completing the form. Pursuant to 25 Pa. Code Section 78a.57(i), unconventional well owners are required to report tank deficiencies monthly. Operators should complete this checklist each month by checking "S" or "U" and "Y" or "N" as appropriate for each item. Unsatisfactory (U) conditions are those conditions that may cause potential leaks, spills, or environmental degradation if allowed to remain uncorrected. For example, areas on tank exteriors that are unprotected or containment structures and foundations that are crumbling, rusting, and remain in general disrepair should be noted. No (N) should be checked if conditions for those items indicated are not met, for example, vents blocked by an obstruction or unsecured drain valve. Specific reference for each tank or area that is unsatisfactory or does not meet the conditions indicated should be made in the Reference column. Comments should then be made for each reference in the Comments section on the back of the sheet. An example would be checking "N" for the item "Vents clear of restrictions," writing "Tank #5" in the Reference column and then writing "vent obstructed by bird nest" in the Comment section. In this example the date of repair or removal of a bird nest should be noted in the Comments section of the form. Individuals completing the inspection should include the Well Pad ID. No., their name and the date the inspection was completed. Completed checklists should be maintained for one year and made available to the Department of Environmental Protection (DEP) upon request. Deficiencies identified during the inspection must be reported to DEP within three days of the inspection and remedied prior to continued use of the tank, as required by Section 78a.57(i).

This monthly checklist covers all aboveground storage tanks at the facility. The checklist must be completed by a person knowledgeable of the tank system's operation and maintenance. This person may be a company employee or a representative of a third party. The person does not have to be a DEP-certified inspector.

MONTHLY TANK MAINTENANCE INSPECTION CHECKLIST

Operator Name _____ Facility Name _____

	January		February		March		April	
	Symbol	Reference	Symbol	Reference	Symbol	Reference	Symbol	Reference
I. Visual Check for Deterioration								
Condition of tank exterior	<input type="checkbox"/> S <input type="checkbox"/> U	_____	<input type="checkbox"/> S <input type="checkbox"/> U	_____	<input type="checkbox"/> S <input type="checkbox"/> U	_____	<input type="checkbox"/> S <input type="checkbox"/> U	_____
Condition of aboveground piping	<input type="checkbox"/> S <input type="checkbox"/> U	_____	<input type="checkbox"/> S <input type="checkbox"/> U	_____	<input type="checkbox"/> S <input type="checkbox"/> U	_____	<input type="checkbox"/> S <input type="checkbox"/> U	_____
Condition of foundations and supports	<input type="checkbox"/> S <input type="checkbox"/> U	_____	<input type="checkbox"/> S <input type="checkbox"/> U	_____	<input type="checkbox"/> S <input type="checkbox"/> U	_____	<input type="checkbox"/> S <input type="checkbox"/> U	_____
Condition of secondary containment	<input type="checkbox"/> S <input type="checkbox"/> U	_____	<input type="checkbox"/> S <input type="checkbox"/> U	_____	<input type="checkbox"/> S <input type="checkbox"/> U	_____	<input type="checkbox"/> S <input type="checkbox"/> U	_____
II. Containment Areas								
Level of standing water in containment	<input type="checkbox"/> S <input type="checkbox"/> U	_____	<input type="checkbox"/> S <input type="checkbox"/> U	_____	<input type="checkbox"/> S <input type="checkbox"/> U	_____	<input type="checkbox"/> S <input type="checkbox"/> U	_____
Drain valves secured in a closed position	<input type="checkbox"/> Y <input type="checkbox"/> N	_____	<input type="checkbox"/> Y <input type="checkbox"/> N	_____	<input type="checkbox"/> Y <input type="checkbox"/> N	_____	<input type="checkbox"/> Y <input type="checkbox"/> N	_____
Containment clear of fire hazard and debris	<input type="checkbox"/> Y <input type="checkbox"/> N	_____	<input type="checkbox"/> Y <input type="checkbox"/> N	_____	<input type="checkbox"/> Y <input type="checkbox"/> N	_____	<input type="checkbox"/> Y <input type="checkbox"/> N	_____
III. Leak Detection System								
Leak detection system monitored	<input type="checkbox"/> Y <input type="checkbox"/> N	_____	<input type="checkbox"/> Y <input type="checkbox"/> N	_____	<input type="checkbox"/> Y <input type="checkbox"/> N	_____	<input type="checkbox"/> Y <input type="checkbox"/> N	_____
Containment clear of regulated substances	<input type="checkbox"/> Y <input type="checkbox"/> N	_____	<input type="checkbox"/> Y <input type="checkbox"/> N	_____	<input type="checkbox"/> Y <input type="checkbox"/> N	_____	<input type="checkbox"/> Y <input type="checkbox"/> N	_____
No evidence of release from tank or piping	<input type="checkbox"/> Y <input type="checkbox"/> N	_____	<input type="checkbox"/> Y <input type="checkbox"/> N	_____	<input type="checkbox"/> Y <input type="checkbox"/> N	_____	<input type="checkbox"/> Y <input type="checkbox"/> N	_____
No evidence of release from ancillary equipment	<input type="checkbox"/> Y <input type="checkbox"/> N	_____	<input type="checkbox"/> Y <input type="checkbox"/> N	_____	<input type="checkbox"/> Y <input type="checkbox"/> N	_____	<input type="checkbox"/> Y <input type="checkbox"/> N	_____
IV. Ancillary Equipment (when installed)								
Valves functioning properly	<input type="checkbox"/> Y <input type="checkbox"/> N	_____	<input type="checkbox"/> Y <input type="checkbox"/> N	_____	<input type="checkbox"/> Y <input type="checkbox"/> N	_____	<input type="checkbox"/> Y <input type="checkbox"/> N	_____
Vents clear of restrictions	<input type="checkbox"/> Y <input type="checkbox"/> N	_____	<input type="checkbox"/> Y <input type="checkbox"/> N	_____	<input type="checkbox"/> Y <input type="checkbox"/> N	_____	<input type="checkbox"/> Y <input type="checkbox"/> N	_____
Monitoring device functioning properly	<input type="checkbox"/> Y <input type="checkbox"/> N	_____	<input type="checkbox"/> Y <input type="checkbox"/> N	_____	<input type="checkbox"/> Y <input type="checkbox"/> N	_____	<input type="checkbox"/> Y <input type="checkbox"/> N	_____
Overfill prevention operating properly	<input type="checkbox"/> Y <input type="checkbox"/> N	_____	<input type="checkbox"/> Y <input type="checkbox"/> N	_____	<input type="checkbox"/> Y <input type="checkbox"/> N	_____	<input type="checkbox"/> Y <input type="checkbox"/> N	_____
V. Safety Precautions								
Safety equipment in place and operative	<input type="checkbox"/> Y <input type="checkbox"/> N	_____	<input type="checkbox"/> Y <input type="checkbox"/> N	_____	<input type="checkbox"/> Y <input type="checkbox"/> N	_____	<input type="checkbox"/> Y <input type="checkbox"/> N	_____
Safety precautions posted	<input type="checkbox"/> Y <input type="checkbox"/> N	_____	<input type="checkbox"/> Y <input type="checkbox"/> N	_____	<input type="checkbox"/> Y <input type="checkbox"/> N	_____	<input type="checkbox"/> Y <input type="checkbox"/> N	_____
Tank system secured to prevent vandalism and unauthorized access	<input type="checkbox"/> Y <input type="checkbox"/> N	_____	<input type="checkbox"/> Y <input type="checkbox"/> N	_____	<input type="checkbox"/> Y <input type="checkbox"/> N	_____	<input type="checkbox"/> Y <input type="checkbox"/> N	_____

Inspection Completed by: _____

Well Pad ID No. _____ Dates: _____

Symbols: S = Satisfactory U = Unsatisfactory Y = Yes N = No List comments on the back of this sheet.

Note: Symbol 'S' or 'Y' indicate compliance. Symbol 'U' or 'N' should be accompanied with a date corrected in the comment section on the back of this sheet. If any of the sections are not applicable, please mark N/A.

MONTHLY TANK MAINTENANCE INSPECTION CHECKLIST

	Operator Name	Facility Name	May	June	July	August				
			Symbol	Reference	Symbol	Reference	Symbol	Reference	Symbol	Reference
I. Visual Check for Deterioration										
	Condition of tank exterior		<input type="checkbox"/> S <input type="checkbox"/> U		<input type="checkbox"/> S <input type="checkbox"/> U		<input type="checkbox"/> S <input type="checkbox"/> U		<input type="checkbox"/> S <input type="checkbox"/> U	
	Condition of aboveground piping		<input type="checkbox"/> S <input type="checkbox"/> U		<input type="checkbox"/> S <input type="checkbox"/> U		<input type="checkbox"/> S <input type="checkbox"/> U		<input type="checkbox"/> S <input type="checkbox"/> U	
	Condition of foundations and supports		<input type="checkbox"/> S <input type="checkbox"/> U		<input type="checkbox"/> S <input type="checkbox"/> U		<input type="checkbox"/> S <input type="checkbox"/> U		<input type="checkbox"/> S <input type="checkbox"/> U	
	Condition of secondary containment		<input type="checkbox"/> S <input type="checkbox"/> U		<input type="checkbox"/> S <input type="checkbox"/> U		<input type="checkbox"/> S <input type="checkbox"/> U		<input type="checkbox"/> S <input type="checkbox"/> U	
II. Containment Areas										
	Level of standing water in containment		<input type="checkbox"/> S <input type="checkbox"/> U		<input type="checkbox"/> S <input type="checkbox"/> U		<input type="checkbox"/> S <input type="checkbox"/> U		<input type="checkbox"/> S <input type="checkbox"/> U	
	Drain valves secured in a closed position		<input type="checkbox"/> Y <input type="checkbox"/> N		<input type="checkbox"/> Y <input type="checkbox"/> N		<input type="checkbox"/> Y <input type="checkbox"/> N		<input type="checkbox"/> Y <input type="checkbox"/> N	
	Containment clear of fire hazard and debris		<input type="checkbox"/> Y <input type="checkbox"/> N		<input type="checkbox"/> Y <input type="checkbox"/> N		<input type="checkbox"/> Y <input type="checkbox"/> N		<input type="checkbox"/> Y <input type="checkbox"/> N	
III. Leak Detection System										
	Leak detection system monitored		<input type="checkbox"/> Y <input type="checkbox"/> N		<input type="checkbox"/> Y <input type="checkbox"/> N		<input type="checkbox"/> Y <input type="checkbox"/> N		<input type="checkbox"/> Y <input type="checkbox"/> N	
	Containment clear of regulated substances		<input type="checkbox"/> Y <input type="checkbox"/> N		<input type="checkbox"/> Y <input type="checkbox"/> N		<input type="checkbox"/> Y <input type="checkbox"/> N		<input type="checkbox"/> Y <input type="checkbox"/> N	
	No evidence of release from tank or piping		<input type="checkbox"/> Y <input type="checkbox"/> N		<input type="checkbox"/> Y <input type="checkbox"/> N		<input type="checkbox"/> Y <input type="checkbox"/> N		<input type="checkbox"/> Y <input type="checkbox"/> N	
	No evidence of release from ancillary equipment		<input type="checkbox"/> Y <input type="checkbox"/> N		<input type="checkbox"/> Y <input type="checkbox"/> N		<input type="checkbox"/> Y <input type="checkbox"/> N		<input type="checkbox"/> Y <input type="checkbox"/> N	
IV. Ancillary Equipment (when installed)										
	Valves functioning properly		<input type="checkbox"/> Y <input type="checkbox"/> N		<input type="checkbox"/> Y <input type="checkbox"/> N		<input type="checkbox"/> Y <input type="checkbox"/> N		<input type="checkbox"/> Y <input type="checkbox"/> N	
	Vents clear of restrictions		<input type="checkbox"/> Y <input type="checkbox"/> N		<input type="checkbox"/> Y <input type="checkbox"/> N		<input type="checkbox"/> Y <input type="checkbox"/> N		<input type="checkbox"/> Y <input type="checkbox"/> N	
	Monitoring device functioning properly		<input type="checkbox"/> Y <input type="checkbox"/> N		<input type="checkbox"/> Y <input type="checkbox"/> N		<input type="checkbox"/> Y <input type="checkbox"/> N		<input type="checkbox"/> Y <input type="checkbox"/> N	
	Overfill prevention operating properly		<input type="checkbox"/> Y <input type="checkbox"/> N		<input type="checkbox"/> Y <input type="checkbox"/> N		<input type="checkbox"/> Y <input type="checkbox"/> N		<input type="checkbox"/> Y <input type="checkbox"/> N	
V. Safety Precautions										
	Safety equipment in place and operative		<input type="checkbox"/> Y <input type="checkbox"/> N		<input type="checkbox"/> Y <input type="checkbox"/> N		<input type="checkbox"/> Y <input type="checkbox"/> N		<input type="checkbox"/> Y <input type="checkbox"/> N	
	Safety precautions posted		<input type="checkbox"/> Y <input type="checkbox"/> N		<input type="checkbox"/> Y <input type="checkbox"/> N		<input type="checkbox"/> Y <input type="checkbox"/> N		<input type="checkbox"/> Y <input type="checkbox"/> N	
	Tank system secured to prevent vandalism and unauthorized access		<input type="checkbox"/> Y <input type="checkbox"/> N		<input type="checkbox"/> Y <input type="checkbox"/> N		<input type="checkbox"/> Y <input type="checkbox"/> N		<input type="checkbox"/> Y <input type="checkbox"/> N	

Well Pad ID No. _____ Inspection Completed by: _____
 Dates: _____

Symbols: S = Satisfactory U = Unsatisfactory Y = Yes N = No List comments on the back of this sheet.
Note: Symbol 'S' or 'Y' indicate compliance. Symbol 'U' or 'N' should be accompanied with a date corrected in the comment section on the back of this sheet. If any of the sections are not applicable, please mark N/A.

MONTHLY TANK MAINTENANCE INSPECTION CHECKLIST

Operator Name _____ Facility Name _____

	September		October		November		December	
	Symbol	Reference	Symbol	Reference	Symbol	Reference	Symbol	Reference
I. Visual Check for Deterioration								
Condition of tank exterior	<input type="checkbox"/> S <input type="checkbox"/> U	_____	<input type="checkbox"/> S <input type="checkbox"/> U	_____	<input type="checkbox"/> S <input type="checkbox"/> U	_____	<input type="checkbox"/> S <input type="checkbox"/> U	_____
Condition of aboveground piping	<input type="checkbox"/> S <input type="checkbox"/> U	_____	<input type="checkbox"/> S <input type="checkbox"/> U	_____	<input type="checkbox"/> S <input type="checkbox"/> U	_____	<input type="checkbox"/> S <input type="checkbox"/> U	_____
Condition of foundations and supports	<input type="checkbox"/> S <input type="checkbox"/> U	_____	<input type="checkbox"/> S <input type="checkbox"/> U	_____	<input type="checkbox"/> S <input type="checkbox"/> U	_____	<input type="checkbox"/> S <input type="checkbox"/> U	_____
Condition of secondary containment	<input type="checkbox"/> S <input type="checkbox"/> U	_____	<input type="checkbox"/> S <input type="checkbox"/> U	_____	<input type="checkbox"/> S <input type="checkbox"/> U	_____	<input type="checkbox"/> S <input type="checkbox"/> U	_____
II. Containment Areas								
Level of standing water in containment	<input type="checkbox"/> S <input type="checkbox"/> U	_____	<input type="checkbox"/> S <input type="checkbox"/> U	_____	<input type="checkbox"/> S <input type="checkbox"/> U	_____	<input type="checkbox"/> S <input type="checkbox"/> U	_____
Drain valves secured in a closed position	<input type="checkbox"/> Y <input type="checkbox"/> N	_____	<input type="checkbox"/> Y <input type="checkbox"/> N	_____	<input type="checkbox"/> Y <input type="checkbox"/> N	_____	<input type="checkbox"/> Y <input type="checkbox"/> N	_____
Containment clear of fire hazard and debris	<input type="checkbox"/> Y <input type="checkbox"/> N	_____	<input type="checkbox"/> Y <input type="checkbox"/> N	_____	<input type="checkbox"/> Y <input type="checkbox"/> N	_____	<input type="checkbox"/> Y <input type="checkbox"/> N	_____
III. Leak Detection System								
Leak detection system monitored	<input type="checkbox"/> Y <input type="checkbox"/> N	_____	<input type="checkbox"/> Y <input type="checkbox"/> N	_____	<input type="checkbox"/> Y <input type="checkbox"/> N	_____	<input type="checkbox"/> Y <input type="checkbox"/> N	_____
Containment clear of regulated substances	<input type="checkbox"/> Y <input type="checkbox"/> N	_____	<input type="checkbox"/> Y <input type="checkbox"/> N	_____	<input type="checkbox"/> Y <input type="checkbox"/> N	_____	<input type="checkbox"/> Y <input type="checkbox"/> N	_____
No evidence of release from tank or piping	<input type="checkbox"/> Y <input type="checkbox"/> N	_____	<input type="checkbox"/> Y <input type="checkbox"/> N	_____	<input type="checkbox"/> Y <input type="checkbox"/> N	_____	<input type="checkbox"/> Y <input type="checkbox"/> N	_____
No evidence of release from ancillary equipment	<input type="checkbox"/> Y <input type="checkbox"/> N	_____	<input type="checkbox"/> Y <input type="checkbox"/> N	_____	<input type="checkbox"/> Y <input type="checkbox"/> N	_____	<input type="checkbox"/> Y <input type="checkbox"/> N	_____
IV. Ancillary Equipment (when installed)								
Valves functioning properly	<input type="checkbox"/> Y <input type="checkbox"/> N	_____	<input type="checkbox"/> Y <input type="checkbox"/> N	_____	<input type="checkbox"/> Y <input type="checkbox"/> N	_____	<input type="checkbox"/> Y <input type="checkbox"/> N	_____
Vents clear of restrictions	<input type="checkbox"/> Y <input type="checkbox"/> N	_____	<input type="checkbox"/> Y <input type="checkbox"/> N	_____	<input type="checkbox"/> Y <input type="checkbox"/> N	_____	<input type="checkbox"/> Y <input type="checkbox"/> N	_____
Monitoring device functioning properly	<input type="checkbox"/> Y <input type="checkbox"/> N	_____	<input type="checkbox"/> Y <input type="checkbox"/> N	_____	<input type="checkbox"/> Y <input type="checkbox"/> N	_____	<input type="checkbox"/> Y <input type="checkbox"/> N	_____
Overflow prevention operating properly	<input type="checkbox"/> Y <input type="checkbox"/> N	_____	<input type="checkbox"/> Y <input type="checkbox"/> N	_____	<input type="checkbox"/> Y <input type="checkbox"/> N	_____	<input type="checkbox"/> Y <input type="checkbox"/> N	_____
V. Safety Precautions								
Safety equipment in place and operative	<input type="checkbox"/> Y <input type="checkbox"/> N	_____	<input type="checkbox"/> Y <input type="checkbox"/> N	_____	<input type="checkbox"/> Y <input type="checkbox"/> N	_____	<input type="checkbox"/> Y <input type="checkbox"/> N	_____
Safety precautions posted	<input type="checkbox"/> Y <input type="checkbox"/> N	_____	<input type="checkbox"/> Y <input type="checkbox"/> N	_____	<input type="checkbox"/> Y <input type="checkbox"/> N	_____	<input type="checkbox"/> Y <input type="checkbox"/> N	_____
Tank system secured to prevent vandalism and unauthorized access	<input type="checkbox"/> Y <input type="checkbox"/> N	_____	<input type="checkbox"/> Y <input type="checkbox"/> N	_____	<input type="checkbox"/> Y <input type="checkbox"/> N	_____	<input type="checkbox"/> Y <input type="checkbox"/> N	_____

Well Pad ID No. _____ Dates: _____
Inspection Completed by: _____

Symbols: S = Satisfactory U = Unsatisfactory Y = Yes N = No List comments on the back of this sheet.

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