

ADEM INTERIOR LINING REPORT

I. Ownership of Tank(s)	II. Location of Tank(s)
Owner's Name (Corporation, Individual, Public Agency, or other entity)	Facility Identification Number Number of tanks
Street Address	Facility Name Street Address
City State Zip Code	County City (nearest)
Contact Person at main office () Phone Number	Contact Person at UST Location () Phone Number

Name of Contractor used to line tanks: _____
 Address: _____

 Telephone: _____

Answer each question as specified. If there are more than 4 tanks at this site, photocopy pages and complete for additional tanks.	Unique Tank No.	Unique Tank No.	Unique Tank No.	Unique Tank No.
Tank capacity in gallons.				
Tank installation date.	/ /	/ /	/ /	/ /
Substance stored. G-gasoline, D-diesel, K-kerosene, O-other(specify)				
Provide estimate of the volume of sludge removed in gallons. Attach invoice or receipt for removal and disposal.				

INTERNAL TANK INSPECTION

Was tank sandblasted prior to inspection?	YES/NO	YES/NO	YES/NO	YES/NO
Were ultrasonic or radiographic methods used to determine metal thickness?	YES/NO	YES/NO	YES/NO	YES/NO
Was a ball peen hammer used to determine metal thickness?	YES/NO	YES/NO	YES/NO	YES/NO
Was all tank metal found to be 1/8 inch thick?	YES/NO	YES/NO	YES/NO	YES/NO
IF ANSWER TO ABOVE QUESTION IS NO, describe repair(s):				
Were perforations found in tank?	YES/NO	YES/NO	YES/NO	YES/NO
IF THE ANSWER TO ABOVE QUESTION IS YES, COMPLETE THE FOLLOWING:				
1. Were any perforation larger than 1 1/2 inches diameter after reaming?	YES/NO	YES/NO	YES/NO	YES/NO
2. Were there more than four perforations larger than 1/2 inch diameter (after reaming) in any one square foot area?	YES/NO	YES/NO	YES/NO	YES/NO
3. Does the tank have more than twenty perforations larger than 1/2 inch diameter (after reaming) in any 500 square foot area?	YES/NO	YES/NO	YES/NO	YES/NO
4. Does the tank have more perforation than indicated below based on the age of the tank?	YES/NO	YES/NO	YES/NO	YES/NO
1 year old with 2 perforations 6 years old with 12 perforations 2 years old with 4 perforations 7 years old with 14 perforations 3 years old with 6 perforations 8 years old with 16 perforations 4 years old with 8 perforations 9 years old with 18 perforations 5 years old with 10 perforations				

IF ANSWER TO EITHER 1, 2, 3, OR 4 IS YES, THE TANK(S) SHOULD NOT BE LINED.

IF THE ANSWER TO EITHER 1, 2, 3, OR 4 IS NO, AND IF PERFORATIONS ARE PRESENT, PROVIDE THE FOLLOWING:

Number of perforations:				
Diameter of perforations in inches:				
Approximate location of perforations (i.e. top, sides, bottom, ends):				

INTERNAL SANDBLASTING				
Was the tank sandblasted to SSPC-SP5?	YES/NO	YES/NO	YES/NO	YES/NO
If the answer to the above is no, what was the tank sandblasted to?				
PERFORATION REPAIR				
Were any holes repaired by plugging and patching?	YES/NO	YES/NO	YES/NO	YES/NO
Were any holes repaired by patching only?	YES/NO	YES/NO	YES/NO	YES/NO
If yes, what was the largest size hole repaired using patches? (inches)				
Were all perforations repaired?	YES/NO	YES/NO	YES/NO	YES/NO
Provide size and number of all perforations not repaired, and reason for not repairing.	<u>NUMBER</u> <u>SIZE</u>	<u>NUMBER</u> <u>SIZE</u>	<u>NUMBER</u> <u>SIZE</u>	<u>NUMBER</u> <u>SIZE</u>
INTERNAL LINING				
When was the lining was applied?	<u>DATE</u> <u>TIME</u>	<u>DATE</u> <u>TIME</u>	<u>DATE</u> <u>TIME</u>	<u>DATE</u> <u>TIME</u>
What was the lowest air temperature inside the tank during the lining process in degrees Fahrenheit?				
What was the highest relative humidity at the tank interior wall after sandblasting and prior to lining in percent?				
Provide the following lining information:				
Type of lining:				
Lining manufacturer:				
Manufacturer's lining designation:				
Manufacturer's recommended temperature required to line tank:				
Manufacturer's recommended lining hardness:				
TESTING OF INTERNAL LINING				
What was the minimum applied lining thickness?				
What was the maximum applied lining thickness?				
What test procedure was used to determine lining thickness?				
How many number of lining thickness readings were taken?				
Was the entire surface tested for holidays?	YES/NO	YES/NO	YES/NO	YES/NO
Were holidays repaired and re-tested?	YES/NO	YES/NO	YES/NO	YES/NO
What was the minimum lining hardness?				
What test procedure was used to determine lining hardness?				
How many hardness readings were taken?				
TANK LEAK DETECTION REQUIREMENTS				
A "yes" answer is required for either A, B, or C.				
A. Was the tank tightness tested after lining, using a precision tank test? IF YES, TEST DATA AND RESULTS MUST BE ATTACHED. OR	YES/NO	YES/NO	YES/NO	YES/NO
B. Was the lined tank internally inspected in accordance with a code of practice developed by a nationally recognized association or independent testing laboratory? IF YES, the owner/operator and the party inspecting the tank must complete the attached certification statement on page 4. If an ultrasonic inspection method was used, the completed NLPA Standard 631 Ultrasonic Tightness Gauging report form must be submitted with this report form. If an independent laboratory performs the inspection, the inspection protocol and the report outlining the results of the inspection must be submitted with this report form. OR	YES/NO	YES/NO	YES/NO	YES/NO
C. Was the lined tank upgraded to meet ADEM monthly monitoring leak detection regulatory requirements? IF YES, an "ADEM Proposed UST New Installation or Upgrade Form" is required to be submitted 30 days prior to the upgrade.	YES/NO	YES/NO	YES/NO	YES/NO

I certify under penalty of law that the internal lining was performed in accordance with the latest addition of NLPA Standard 631 or API** Recommended Practice 1631 Code of Practice, and information in that and all attached documents is true, accurate and complete.*

Signature of Internal Lining Contractor

Date

TANK OWNER, PLEASE NOTE THE FOLLOWING ADEM REGULATORY REQUIREMENT:

Within 10 years from the date of internal lining of this tank and every 5 years thereafter, the lined tank must be internally inspected and found to be structurally sound with the lining still performing in accordance with original design specification. Within 30 days after the inspection, a copy of this certification must be submitted to the Department.

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents and that based on my inquiry of those individuals immediately responsible for obtaining the information, the information is true, accurate and complete.

Signature of Owner/Operator

Date

THIS FORM SHOULD BE COMPLETED AND RETURNED WITHIN 30 DAYS OF COMPLETING THE UPGRADE, ALONG WITH ALL REQUIRED INFORMATION TO THE FOLLOWING ADDRESS:

**ALABAMA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT
GROUNDWATER BRANCH/UST COMPLIANCE UNIT
POST OFFICE BOX 301463
MONTGOMERY, ALABAMA 36130-1463**

*National Leak Prevention Association
7685 Fields Ertel Road
Cincinnati, Ohio 45241

**American Petroleum Institute
1220 L. Street Northeast
Washington, D.C. 20005

INTERNAL INSPECTION CERTIFICATION STATEMENT

I hereby certify that the tank indicated in the attached ADEM Interior Lining Report was internally inspected in accordance with the following code of practice:

(list code of practice used)

or in accordance with the attached protocol used by an independent testing laboratory and that the attached results of the inspection are true, accurate and complete.

Signature of Owner/Operator

Date

Signature of Party Inspecting Tank

Date

