**ADEM**

**ANNUAL WALKTHROUGH INSPECTION CHECKLIST**

**LOG FOR YEAR**

Questions on how to complete this form should be directed to the Groundwater Branch, UST Compliance Section at (334) 270-5655

### Facility Name:  
Owner: 
City, County, Zip:  
Address:  
Facility I.D.:  
City, State, Zip:  
Phone #:  
Inspector Name:  
Inspector Phone #:  
Inspector Company: 

### Instructions

1. This form allows you to record up to 5 ADEM Unique Tank Numbers, assuming that the Facility ID Number remains the same.
2. Complete portion of form pertaining to type of equipment inspected for each tank.
3. Inspection must be performed in accordance with a nationally recognized code of practice (such as PEI RP-900, or equivalent), manufacturer's instructions, or ADEM requirements.
4. Keep a record copy of this inspection for 1 year.

#### ADEM Unique Tank # or Dispenser #

#### Product Stored

#### Site Using Interstitial Leak Detection for Piping?

- [ ] yes  
- [ ] no

#### Containment Sump Inspection

| Type of containment sump inspected | [ ] sub pump  
|                                  | [ ] intermediate  
|                                  | [ ] dispenser  
| Visually checked sump for damage? | [ ] yes  
|                                  | [ ] no
| Integrity of both walls of double walled sump verified by checking interstitial space for leaks? | [ ] yes  
|                                  | [ ] no  
| Sump checked for leaks of water or fuel into the containment area? | [ ] yes  
|                                  | [ ] no
| Water, fuel and/or debris found in sump? | [ ] yes  
|                                  | [ ] no
| Water, fuel and/or debris removed from sump and disposed of properly? | [ ] yes  
|                                  | [ ] no  
| Visually checked sump for any releases to the environment? | [ ] yes  
|                                  | [ ] no
| All penetrations (boots, conduits, etc.) into sump in good condition? | [ ] yes  
|                                  | [ ] no  
| Piping interstitial space open to sump to allow piping leak of product to enter sump? | [ ] yes  
|                                  | [ ] no  
| Sensors positioned properly near bottom of sump? | [ ] yes  
|                                  | [ ] no
| Visible piping in good condition? | [ ] yes  
|                                  | [ ] no
| Inspector's initials and date inspected | [ ] /  
|                                  | [ ] /  
|                                  | [ ] /  
|                                  | [ ] /

#### Hand Held Release Detection Equipment Inspection

| Type of hand held release detection equipment | [ ] gauge stick  
|                                             | [ ] groundwater bailer  
|                                             | [ ] other (specify):  
| Results of operability and serviceability inspection | [ ] pass  
|                                             | [ ] fail  
| Inspector's initials and date inspected | [ ] /  
|                                  | [ ] /

#### Repairs Needed

| Description of any Repairs | [ ] /  
| Date of Repair | [ ] /

* n/a only for sites with double wall piping not using interstitial leak detection.

ADEM Form 19 3/11 (revised 3/18)