# UST Inspection Checklist

## PART I. OWNER/OPERATOR INFORMATION

1. Facility Name: Fermi Lab
2. Owner: U.S. Dept. of Energy
3. Operator: Rick Hersemann 630-840-4123
5. Contact Person: Amber Larson 630-840-2977 ESH Specialist Katie Kosiros
6. UST Site Phone #: 630-840-6497

6. Date of Visit: 3-29-11 7. Marketer: ___ Non-Marketer: ✓
8. Site Arrival/Departure (Time): 8:00 /
9. Facility Address: Kirk Rd + Wilson Rd. Batavia, IL 60510
10: Team Members:

## PART II. UST SITE INFORMATION

| | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
|---|---|---|---|---|---|---|---|
| 1. Tank #: | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| 2. Tank Type: | DW-FRP → | | | | | | |
| 3. Piping Type: | DW-FRP → | | | | | | |
| 4. Size of Tank: | 12K | 6K | 6K | | | | |
| 5. Tank Contents: | Gas | Diesel | E-85 | | | | |
| 6. Install Date: | 7-28-94 → | | 6-11-03 | | | | |
| 7. TTT Date: | | | | | | | |
| 8. LTT Date: | | | | | | | |
| 9: LD (Tank): | Interstitial + ATG | | | - PetroVend Site Sentinel | | | |
| 10: LD (Pipe): | Safe Suction - 7 | | | Check Valve: (Y)/N | | | |
| 11. Closure Date: | | | | | | | |
| | Perm__Temp__ | Perm__Temp__ | Perm__Temp__ | Perm__Temp__ | Perm__Temp__ | Perm__Temp__ | Perm__Temp__ |
| 12. Spill: | Yes ✓ No __ | Yes ✓ No __ | Yes ✓ No ✓ | Yes__ No__ | Yes__ No__ | Yes__ No__ | Yes__ No__ |
| 13. Overfill: | Yes ✓ No __ | Yes ✓ No __ | Yes ✓ No __ | Yes__ No__ | Yes__ No__ | Yes__ No__ | Yes__ No__ |
| Type: | drop tube → | | | | | | |
| 14. CP (Tank): | Yes__ No__ | Yes__ No__ | Yes__ No__ | Yes__ No__ | Yes__ No__ | Yes__ No__ | Yes__ No__ |
| Date: | NA → | | | | | | |
| Type: | FRP → | | | | | | |
| 15. CP (Piping): | Yes__ No__ | Yes__ No__ | Yes__ No__ | Yes__ No__ | Yes__ No__ | Yes__ No__ | Yes__ No__ |
| Date: | NA → | | | | | | |
| Type: | FRP → | | | | | | |

16. CP Monitoring: [For all cathodic protection systems (Galvanic Anodes and Impressed Current Systems)]

| | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
|---|---|---|---|---|---|---|---|
| 6 Mo./3 Yrs: | Yes__ No__ | Yes__ No__ | Yes__ No__ | Yes__ No__ | Yes__ No__ | Yes__ No__ | Yes__ No__ |
| Six Months: | Yes__ No__ | Yes__ No__ | Yes__ No__ | Yes__ No__ | Yes__ No__ | Yes__ No__ | Yes__ No__ |
| Records: | Yes__ No__ | Yes__ No__ | Yes__ No__ | Yes__ No__ | Yes__ No__ | Yes__ No__ | Yes__ No__ |

Note: Monitoring conducted within six month of installation and three years after initial monitoring. [280.31(b)(1)]

Note: Monitoring conducted within six month of any repairs to UST system. [280.33(e)]

Note: Records on file of last two monitoring results. [280.31(d)(2)]

17. CP Monitoring: [For Impressed Current Systems Only]

| | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
|---|---|---|---|---|---|---|---|
| 60 Day Insp.: | Yes__ No__ | Yes__ No__ | Yes__ No__ | Yes__ No__ | Yes__ No__ | Yes__ No__ | Yes__ No__ |
| Records: | Yes__ No__ | Yes__ No__ | Yes__ No__ | Yes__ No__ | Yes__ No__ | Yes__ No__ | Yes__ No__ |

Note: System is inspected ever 60 days, involvers reading and recording systems voltage and amperage. [280.31(c)]

Note: Records on file of last three voltage and amperage readings. [280.33(d)(1)]

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## PART III. RECOMMENDATION(S) & NARRATIVE COMMENTS

1. No further action is recommend/necessary: Yes ___ No ✓

Notes: ___

2. Facility to provide info. on compliance: Yes ___ No ✓

Notes: ___

3. Follow-up inspection recommended: Yes ___ No ✓

Notes: ___
[If Yes, state reason(s) why.]

4. Information Request Letter (IRL): Yes ___ No ✓ Date: ___

Notes: ___
[If Yes, A Full Narrative Report **is** required along with this checklist]

5. Notice of Violation (NOV): Yes ___ No ✓ Date: ___

Notes: ___
[If Yes, A Full Narrative Report **is** required along with this checklist]

6. Field Citation (FC): Yes ___ No ✓ Date: ___

Notes: ___
[If Yes, A Full Narrative Report **is** required along with this checklist]

7. Administrative Order (AO): Yes ___ No ✓ Date: ___

Notes: ___
[If Yes, A Full Narrative Report **is** required along with this checklist]

8. Refer to State: Yes ___ No ✓ Date: ___

Notes: ___
[If Yes, A Full Narrative Report **may** be required along with this checklist]

9. Financial Responsibility (FR): Yes ___ No ___ Expiration Date: ___

10. Inspector's Remarks: Spill bucket = OPW 11
Overfill = OPW / 61 SO Drop tub

Piping: Safe Section: Confirmed Check Valves

11. Additional Remarks/Comments:
RD Tanks: ATG: must record avial. for past year for all USTs. However all of UST #1 were invalid due to low volume.
However facity also implementing Interstitial monitoring. Record avial. for past year = O.K.

Informed all probes last checked on 10-13-16 by Anpso (Forest View, IL.)

Facility to send disp. of oil/water separator to confirm no holding tank

Inspector Signature

3-29-16
Date