MONITORING SYSTEM CERTIFICATION

For Use By All Jurisdictions Within the State of California
Authority Cited: Chapter 6.7, Health and Safety Code; Chapter 16, Division 3, Title 23, California Code of Regulations

This form must be used to document testing and servicing of monitoring equipment. A separate certification or report must be prepared for each monitoring system control panel by the technician who performs the work. A copy of this form must be provided to the tank system owner/operator. The owner/operator must submit a copy of this form to the local agency regulating UST systems within 30 days of test date.

A. General Information

Facility Name: _____ Bldg. No.:_____

Site Address: _____ City: _____ Zip: _____

Facility Contact Person: _____ Contact Phone No.: (_____)_____

Make/Model of Monitoring System: _____ Date of Testing/Servicing: ____/____/____

B. Inventory of Equipment Tested/Certified

Check the appropriate boxes to indicate specific equipment inspected/serviced:

Tank ID: _____ ❑ In-Tank Gauging Probe. Model: _____ ❑ Annular Space or Vault Sensor. Model: _____ ❑ Piping Sump / Trench Sensor(s). Model: _____ ❑ Fill Sump Sensor(s). Model: _____ ❑ Mechanical Line Leak Detector. Model: _____ ❑ Electronic Line Leak Detector. Model: _____ ❑ Tank Overfill / High-Level Sensor. Model: _____ ❑ Other (specify equipment type and model in Section E on Page 2).	**Tank ID**: _____ ❑ In-Tank Gauging Probe. Model: _____ ❑ Annular Space or Vault Sensor. Model: _____ ❑ Piping Sump / Trench Sensor(s). Model: _____ ❑ Fill Sump Sensor(s). Model: _____ ❑ Mechanical Line Leak Detector. Model: _____ ❑ Electronic Line Leak Detector. Model: _____ ❑ Tank Overfill / High-Level Sensor. Model: _____ ❑ Other (specify equipment type and model in Section E on Page 2).
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Dispenser ID: _____ ❑ Dispenser Containment Sensor(s). Model: _____ ❑ Shear Valve(s). ❑ Dispenser Containment Float(s) and Chain(s).	**Dispenser ID**: _____ ❑ Dispenser Containment Sensor(s). Model: _____ ❑ Shear Valve(s). ❑ Dispenser Containment Float(s) and Chain(s).
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*If the facility contains more tanks or dispensers, copy this form. Include information for every tank and dispenser at the facility.

C. Certification

- I certify that the equipment identified in this document was inspected/serviced in accordance with the manufacturers' guidelines. Attached to this Certification is information (e.g. manufacturers' checklists) necessary to verify that this information is correct and a Plot Plan showing the layout of monitoring equipment. For any equipment capable of generating such reports, I have also attached a copy of the report; *(check all that apply)*: ❑ System set-up ❑ Alarm history report

Technician Name (print): _____ Signature: _____

Certification No.: _____ License. No.: _____

Testing Company Name: _____ Phone No.:(_____)_____

Site Address: _____ Date of Testing/Servicing: ____/____/____

Monitoring System Certification

D. Results of Testing/Servicing

Software Version Installed: _____

Complete the following checklist:

❑ Yes	❑ No*	Is the audible alarm operational?
❑ Yes	❑ No*	Is the visual alarm operational?
❑ Yes	❑ No*	Were all sensors visually inspected, functionally tested, and confirmed operational?
❑ Yes	❑ No*	Were all sensors installed at lowest point of secondary containment and positioned so that other equipment will not interfere with their proper operation?
❑ Yes	❑ No* ❑ N/A	If alarms are relayed to a remote monitoring station, is all communications equipment (e.g. modem) operational?
❑ Yes	❑ No* ❑ N/A	For pressurized piping systems, does the turbine automatically shut down if the piping secondary containment monitoring system detects a leak, fails to operate, or is electrically disconnected? If yes: which sensors initiate positive shut-down? *(Check all that apply)* ❑ Sump/Trench Sensors; ❑ Dispenser Containment Sensors. Did you confirm positive shut-down due to leaks and sensor failure/disconnection? ❑ Yes; ❑ No.
❑ Yes	❑ No* ❑ N/A	For tank systems that utilize the monitoring system as the primary tank overfill warning device (i.e. no mechanical overfill prevention valve is installed), is the overfill warning alarm visible and audible at the tank fill point(s) and operating properly? If so, at what percent of tank capacity does the alarm trigger? _____%
❑ Yes*	❑ No	Was any monitoring equipment replaced? If yes, identify specific sensors, probes, or other equipment replaced and list the manufacturer name and model for all replacement parts in Section E, below.
❑ Yes*	❑ No	Was liquid found inside any secondary containment systems designed as dry systems? *(Check all that apply)* ❑ Product; ❑ Water. If yes, describe causes in Section E, below.
❑ Yes	❑ No*	Was monitoring system set-up reviewed to ensure proper settings? Attach set up reports, if applicable
❑ Yes	❑ No*	Is all monitoring equipment operational per manufacturer's specifications?

*** In Section E below, describe how and when these deficiencies were or will be corrected.**

E. Comments: _____

F. In-Tank Gauging / SIR Equipment:

❑ Check this box if tank gauging is used only for inventory control.
❑ Check this box if no tank gauging or SIR equipment is installed.

This section must be completed if in-tank gauging equipment is used to perform leak detection monitoring.

Complete the following checklist:

❑ Yes	❑ No*	Has all input wiring been inspected for proper entry and termination, including testing for ground faults?
❑ Yes	❑ No*	Were all tank gauging probes visually inspected for damage and residue buildup?
❑ Yes	❑ No*	Was accuracy of system product level readings tested?
❑ Yes	❑ No*	Was accuracy of system water level readings tested?
❑ Yes	❑ No*	Were all probes reinstalled properly?
❑ Yes	❑ No*	Were all items on the equipment manufacturer's maintenance checklist completed?

*** In the Section H, below, describe how and when these deficiencies were or will be corrected.**

G. Line Leak Detectors (LLD):

❑ Check this box if LLDs are not installed.

Complete the following checklist:

❑ Yes	❑ No* ❑ N/A	For equipment start-up or annual equipment certification, was a leak simulated to verify LLD performance? *(Check all that apply)* Simulated leak rate: ❑ 3 g.p.h.; ❑ 0.1 g.p.h ; ❑ 0.2 g.p.h.
❑ Yes	❑ No*	Were all LLDs confirmed operational and accurate within regulatory requirements?
❑ Yes	❑ No*	Was the testing apparatus properly calibrated?
❑ Yes	❑ No* ❑ N/A	For mechanical LLDs, does the LLD restrict product flow if it detects a leak?
❑ Yes	❑ No* ❑ N/A	For electronic LLDs, does the turbine automatically shut off if the LLD detects a leak?
❑ Yes	❑ No* ❑ N/A	For electronic LLDs, does the turbine automatically shut off if any portion of the monitoring system is disabled or disconnected?
❑ Yes	❑ No* ❑ N/A	For electronic LLDs, does the turbine automatically shut off if any portion of the monitoring system malfunctions or fails a test?
❑ Yes	❑ No* ❑ N/A	For electronic LLDs, have all accessible wiring connections been visually inspected?
❑ Yes	❑ No*	Were all items on the equipment manufacturer's maintenance checklist completed?

*** In the Section H, below, describe how and when these deficiencies were or will be corrected.**

H. Comments: _____

_____

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COUNTY OF VENTURA ENVIRONMENTAL HEALTH DIVISION
800 S. VICTORIA AVE., VENTURA, CA 93009-1730
DIAL TOLL FREE 800/680-5475, THEN ENTER "805/654-2435" FAX #: 805/477-1595
INTERNET WEBSITE ADDRESS: www.ventura.org/env_hlth/env.htm

UNDERGROUND STORAGE TANK PROGRAM
MONITORING SYSTEM CERTIFICATION
COUNTY ADDENDUM

FACILITY NAME: _____ PERMIT NO.: _____

SITE ADDRESS: _____

DATE OF TESTING: _____

VCEHD must be present at least annually to witness the facility's Monitoring System Certification. VCEHD strongly recommends faxing (see top of page) or e-mailing (see bottom of page) the facility monitoring system certification date and time, and obtaining inspection confirmation from the Hazardous Materials Program District Inspector. District Inspectors are not available on weekends, holidays, and after normal business hours.

This form must be used in conjunction with the attached State Water Resources Control Board – MONITORING SYSTEM CERTIFICATION FORM. Ventura County Environmental Health Division (VCEHD) has local UST monitoring system policies that are more stringent than State statute and regulation. VCEHD requires monitoring systems to adhere to local policies. Check the appropriate areas. All "NO" answers must be explained.

1. Tank annular sensor(s) produced an audible and visual alarm and turbine shutdown when put into an alarm condition?
   YES _____ NO _____ (If no, describe)

2. Turbine shutdown for all products when the monitoring system failed or was electrically disconnected?
   YES _____ NO _____ (If no, describe)

3. Circuit breaker panel switch for the monitoring system was properly labelled?
   YES _____ NO _____ (If no, describe)

4. Automatic Tank Gauging (ATG) system used as primary leak detection was tested by simulating a 0.2 or 0.1 gallon per hour release (depending on the chosen monitoring method) and demonstrated audible and visual alarm and turbine shutdown upon detecting an alarm condition?
   YES _____ NO _____ (If no, describe)

VCEHD requires sensors to be tested with the product the sensor is monitoring. Failure to demonstrate a complete monitoring system certification will result in a complete monitoring system certification <u>re-inspection</u>. Submit a copy of the completed VCEHD Monitoring Addendum and Monitoring System Certification Form within 30 days of the test date.

Reviewed by VCEHD Inspector _____ Date: _____