A Specialized Industry
Prevention versus Cleanup
Overview

- Basic requirements
- Providing documentation
- Maintaining your storage tank
- Reporting requirements
Basic Requirements

Petroleum storage tank systems are required to be in compliance with the State of Florida Administrative Code Chapters 62-761 (USTs) and 62-762 (ASTs)

http://www.dep.state.fl.us/waste/categories/tanks/pages/rules.htm
Documentation

• DEP registration placard
• Proof of Financial Responsibility
• Monthly release detection records
• Test records
• Maintenance & repair records
• Release Detection Response Level
A current registration placard must be on site in a visible location.
Proof of Financial Responsibility (FR)

Self-insurance documentation OR insurance policy

Certification of Financial Responsibility Form 900(3)

Storage Tank System Third Party Liability And Cleanup Policy
Declarations
Claims Made Coverage

Policy Number: __________ Renewal Number: __________

Item 1. Named Insured and Mailing Address: __________ Producer: __________

Item 2. Policy Period: From: 01/03/2012 To: 01/03/2013
12:01 am Standard Time at the address of the NAMED INSURED

Item 3. LIMITS OF LIABILITY: $1,80,000 Each Claim
$1,80,000 Total for all Claims

Item 4. DEDUCTIBLE: $1,000 Each Claim

Item 5. SCHEDULED STORAGE TANK SYSTEMS: See attached schedule of storage tank systems attachment.

Item 6. FORMS AND ENDORSEMENTS: See attached forms schedule

Item 7. POLICY PREMIUM: __________

Item 8. RETROACTIVE DATE: See attached schedule of storage tank systems attachment.

Item 9. EXTENDED REPORTING PERIOD: Refer to the applicable coverage section of your policy.

Please note that if a Financial Compliance Certificate of Insurance has been issued with this policy the Each Claim and Total for all Limits of Liability referred to in Item 3, above shall also be known as the Each Occurrence and Annual Aggregate Limits of Liability.

Scheduled Storage Tank Systems Attachment

Policy Number: __________

<table>
<thead>
<tr>
<th>Total Number of Tanks:</th>
<th>001</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Tank #</th>
<th>Type</th>
<th>Installation Date</th>
<th>Capacity</th>
<th>Contents</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>UST</td>
<td>12/01/2010</td>
<td>20,000</td>
<td>Diesel Gasoline</td>
</tr>
</tbody>
</table>

This certification must be updated whenever the financial insurance mechanism(s) used to demonstrate financial responsibility change(s). Please attach documentation to demonstrate the mechanism used to provide financial responsibility in accordance with federal rules 40 CFR Part 280 Subpart H.

Declaration page and schedule of tanks

Corresponds with current FR policy
Monthly Release Detection Records

Two years of records

- Electronic monitoring
- Visual inspection of system components
<table>
<thead>
<tr>
<th></th>
<th>Release Detection Method</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Visual Inspections</td>
</tr>
<tr>
<td>2</td>
<td>Dike-field Area</td>
</tr>
<tr>
<td>3</td>
<td>Spills on impervious surfaces other than secondary containment</td>
</tr>
<tr>
<td>4</td>
<td>Spills on pervious surfaces</td>
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<tr>
<td>5</td>
<td>Interstitial Monitoring (tanks &amp; piping)</td>
</tr>
<tr>
<td>6</td>
<td>Mechanical Line Leak Detector (MLLD)</td>
</tr>
<tr>
<td>7</td>
<td>Electronic Line Leak Detector (PLLD) Continuous Data Analyzer</td>
</tr>
<tr>
<td>8</td>
<td>Pressure Line Tightness Test</td>
</tr>
<tr>
<td>9</td>
<td>Tank Tightness Test</td>
</tr>
<tr>
<td>10</td>
<td>Unusual Operating Conditions</td>
</tr>
<tr>
<td>Release Detection Method</td>
<td>RDRL</td>
</tr>
<tr>
<td>-------------------------------------------------</td>
<td>----------------------------------------------------------------------</td>
</tr>
<tr>
<td>1 Visual Inspections</td>
<td>Presence of sheen/free product in piping sumps, dispenser liners, or secondary containment</td>
</tr>
<tr>
<td>2 Dike-field Area</td>
<td>Loss of product &gt;500 gallons inside secondary containment</td>
</tr>
<tr>
<td>3 Spills on impervious surfaces other than secondary containment</td>
<td>Loss of product &gt;100 gallons</td>
</tr>
<tr>
<td>4 Spills on pervious surfaces</td>
<td>Loss &gt;25 gallons</td>
</tr>
<tr>
<td>5 Interstitial Monitoring (tanks &amp; piping)</td>
<td>Probe activation or alarm (annual test of probes required)</td>
</tr>
<tr>
<td>6 Mechanical Line Leak Detector (MLLD)</td>
<td>Device restricts or slows down fuel dispensing to 3.0 GPH (annual test required)</td>
</tr>
<tr>
<td>7 Electronic Line Leak Detector (PLLD) Continuous Data Analyzer</td>
<td>0.2 GPH monthly test “Failure,” probe activation or alarm, or device restricts or slows down fuel dispensing (annual test of system probes required)</td>
</tr>
<tr>
<td>8 Pressure Line Tightness Test</td>
<td>0.1 GPH test “Failure”</td>
</tr>
<tr>
<td>9 Tank Tightness Test</td>
<td>0.1 GPH test “Failure”</td>
</tr>
<tr>
<td>10 Unusual Operating Conditions</td>
<td>Erratic behavior with dispensing equipment, sudden loss of product, any unexplained presence of water with or without sheen, or free product in piping or dispenser sumps</td>
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</table>
Release Detection Response Level

In accordance with Rule 62-761 and Rule 62-762, Florida Administrative Code (FAC), the above referenced facility establishes the following Release Detection Response Levels (RDRL):

If a release is suspected, an investigation will be conducted to determine whether the situation is the result of a leak or if can be explained otherwise. If within 24 hours our investigation cannot confirm a discharge did not occur, an Incident Notification Form (INF) will be submitted to Palm Beach County Dept of Environmental Resources Management (PBC ERM) 561-233-2400, fax 561-233-2414.

Investigation will be conducted and completed within two weeks of the date of discovery of the incident. At the end of this time period, we will submit either a Discharge Report Form (DRF) or a written confirmation and explanation that the release was not a discharge to PBC ERM. Incident and discharge response and reporting will be conducted in accordance with Rule 62-761 and Rule 62-762, F.A.C.
Access

Keys readily accessible

Fill drop tubes, dispenser liners, generator doors, sumps, spill buckets
Electronic Monitoring Devices
Storage Tank Components

Piping Sumps

Designed to contain fuel that leaks from primary piping into secondary piping. Check for water intrusion, fuel, secondary piping opening, sensor placement.
Storage Tank Components

Dispenser Liners

Designed to contain fuel lost from piping within the dispenser. Check for water intrusion, presence of fuel, and proper shear valve placement/anchorage.
Spill containment must be maintained clean and dry to allow accurate inspection for cracks or any integrity issues. Overfill protection must be easily seen for ASTs and fully operational for USTs.
Storage Tank Components

Underground Pressurized Piping Leak Detectors

Will significantly slow down the flow of fuel dispensed when triggered. Annual test required.
Storage Tank Components

Aboveground Secondary Containment

Containment should be clean, dry, and free of any cracks and sealed with an epoxy coating. Drain valves must be kept closed when not in use.
If an electronic or mechanical device is used to monitor the secondary tank, an annual operability test is required.
An anti siphon valve is required on all aboveground tanks that have piping which runs below the tank level that is not in containment.
Petroleum contact water must be disposed properly - it cannot be discarded on the ground. Keep your manifest as proof that you have properly disposed of it.
The Good.....

- Sump is clean and dry
- Spill bucket is clean and dry
- Secondary containment floor sealed with epoxy paint
- Fill ports are color coded per API
- AST surface maintained free of rust
- Dispenser liner clean and dry
- AST dispensing equipment contained
- Containment drain locked in closed position
The Bad.....

- Broken seal
- Submerged sensor
- Unleaded overflowing dispenser liner
- Broken valve caused fuel leak
- 10k tank leaking from unsecured valve
- Spill bucket full of debris and broken lid
- AST surface compromised
- AST surface rust
The Ugly...

Abandon aboveground fuel farm

Leaking underground fuel tank

Ethanol Corrosion
1. Pump out records for water removal in sumps, liners, spill buckets – *Keep these records!*
2. Sensors needing replacement
3. Shear valves needing tightening
4. Hoses/nozzles needing replacement
5. Level gauges needing replacement
6. Surface repair of aboveground tanks/containment
Helpful Items to Have on Hand

- Absorbent powder (kitty litter)
- Absorbent pads (will only absorb fuel)
- Product finding paste - use on end of tank stick to check tank for product
- Visqueen plastic sheeting to provide barrier for possible leaks, drips, spills.
Last But Not Least.....

All personnel should know the where the emergency shut off is located.

Tank vents should be checked frequently for nests/debris blocking the air flow and remain clear of vegetation.
Online Resources

This Presentation

PBC Environmental Resources Management
http://www.co.palm-beach.fl.us/erm/permitting/petroleum-storage-tank-compliance/

FL Department of Environmental Protection
http://www.dep.state.fl.us/waste/categories/tanks/default.htm

US Environmental Protection Agency
http://www.epa.gov/swerust1/index.htm

Incident Notification Form

Discharge Reporting Form
http://www.dep.state.fl.us/waste/quick_topics/forms/documents/62-761/761_1.pdf

Financial Responsibility
http://www.dep.state.fl.us/waste/categories/tanks/pages/financial.htm

Registration
http://www.dep.state.fl.us/waste/categories/tanks/pages/registration.htm
Conclusion

Know your system-all of it!

Your storage tank system has important components which will let you know when trouble is around the corner so that you can take the appropriate response.
It all means something so pay attention.

If in doubt, find out-call your inspector they are there to help you!
Incident Notification Form

PLEASE PRINT OR TYPE

Instructions are on the reverse side. Please complete all applicable blanks.

1. Facility ID Number (if registered): __________________________

2. Date of form completion: __________________________

3. General information

   Facility name: ____________________________________________
   Facility Owner or Operator: _____________________________
   Contact Person: ________________________________________
   Telephone number: ( ) __________ County: ________________
   Facility mailing address: _____________________________
   Location of incident (facility street address): __________
   Latitude and Longitude of incident (if known): __________

4. Date of Discovery of incident: __________ month/day/year

5. Monitoring method that indicates a possible release or an incident: (check all that apply)

   [ ] Liquid detector (automatic or manual)  [ ] Groundwater samples  [ ] Closure
   [ ] Vapor detector (automatic or manual)  [ ] Monitoring wells  [ ] Inventory control
   [ ] Tightness test  [ ] Internal inspection  [ ] Statistical Inventory Reconciliation
   [ ] Pressure test  [ ] Odors in the vicinity  [ ] Groundwater analytical samples
   [ ] Breach of integrity test  [ ] Automatic tank gauging  [ ] Soil analytical tests or samples
   [ ] Visual observation  [ ] Manual tank gauging  [ ] ________________

6. Type of regulated substance stored in the storage system: (check one)

   [ ] Diesel  [ ] Used waste oil  [ ] New lube oil
   [ ] Gasoline  [ ] Aviation gas  [ ] Kerosene
   [ ] Heating oil  [ ] Jet fuel  [ ] ________________

   [ ] Hazardous substance - includes CERCLA substances, pesticides, ammonia, chlorine, and their derivatives, and mineral acids.
   (write in name or Chemical Abstract Service (CAS) number)

7. Incident invokes or originated from: (check all that apply)

   [ ] Tank  [ ] Unusual operating conditions  [ ] Dispensing equipment  [ ] Pipe
   [ ] Piping sump  [ ] Release detection equipment  [ ] Secondary containment system  [ ] Overfill protection device
   [ ] Loss of >100 gallons to an impervious surface other than secondary containment  [ ] Other
   [ ] Dispenser Liners

8. Cause of the incident, if known: (check all that apply)

   [ ] Overfill (<25 gallons)  [ ] Spill (<25 gallons)  [ ] Theft  [ ] Corrosion
   [ ] Faulty Probe or sensor  [ ] Human error  [ ] Installation failure  [ ] Other

9. Actions taken in response to the incident:

   __________________________________________
   __________________________________________

10. Comments:

    ______________________________________________________________________________________

11. Agencies notified (as applicable):

   [ ] Fire Department  [ ] Local Program  [ ] DEP (district/person)

12. To the best of my knowledge and belief, all information submitted on this form is true, accurate, and complete.

   Printed Name of Owner, Operator or Authorized Representative: __________________________
   Signature of Owner, Operator or Authorized Representative: __________________________
Instructions for completing the Incident Notification Form

This form must be completed to notify the County of all incidents, or of the following suspected releases:

1. A failed or inconclusive tightness, pressure, or breach of integrity test,
2. Internal inspection results, including perforations, corrosion holes, weld failures, or other similar defects that indicate that a release has occurred.
3. Unusual operating conditions such as the erratic behavior of product dispersing equipment, the sudden loss of product from the storage tank system, or any unexplained presence of water in the tank, unless system equipment is found to be defective but not leaking;
4. Odors of a regulated substance in surface or groundwater, soils, basements, sewers and utility lines at the facility or in the surrounding area;
5. The loss of a regulated substance from a storage tank system exceeding 100 gallons on impervious surfaces other than secondary containment, driveways, airport runways, or other similar asphalt or concrete surfaces;
6. The loss of a regulated substance exceeding 500 gallons inside a dike field area with secondary containment;
7. A positive response of release detection devices or methods described in Rule 62-761.610, F.A.C., or approved under Rule 62-761.850, F.A.C. A positive response shall be the indication of a release of regulated substances, an exceedance of the Release Detection Response Level or a breach of integrity of a storage tank system.

If the investigation of an incident indicates that a discharge did not occur (for example, the investigation shows that the situation was the result of a theft or a malfunctioning electronic release detection probe), then a letter of retraction should be sent to the County within fourteen days with documentation that verifies that a discharge did not occur. If within 24 hours of an incident, or before the close of the County's next business day, the investigation of the incident does not confirm that a discharge has occurred, an Incident Report Form need not be submitted.

A copy of this form must be delivered or faxed to the County within 24 hours of the discovery of an incident, or before the close of the next business day. It is recommended that the original copy be sent in the mail. If the incident occurs at a county-owned facility, a copy of the form must be faxed or delivered to the local DEP District office.

DEP District Office Addresses:

Northwest District
160 Governmental Center
Pensacola, FL 32501-3794
Phone: 850-595-8360
FAX: 850-595-8417

Northeast District
7825 Baymeadows Way Suite B 200
Jacksonville, FL 32256-7396
Phone: 904-498-4300
FAX: 904-498-4366

Central District
3319 Maguire Blvd, Suite 232
Orlando, FL 32803-3767
Phone: 407-894-7555
FAX: 407-897-2966

Southwest District
3804 Coconut Palm Dr.
Tampa, FL 33619-2818
Phone: 813-744-6100
FAX: 813-744-6125

South District
2295 Victoria Ave Suite 364
Ft. Myers, FL 33901-2549
Phone: 813-332-6975
FAX: 813-332-6969

Southeast District
400 N. Congress Ave.
West Palm Beach, FL 33401-5425
Phone: 561-681-6600
FAX: 561-681-6790

(02/01/98)
Discharge Reporting Form

Instructions are on the reverse side. Please complete all applicable blanks.

1. Facility ID Number (if registered): _________________________________

2. Date of form completion: _________________________________

3. General information
   Facility name: ________________________________________________
   Facility Owner or Operator: _____________________________________
   Facility Contact Person: __________________ Telephone number: (_____) ________ County: __________________
   Facility Mailing address: ______________________________________
   Location of discharge (facility street address): ______________________
   Latitude and Longitude of discharge (if known): ____________________

4. Date of receipt of test results or discovery of confirmed discharge: month/day/year

5. Estimated number of gallons discharged: _________________________________

6. Discharge affected: [ ] Air [ ] Soil [ ] Ground water [ ] Drinking water well(s) [ ] Shoreline [ ] Surface water (water body name)

7. Method of discovery (check all that apply)
   [ ] Liquid detector (automatic or manual)
   [ ] Vapor detector (automatic or manual)
   [ ] Tightness test
   [ ] Pressure test
   [ ] Statistical Inventory Reconciliation

8. Type of regulated substance discharged: (check one)
   [ ] Unknown
   [ ] Used/waste oil
   [ ] Jet fuel
   [ ] Heating oil
   [ ] New/lube oil
   [ ] Gasoline
   [ ] Aviation gas
   [ ] Diesel
   [ ] Kerosene
   [ ] Mineral acid
   [ ] Hazardous substance - includes CERCLA substances from USTs above reportable quantities, pesticides, ammonia, chlorine, and derivatives
   (write in name or Chemical Abstract Service (CAS) number)
   [ ] Other ______________________________________________________

9. Discharge originated from a: (check all that apply)
   [ ] Dispensing system
   [ ] Pipe
   [ ] Barge
   [ ] Pipeline
   [ ] Vehicle
   [ ] Tank
   [ ] Fitting
   [ ] Tanker ship
   [ ] Railroad tankcar
   [ ] Airplane
   [ ] Unknown
   [ ] Valve failure
   [ ] Other Vessel
   [ ] Other
   [ ] Other ______________________________________________________

10. Cause of the discharge: (check all that apply)
    [ ] Loose connection
    [ ] Puncture
    [ ] Overfill
    [ ] Spill
    [ ] Collision
    [ ] Vehicle Accident
    [ ] Installation failure
    [ ] Other ______________________________________________________

11. Actions taken in response to the discharge:

12. Comments: ____________________________________________________

13. Agencies notified (as applicable):
    [ ] State Warning Point (904) 488-1320
    [ ] National Response Center 1-800-424-8802
    [ ] Fire Department. __________________________
    [ ] County Tanks Program ______________________
    [ ] DEP (district/person) ______________________

14. To the best of my knowledge and belief all information submitted on this form is true, accurate, and complete.

Printed Name of Owner, Operator or Authorized Representative __________________________

Signature of Owner, Operator or Authorized Representative __________________________
Oil spills to navigable waters of the United States and releases of a reportable quantities of CERCLA hazardous substances must be reported immediately to the National Response Center. Reports to the National Response Center of oil spills to navigable waters need not be repeated to any other federal, state, or local agency. Conditions at the site that do not involve spills to navigable waters of the United States, or CERCLA hazardous substances, that pose an immediate threat to human health or the environment must be reported to the State Warning Point or the Local Fire Department. Never-the-less, this form must be submitted for all discharges from facilities with storage tank systems, and sites in accordance with Chapters 62-761 and 770, F.A.C.

State Warning Point  
1-800-320-0519  
National Response Center  
1-800-424-8802  
Local Fire Department  
(obtain local number)

This form must be used to report any confirmed discharge, or of any one of the following, unless the discharge is from a previously-known and reported discharge:

1. Results of analytical or field tests of surface water, groundwater, or soils indicating the presence of contamination by:
   a. A hazardous substance from a UST;
   b. A regulated substance, other than petroleum products; or
   c. Petroleum products’ chemicals of concern specified in Chapter 62-770, F.A.C.;
2. A spill or overfill event of a regulated substance to soil equal to or exceeding 25 gallons, unless the regulated substance has a more stringent reporting requirement specified in CFR Title 40, Part 302;
3. Free product or sheen of a regulated substance present in surface or groundwater, soils, basements, sewers, and utility lines at the facility or in the surrounding area
4. Soils stained by regulated substances observed during a closure assessment performed in accordance with Rule 62-761.800, F.A.C.

A copy of this form must be delivered or faxed to the County within 24 hours of the discovery of a discharge, or before the close of the next business day. It is recommended that the original copy be sent in the mail. If the discharge occurs at a county-owned facility, a copy of the form must be faxed or delivered to the local DEP District office.

DEP District Office Addresses:

Northeast District  
7825 Baymeadows Way, Suite B 200  
Jacksonville, FL 32256-7590  
Phone: 904-807-3300  
FAX: 904-448-4366

Northwest District  
160 Governmental Center, Suite 308  
Pensacola, FL 32501-5794  
Phone: 850-595-8360  
FAX: 850-595-8417

Southwest District  
13051 North Telecom Parkway  
Temple Terrace, FL 33637-0926  
Phone: 813-632-7600  
FAX: 813-632-7665

South District  
2295 Victoria Ave, Suite 364  
FT Myers FL 33901-2549  
Phone: 239-332-6975  
FAX: 239-332-6969

Southeast District  
400 N. Congress Ave.  
West Palm Beach, FL 33401-5425  
Phone: 561-748-6600  
FAX: 561-781-6790

Central District  
3319 Maguire Blvd., Suite 232  
Orlando, FL 32803-3767  
Phone: 407-894-7555  
FAX: 407-897-6499
<table>
<thead>
<tr>
<th>Date (exact)</th>
<th>Month</th>
<th>Initials</th>
<th>(AST) Condition of Tank</th>
<th>(AST) Condition of components</th>
<th>(UST) Condition of tank: visible components</th>
<th>(AST or UST) Doublewall tank Outerwall</th>
<th>(AST) Containment Drain steel, closed &amp; locked</th>
<th>Spill Bucket</th>
<th>Doublewall spill bucket outerwall</th>
</tr>
</thead>
<tbody>
<tr>
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<td>Electronic, eg. Pneumercator, Veeder Root, Omntec, Incon</td>
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<td>Dipstick</td>
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<td>Gauge, eg. Krueger</td>
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<td></td>
<td>Gauge, eg. OPW VisiGauge</td>
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<tr>
<td>Color-coding, labeling</td>
<td>Vents</td>
<td>Single Wall Piping Condition of piping and singlewall aboveground</td>
<td>Generator Piping Condition of piping including supply &amp; return lines all the way to generator, includes soft lines and fittings.</td>
<td>Double Wall Piping Condition of piping outerwall</td>
<td>Dispenser liner</td>
<td>Overfill Protection</td>
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<tr>
<td>Visual</td>
<td>Visual</td>
<td>Visual</td>
<td>Visual</td>
<td>Piping port, visual</td>
<td>Visual</td>
<td>Factory level gauge</td>
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<td>Electronic, eg. Pneumercator, Veeder Root, Omntec, Incon</td>
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<td></td>
<td>Clock gauge, ensure proper calibration</td>
<td>Underground droptube flapper valve (visible when looking down into tube)</td>
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<td></td>
<td>Ball-float valve (cannot see)</td>
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</tbody>
</table>
## Monthly Release Detection Inspection Report

<table>
<thead>
<tr>
<th>Annual Tests Electronic monitoring/mechanical operability of any release detection:</th>
<th>(UST) Breach of Integrity Test</th>
<th>Additional Comments Specifics of anything unusual or needing attention, helpful to document test dates, etc.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Line leak detectors</td>
<td>Tests the tank outerwall Every 5 years</td>
<td></td>
</tr>
<tr>
<td>Electronic, eg. Pneumercator, Veeder Root, Omntec, Incon</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Mechanical gauges: Visi-gauge, Krueger leak gauge</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Rupture basin switch (double-wall sub-base generators)</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Storage Tank System Third Party Liability And Cleanup Policy

Declarations
Claims Made Coverage

Policy Number: USC 4877693 00

Item 1. Named Insured and Mailing Address: Producer:

Item 2. Policy Period: From: 01/30/2012 To: 01/30/2013
12:01 am Standard Time at the address of the NAMED INSURED

Item 3. LIMITS OF LIABILITY: Each Claim
$1,000,000
Total for all Claims
$1,000,000

Item 4. DEDUCTIBLE: Each Claim
$

Item 5. SCHEDULED STORAGE TANK SYSTEMS: See attached schedule of storage tank systems attachment.

Item 6. FORMS AND ENDORSEMENTS: See attached forms schedule

Item 7. POLICY PREMIUM: $ 43

Item 8. RETROACTIVE DATE: See attached schedule of storage tank systems attachment.

Item 9. EXTENDED REPORTING PERIOD: Refer to the applicable coverage section of your policy.

Please note that if a Financial Compliance Certificate of insurance has been issued with this policy the Each Claim and Total for all Claims Limit of Liability referred to in Item 3., above shall also be known as the Each Occurrence and Annual Aggregate Limits of Liability.
Scheduled Location(s) Retroactive Date(s)

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>00</td>
<td>01/30/2012</td>
<td>01/30/2013</td>
<td>01/30/2012</td>
<td></td>
<td>$0</td>
<td>$0</td>
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</tbody>
</table>

Named Insured and Mailing Address:  
Producer:  

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

This endorsement modifies insurance provided by the following:

Storage Tank System Third Party Liability and Cleanup Policy

In consideration of the payment of premium and the Deductible by you and in reliance upon the statements in the Application made a part hereof, we agree with you, subject to all the terms, exclusions and conditions of the policy, that the Declarations shall be amended to include the following "scheduled location(s)" and "retroactive date(s)"

See Attached Scheduled Locations Attachment which is incorporated to and made a part of this Endorsement.

The "retroactive date" shall be the earliest date that a "release" can occur for coverage to be provided under the policy. If no entry appears in the "retroactive date" then the "retroactive date" shown in the Declarations shall apply or if N/A appears in the "retroactive date" then a "retroactive date" shall not apply to the policy or that specific "scheduled location".

All other terms and conditions of the policy shall apply and remain unchanged.
Scheduled Storage Tank Systems Attachment

Policy Number: 
Named Insured: 
Location Number: FL1
Location Name: 
Location Address: 

Total Number of Tanks: 001

<table>
<thead>
<tr>
<th>Tank #</th>
<th>Type</th>
<th>Installation Date</th>
<th>Capacity</th>
<th>Contents</th>
<th>Cleanup Costs Retroactive Date</th>
<th>Bodily Injury &amp; Property Damage</th>
<th>Cleanup Costs excluding Cleanup Costs Retroactive Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>UST</td>
<td>12/01/2010</td>
<td>20,000</td>
<td>Diesel Gasoline</td>
<td></td>
<td>Bodily Injury &amp; Property Damage</td>
<td>Retrospective Date</td>
</tr>
</tbody>
</table>

Retroactive Date

01/30/2012

01/30/2012