



NEW JERSEY SMALL BUSINESS
ENVIRONMENTAL ASSISTANCE PROGRAM

**New Jersey Fuel Dispensing Facilities
Compliance Calendar
2020**

Welcome

The New Jersey Small Business Environmental Assistance Program developed this guidance document to help Fuel Dispensing Facilities comply with regulatory requirements for the transfer of fuel. We hope that you find this compliance calendar to be a helpful tool for your daily, weekly, monthly and annual record keeping obligations. Please feel free to contact us with any questions or comments regarding this compliance calendar.

Important Notes: The compliance calendar has new rules added to the calendar and more updates will continue to be added.

UST Rules: Complete **Underground Storage Tanks** (USTs) rules are available in the U.S. Code, Title 42, Chapter 82, Subchapter IX. Go to: <http://www.epa.gov/oust/fedlaws/index.htm> and for additional information use the link <http://www.nj.gov/dep/rules/notices/20170515a.html>

Operator Training: The training is required by federal law in New Jersey, and is intended to ensure that those who own and operate underground tanks understand how to operate and maintain UST systems properly. **Training and passing the UST A/B exam is required by October 13, 2018. After a designated A/B Operator has passed the exam, the facility needs to update their tank registration.** Class A and Class B operators must be trained within 30 days after assuming operation and maintenance responsibilities at the underground storage tank system.

Air Rules: The Department proposes to repeal t-butyl acetate (TBAC) emissions reporting and recordkeeping requirements. Amendments to major and minor source permitting requirements expressly state that the terms of the preconstruction permit are incorporated into and become part of the operating permit, and provide that the Department will publish public notice of a draft operating permit by posting the notice on its website

<http://www.nj.gov/dep/rules/proposals/20170703a.pdf>

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Facility Information:

Owner Name: _____ **Business Telephone:** _____
Company Name: _____ **Facility ID #** _ _ _ _ _
Facility Address: _____ **Installation Date:** _____
Stage II Vapor Recovery System: Vapor Balance Vacuum Assist EVR

| | Contents (Gasoline, and/or E85, Diesel, or Kerosene) | Tank Capacity |
|----------------|--|---------------|
| Tank 1: | | |
| Tank 2: | | |
| Tank 3: | | |
| Tank 4: | | |

Instructions for Use

This compliance calendar has been developed to help gas stations comply with record keeping required by the Air General Permit for the NJ Vapor Recovery Program for Fuel Dispensing Facilities (GP-004A) and (GP-004B). Please review your facility's air permit compliance plan for all conditions, requirements and submissions.

This document does not replace or supercede N.J.A.C. 7:27-16 et seq. GP-004, GP-004A or (GP-004B). If there are any discrepancies between this compliance calendar and your existing permit requirements or other New Jersey regulations, the permits and regulations take precedence. For more information on general permits and air regulations please visit www.nj.gov/dep/aqpp/.

Additionally, gas stations with underground storage tanks (UST) must comply with UST regulations. This compliance calendar provides limited guidance on the transfer of fuel into an UST, but it is not intended as a compliance assistance tool for other UST regulations. Release detection, corrosion protection, installation, closure, site remediation and other UST regulations are not components of this compliance calendar. For more information on UST regulations please visit <http://www.nj.gov/dep/srp/regs/>

Please report any errors or inconsistencies in this compliance calendar to the Small Business Assistance Program at (609) 633-0631 or (877) 753-1151

Best Management Practices (BMP) & Complying with NJDEP Regulations

- Do Not Top-Off:** Topping-off may result in a liquid blockage decreasing vapor control effectiveness and subsequent fines.
- Liquid Extractors Must Be Used:** if the hose hangs more than 10 inches from bottom of the nozzle when hanging in the holster.
- Remove Pump Covers:** When checking for leaks on a daily basis, remove the pump covers.
- Equipment Replacements Must Be Compatible:** When replacing individual components of a vapor recovery system, refer to the CARB EO for compatibility with the current system.
- Must have a current and valid UST registration and Financial Responsibility (Tank Insurance).**
- Must have Important Documents On Site:** NJ DEP Air Certificate, Vapor Recovery Inspection Logs, CARB EOs, Vapor Recovery Equipment Testing Results, Equipment Change Logs, Release Response Plan, UST Registrations, and current Financial Responsibility (aka: Tank Insurance).
- Keep Spill Buckets Clean:** Spill catchment basins must be clear of fuel, water and debris otherwise fuel deliveries must be refused. Monitor the fuel delivery. The transfer operation is monitored constantly to avoid spilling and overfilling.
- Test Release Detection System:** Is your release detection equipment working properly? Run a quick “self-test” of the ATG to verify it’s working properly. Check your manual dipstick to make sure it’s not warped or worn. Have a passing release detection test every 30 days. Maintain the release detection system according to manufacturer’s specifications.
- Retractors:** Must work properly otherwise they are not in compliance with CARB Executive Order (EO).
- Overfill Protection options:** Do you have an alarm? (if you have one): Is your overfill alarm outside, easily seen or heard and working? Or do you have flow restrictors or flapper valves? Be sure they are functioning properly.
- Cathodic Protection System (if you have one):** Is your cathodic protection system turned on? For impressed current check your rectifier at least every 60 days and keep a record. Test your cathodic protection every 3 years. If your cathodic protection fails, you need to repair and apply for a Substantial Modification Permit. The sub mod permit can be found at <http://www.nj.gov/dep/srp/forms/ust/>
- Fill and Monitoring Ports:** Are covers and caps tightly sealed and locked? Are you checking the fillports before and after a delivery ensuring that no product, water, or debris exist in the ports? Do you keep records? All fill ports must be permanently marked to identify the product inside the tank system.
- Spill and Overfill Response Supplies:** Do you have the appropriate supplies for cleaning up a spill or overfill?
- Dispenser Hoses, Nozzles, and Breakaways:** Are they in good condition and working properly? Do you check them daily for any damage such as tears or leaks? Keep daily records. Keep records for repairs.
- Dispenser Sumps & Piping/Turbine Sumps:** Any signs of leaking? Are the sumps clean and empty? Keep monthly records for the piping/turbine sumps.

**If you find any problems during a self-inspection,
You or your equipment contractor must take action quickly to resolve the problems and avoid serious releases.**

Air Permitting Requirements for Fueling Stations

All Fueling Stations Require a Valid Air Permit

(Note: A New General Air Permit “GP-004B” has been adopted when a facility decommissions Stage II replacing GP-004A)

- Marinas with individual gasoline storage tanks equal to or greater than 2,000 gallons maximum capacity equipped with Stage I Vapor Control.
- Facilities with individual gasoline storage tanks equal to or greater than 2,000 gallons maximum capacity equipped with Stage I Vapor Control and were constructed prior to June 29, 2003. The facility must not have, and has never had, for any 12-month period subsequent to February 6, 1989, an average monthly throughput of greater than 10,000 gallons (37,850 liters).

NOTE: Storage, transfer and dispensing of diesel fuel and kerosene may be included in this General Permit but does not require Stage I Controls.

www.nj.gov/dep/aqpp/gp.html (When GP-014 expires, GP-014 will not be able to be renewed, apply for GP-004A, unless you decommission them apply for GP-004B).

- GP-004A:** GP-004A is available, GP-004 and GP-014 cannot be renewed. GP-004A is only a Paper Form for Fuel Dispensing Facilities Equipped with Phase I and Phase II Vapor Recovery Control Systems (Options FD-4A-4 and FD-4A-5 Only) (When GP-004 expires, GP-004 will not be able to be renewed, apply for GP-004A or GP-004B if Decommissioning Stage II).

GP-004A has the following permitting options:

9 million gallons or less of annual throughput for gasoline storage tank(s) & dispensing equipment with Stage I & II Vapor Control Systems; or

15 million gallons or less of annual throughput for gasoline storage tank(s) & dispensing equipment with Stage I & II Vapor Control Systems with an additional vapor recovery system control

COST: \$820 www.nj.gov/dep/aqpp/gp.html.

- GP-004B:** GP-004B is available, GP-004B has the following permitting options for decommission of Stage II:

Marina gasoline storage tank(s) equipped with a Phase I vapor recovery control system used exclusively for refueling marine vehicles;

Airport gasoline storage tank(s) equipped with a Phase I vapor recovery control system used exclusively for refueling of aircraft;

Fuel service station gasoline storage tank(s) equipped with a Phase I vapor recovery control system having an annual facility throughput less than or equal to 20,000,000 gallons;

COST: \$820 www.nj.gov/dep/aqpp/gp.html.

- Pre-Construction Permit (PCP):** Fueling stations can obtain a PCP if they want a fuel throughput limit which exceeds the limit of a general permit or if the facility is ineligible for a general permit.

COST: \$2527 for gasoline tank + \$590 for each additional piece + \$2527 Risk Assessment fee.

Note: Stage I vapor recovery equipment must comply with NJAC 7:27-16.3 on all regulated gasoline tanks at the facility.

Stage II vapor recovery equipment must comply with NJAC 7:27-16.3 on all regulated gasoline dispensing equipment at the facility.

Transferring Ownership of a Gasoline Station Facility

- Within 120 days after the sale of a gasoline station facility a Non-Technical Amendment must be submitted to the NJDEP to transfer the ownership of any air permits.

cost: \$173 (the form can be downloaded at: <https://www.state.nj.us/dep/aqpp/applying.html>)

Decommission of Stage II

- At least 14 days prior to commencing work to decommission, the owner or operator of the gasoline dispensing facility shall notify the Department by e-mail to 14dayUSTnotice@dep.nj.gov and include the name, address, and registration number of the facility, name and contact information for the owner and operator, the name and contact information of the certified individual and business conducting the decommissioning, and the date on which the decommissioning is scheduled to begin; and
- Within 14 days after decommissioning is complete, the owner or operator of the gasoline dispensing facility shall notify the Department by e-mail to 14dayUSTnotice@dep.nj.gov and include the name, address, and registration number of the facility, name and contact information for the owner and operator, the name and contact information of the certified individual and business conducting the decommissioning, the date on which the decommissioning was conducted and a decommissioning checklist in accordance with PEI/RP300-09, or a checklist that may be amended by the Department as applicable.
- Apply for GP-004B and follow the compliance plan The Permittee shall ensure that at a gasoline dispensing facility, each nozzle is a CARB-certified enhanced conventional (ECO) nozzles in accordance with CARB certification procedure CP-207, as supplemented or amended. If no nozzle is CARB-certified at the time of the installation, or nozzle replacement, a conventional nozzle may be installed.
- The Permittee shall ensure that during the transfer of gasoline into any gasoline-laden vehicular fuel tank, any person refueling a vehicle prevents overfilling and spillage and does not allow the transfer of gasoline to continue after the nozzle automatic shut-off point.
- For GDF constructed on or before November 9, 2006, the transfer of gasoline to the Storage tank shall be made through a Submerged fill pipe permanently affixed to the tank and with a discharge that is no more than 12 inches from the tank bottom. Submerged fill pipes not meeting the 12 inch specification of this section are allowed if the owner or operator demonstrates that the liquid level in the tank is always above the entire opening of the fill pipe.
- For GDF constructed after November 9, 2006, the transfer of gasoline to the Storage tank shall be made through a Submerged fill pipe permanently affixed to the tank and with a discharge that is no more than 6 inches from the tank bottom. Submerged fill pipes not meeting the 6 inch specification of this section are allowed if the owner or operator demonstrates that the liquid level in the tank is always above the entire opening of the fill pipe.
- Testing Requirements for GDF required to have a vapor recovery system under 16.3(d): Permittee shall conduct and pass a Pressure Vacuum Valve Test, Torque Test, Static Pressure and Performance Test pursuant to California Air Resource

Vapor Recovery Equipment/Control Device Specifications

Stage I:

Transfer of gasoline and/or E85 from any delivery vessel into any stationary storage tank having a maximum capacity of 2,000 gallons or greater shall occur only if such storage tank is equipped with and operating the following emission controls:

- A permanently affixed submerged fill pipe or bottom fill pipe.
- A vapor control system that reduces the total applicable VOC emissions into the outdoor atmosphere by no less than 98 % of the applicable VOC by volume in the air vapor mixture displaced during the transfer of gasoline; and
- A pressure/vacuum relief valve on each atmospheric vent which remains closed during the gasoline transfer; or
- A floating roof tank.
- Requirements for Gasoline Storage Tanks: GDF which commenced on or before June 29, 2003 shall keep a facility monthly throughput of less than 10,000 gallons in any month requires only stage I.
- GDF, the Permittee must minimize spills, clean up spills expeditiously; cover gasoline containers and storage tanks fill pipes with gaskets seal and minimize gasoline sent to open collection systems.
- Above ground fuel storage tank(s) exposed to the sun's rays must be painted white. Visually inspect every 6 months.
- All hoses, piping, connections, fittings and manholes shall be tight and leak free, except when gauging or sampling is performed.
- The dispensing devices, associated hoses, and nozzles shall be maintained according to manufacturer's specifications. Inspect the dispensing devices daily for liquid or vapor leaks.
- New & replaced tanks constructed on or after May 13, 2013 must be equipped with a dual point (no coaxial) vapor recovery system.

Stage I: Vapor Recovery Equipment/Control Device Specifications Continued

- The pressure/vacuum relief valves on each atmospheric vent shall remain closed during transfer operations except when the positive cracking pressure is exceeded. The specifications of the system shall be: Positive pressure setting of 3.0 +/-0.5 inches water column Negative pressure setting of 8.0 +/- 0.5 inches water Column.
- GDF constructed on or before November 9, 2006, the transfer of gasoline to the storage tank shall be made through a submerge fill pipe permanently affixed to the tank and with a discharge that is no more than 12 inches for pipes.
- GDF constructed after November 9, 2006, the transfer of gasoline to the storage tank shall be made through a submerge fill pipe permanently affixed to the tank and with a discharge that is no more than 6 inches for pipes.
- GDF with monthly throughput >100,000 gallons of gasoline and or E-85, the vapor recovery and product adoptors and the method of connection with the delivery elbow, shall be designed so as to prevent the over tightening or loosening of fittings during normal delivery operation.

- GDF with monthly throughput >100,000 gallons of gasoline and or E-85, the vapors line from the gasoline storage tank to the gasoline cargo shall be vapor tight.
- GDF with a monthly throughput >100,000 gallons of gasoline and or E-85, all vapor connections and lines on the storage tank shall be equipped with closures that seal upon disconnect.
- GDF with a monthly throughput >100,000 gallons of gasoline and or E-85, Liquid fill connections for all systems shall be equipped with vapor-tight caps.
- For GDF with a monthly throughput >100,000 gallons of gasoline and or E-85, Pressure/vacuum (PV) vent valves shall be installed on the storage tank vent pipes. The pressure specifications for PV vent valves shall be: a positive pressure setting of 2.5 to 6.0 inches of water and a negative pressure setting of 6.0 to 10.0 inches of water. The total leak rate of all PV vent valves at an affected facility, including connections, shall not exceed 0.17 cubic foot per hour at a pressure of 2.0 inches of water and 0.63 cubic foot per hour at a vacuum of 4 inches of water.
- GDF with a monthly throughput >100,000 gallons of gasoline and or E-85, must be equipped with a dual point (no coaxial) vapor balance system for GDF or tanks constructed after November 9, 2006, and reconstructed GDF.
- GDF with a monthly throughput >15,000,000 gallons of gasoline per year or greater the stack height above the ground shall be 12 ft or greater.

Stage II: Transfer of gasoline and/or E85 into any gasoline vapor laden vehicular fuel tank must be made only if such operation is equipped with a vapor control system that meets the following conditions:

- A vapor control system that reduces the total applicable VOC emissions into the outdoor atmosphere by no less than 95 % of the applicable VOC by volume in the air vapor mixture displaced during the transfer of gasoline; and
- The system prevents overfilling and spillage.
- The system has been California Air Resource Board (CARB) Certified and is operated in accordance with manufacturer's specifications.
- Each dispensing device and its nozzle(s) at all GDFs shall be equipped with a check valve in the dispenser nozzle. The nozzle together with its vapor boot fits into the housing in which it is hung on the dispensing device; and the nozzle's vapor check valve remains in the closed position when the nozzle is properly hung on the dispensing device.
- Each nozzle at all GDFs with a vacuum assist vapor control system shall be equipped with a splash guard that prevents spillage during refueling on each nozzle at the facility. The nozzle together with its vapor boot fits into the housing in which it is hung on the dispensing device; and the nozzle's vapor check valve remains in the closed position when the nozzle is properly hung on the dispensing device.
- Each dispensing device at a new GDF that dispenses more than one grade of gasoline shall utilize a unihose system if the GDF was constructed or reconstructed on or after June 29, 2003.
- Each dispenser shall be equipped with breakaways.

Fuel Throughput Limits:

- Pre-Construction Permits (PCPs): PCPs are individual permits and have site specific requirements. Please check your PCP compliance plan for your facility's throughput limit.
- GP-004A: The General Permit - 004A allows GDFs with Stage I & II vapor controls with throughput options of 9 million gallons of gasoline per consecutive 12-month period year or 15 million gallons of gasoline per consecutive 12-month period year.
- GDFs choosing the 15 million gallons of annual throughput under pending GP-004A must have an additional vapor recovery system (i.e., hydrocarbon vapor membrane), which operates in conjunction with the Stage I & II vapor recovery systems and on-board refueling vapor recovery, capable of reducing emissions and recovering gasoline vapors at greater than or equal to 95% recovery efficiency.
- GP-004B The General Permit allows Phase I Vapor Recovery System with Stage I and on-board refueling vapor recovery, capable of reducing emissions and recovering gasoline vapors at greater than or equal to 98% recovery efficiency. The annual throughput shall not exceed the gallons of gasoline per consecutive 12 month period year specified by the Permittee in the online registration.

Vapor Recovery Equipment Record Keeping

All vapor recovery equipment located at the facility must be California Air Resource Board (CARB) Certified and operate in accordance with manufacturer's specifications [N.J.A.C 7:27-16.3(e)2]. In order to comply with this requirement you must keep the following records:

1. You must have on site the manufacturer's specifications demonstrating vapor control compliance with gasoline transfer requirements for both Stage I and Stage II equipment. (See the previous page for required equipment specifications)
2. A Copy of the CARB Executive Order for each Stage II Vapor Recovery system shall be maintained on site for the life of the equipment and made available to the Department upon request. (Executive Orders can be found online at: www.arb.ca.gov/vapor/eo.htm)
3. Any of the following changes listed below must be recorded in either a log book or in readily accessible computer memories listing a description of the change and the date on which it occurred. These records shall be made available to the Department upon request:
 - Replacement of any existing gasoline tank(s),
 - Addition of any new gasoline tank(s),
 - Change of material stored
 - Records of these changes must be maintained on site for a minimum of 5 years.
4. Vapor Recovery Equipment Testing must be conducted within 90 days when any of the above listed changes are conducted (see the following page for testing requirements).

Equipment Change Log for 2020

| Description of Equipment Change | Date of Change |
|---------------------------------|----------------|
| | |
| | |
| | |
| | |
| | |
| | |
| | |

Records of these changes must be maintained on site for a minimum of 5 years.

Vapor Recovery Equipment Testing

All Gasoline Dispensing Facilities (GDF) Shall Conduct And Pass The Following Tests: **

| Name of Test | Testing Protocol | Testing frequency |
|---------------------------------------|--|--|
| Static Pressure Performance Test | CARB TP-201.3 (GP-004A and GP-004B) | at least once in every 12 month period * |
| Pressure Vacuum Valve Test | CARB TP-201.E or (GP-004A and GP-004B) allows pressure vacuum valve replacement every two years*** | at least once in every 12 month period * |
| Torque Test | CARB TP-201.B (GP-004B only)(Single Point Exempt) | at least once in every 12 month period * |
| Dynamic Backpressure Performance Test | CARB TP-201.4 (GP-004A only) | at least once in every 36 month period * |

GDFs Using Vacuum Assist Systems Shall Conduct And Pass An Additional Test: **

| | | |
|---------------------------------|------------------------------|--|
| Air to Liquid Volume Ratio Test | CARB TP-201.5 (GP-004A only) | at least once in every 12 month period * |
|---------------------------------|------------------------------|--|

Vapor Recovery Equipment Testing Log

All vapor recovery equipment located at the facility must be tested for compliance with California Air Resource Board (CARB) performance standards and specifications. The facility must maintain test results, which include date of the test, the time the test was conducted and the results. All records, including test results, must be maintained on site for at least three to five years (Read your Permit) and made available to the department upon request.

| Name of Test | Date of Test | Time of Test | Result of Test (Pass / Fail) |
|--------------|--------------|--------------|------------------------------|
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

Important Notes:

* All vapor recovery equipment must be tested within 90 days of the following changes:

- installation of Gasoline Stage II Vapor Recovery System;
- replacement of any existing gasoline tank(s);
- addition of any new gasoline tank(s);
- replacement of any underground vapor return lines; or
- change of material stored from diesel or kerosene to gasoline.

** Upon failure of the test the Permittee shall repair and retest any vapor control system within 14 days of failure. Upon failure of the retest the Permittee shall notify the Department in writing within 72 hours of the failure to NJDEP.

*** Refer to your air permit for requirements.

Fueling Stations Record Keeping

Vapor and Liquid Leaks and Equipment Repair Record Keeping

Inspections: The NJDEP requires inspection of your dispensing equipment during the days of operation, such as: pumps, nozzles, bellows, hoses, breakaways, and swivels. Record the results if a leak was detected or no leak was detected. If a vapor or liquid leak is detected the leaking equipment must be taken out of service until the necessary repairs are completed. Be sure to record the results of the inspection on the calendar and describe and any remedial action taken to repair the leaks. Indicate the date repaired and equipment repaired. All records must be maintained on site for a minimum of 5 years and made available to the department upon request.

Daily Vapor & Liquid Leak Inspection Log of Fuel Dispensing Equipment

Mark "N" for No Leak Detected or Mark "Y" for Yes Leak Detected

If a vapor or liquid leak is detected the leaking equipment must be taken out of service until the necessary repairs are completed.

| | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | 31 |
|-------------------|---|---|---|---|---|---|---|---|---|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|
| Pumps | N | N | N | N | N | N | N | N | N | | | | | | | | | | | | | | | | | | | | | | |
| Nozzles | N | N | N | N | N | N | N | N | Y | | | | | | | | | | | | | | | | | | | | | | |
| Bellows | N | N | N | N | N | N | N | N | N | | | | | | | | | | | | | | | | | | | | | | |
| Hoses | N | N | N | N | N | Y | N | N | N | | | | | | | | | | | | | | | | | | | | | | |
| Breakaways | N | N | N | N | N | N | N | N | N | | | | | | | | | | | | | | | | | | | | | | |
| Swivels | N | N | N | N | N | N | N | N | N | | | | | | | | | | | | | | | | | | | | | | |

Equipment Maintenance Log

| Equipment Repair Description | Date of Completed Repair |
|--|--------------------------|
| <i>Tear on hose located on Pump 2, Replaced hose</i> | <i>1/6/20</i> |
| <i>Nozzle malfunction, replaced nozzle</i> | <i>1/9/20</i> |
| | |

Fuel Dispensing, Spill Basins, and Spill Containment Equipment Record Keeping

Fuel Dispensing Logs: The NJDEP requires gas stations to keep a log of the fuel dispensed on a monthly basis and to calculate how much fuel was dispensed in the last 12 months. Below is a sample of how to complete the log:

| Fuel Dispensing Throughput 12 Month Total | |
|---|---------|
| 12 Month Total From Last Month | 920,000 |
| Subtract Fuel Flow Totalizer Amounts from January 2019 | -65,000 |
| Subtotal = | 855,000 |
| Add Fuel Flow Totalizer Amounts from January 2020 | +60,000 |
| 12 Month Total = | 915,000 |

Enter the running total from last month.

Enter the fuel flow totalizer amounts during this same month last year, from last year's records. Subtract that amount.

Add the fuel flow total from all pumps for the current month.

This is your 12 month running total of the Fuel Flow Totalizers.

Spill Catchment Basin Inspection Log: The NJDEP requires that spill catchment basins be inspected before & after fuel delivery. Additionally, Stage I vapor recovery equipment must be operating properly. Use the log below to show compliance with this regulation.

| Spill Basin & Stage I Inspection Log | | |
|--|--------------------------|--------------------------|
| Inspections must be conducted before & after every delivery. Fuel delivery cannot be accepted if Stage I vapor recovery equipment is not working properly, damaged or if the spill basin contains fuel, water or debris. | | |
| Date of Delivery | Spill Basin Inspected | Stage I Inspected |
| | <input type="checkbox"/> | <input type="checkbox"/> |
| | <input type="checkbox"/> | <input type="checkbox"/> |
| | <input type="checkbox"/> | <input type="checkbox"/> |
| | <input type="checkbox"/> | <input type="checkbox"/> |
| | <input type="checkbox"/> | <input type="checkbox"/> |
| | <input type="checkbox"/> | <input type="checkbox"/> |
| | <input type="checkbox"/> | <input type="checkbox"/> |

After inspection of catchment basin, check-off the box if it is clean and clear of fuel, water or debris.

After inspection of Stage I vapor recovery equipment, check-off the box if the equipment is working properly.

Write the date of delivery. Do not accept fuel deliveries if the equipment fails your inspection.

Operation & Maintenance Walkthrough Inspection Log: The NJDEP requires spill containment equipment to be inspected every 30 days. Use the log at on the right to record if any repairs are needed. Requires a 30 day: Operation and Maintenance Walkthrough. (For further information see the checklist at the end of the calendar.)

| Operation & Maintenance Inspection Log | | |
|---|--------------------|--------------------------|
| Inspections must be conducted every 30 days to check for cracks, holes, loose fittings or any other deficiency. If a tank or piping repair is conducted a tightness test is required within 30 days.. | | |
| Spill Containment Equipment | Date of Inspection | Are Repairs Required? |
| Catchment Basin | ↑ | <input type="checkbox"/> |
| Dispenser Sumps | ↑ | <input type="checkbox"/> |
| Piping/Turbine Sumps | ↑ | <input type="checkbox"/> |

Place the date of inspection.

If there were any cracks, holes, loose fittings or any other deficiency write "Yes" in the box. If no repairs required write "No." Describe any repair down below in the Equipment Maintenance Log.

| Fuel Dispensing Throughput 12 Month Total | |
|---|---|
| 12 Month Total From Last Month | |
| Subtract Fuel Flow Totalizer Amounts from January 2019 | — |
| Subtotal = | |
| Add Fuel Flow Totalizer Amounts from January 2020 | + |
| 12 Month Total = | |

| Spill Basin & Stage I Inspection Log | | |
|--|--------------------------|--------------------------|
| Inspections must be conducted before & after every delivery. Fuel delivery cannot be accepted if Stage I vapor recovery equipment is not working properly, damaged or if the spill basin contains fuel, water or debris. | | |
| Date of Delivery | Spill Basin Inspected | Stage I Inspected |
| | <input type="checkbox"/> | <input type="checkbox"/> |
| | <input type="checkbox"/> | <input type="checkbox"/> |
| | <input type="checkbox"/> | <input type="checkbox"/> |
| | <input type="checkbox"/> | <input type="checkbox"/> |
| | <input type="checkbox"/> | <input type="checkbox"/> |
| | <input type="checkbox"/> | <input type="checkbox"/> |
| | <input type="checkbox"/> | <input type="checkbox"/> |
| | <input type="checkbox"/> | <input type="checkbox"/> |
| | <input type="checkbox"/> | <input type="checkbox"/> |
| | <input type="checkbox"/> | <input type="checkbox"/> |
| | <input type="checkbox"/> | <input type="checkbox"/> |

Reminder: Have a Release Response Plan (RRP) posted at the facility. RRP should have Emergency telephone numbers such as: the local Fire Department; Health Department; DEP Hot Line 1-877-WARNDEP (1-877-927-6337); person responsible for the operation of the UST facility; telephone number for any contractor retained to respond to emergencies; and the procedures to be followed in the event of an emergency.

| Operation & Maintenance Inspection Log | | |
|--|--------------------|-----------------------|
| Inspections must be conducted every 30 days to check for cracks, holes, loose fittings or any other deficiency. If a tank or piping repair is conducted a tightness test is required within 30 days. | | |
| Spill Containment Equipment | Date of Inspection | Are Repairs Required? |
| Catchment Basin | | |
| Dispenser Sumps | | |
| Piping/Turbine Sumps | | |

| Daily Vapor & Liquid Leak Inspection Log of Fuel Dispensing Equipment | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|--|--|
| Mark "N" for No Leak Detected or Mark "Y" for Yes Leak Detected | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| If a vapor or liquid leak is detected the leaking equipment must be taken out of service until the necessary repairs are completed. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | 31 | | |
| Pumps | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Nozzles | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Bellows | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Hoses | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Breakaways | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Swivels | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

| Equipment Maintenance Log | |
|----------------------------------|--------------------------|
| Equipment Repair Description | Date of Completed Repair |
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New Jersey Vapor Recovery Program Compliance Calendar

Reminder Community Right to Know Due March 1: For webinar training visit <http://www.nj.gov/dep/oppcc/>

January 2020

| Sunday | Monday | Tuesday | Wednesday | Thursday | Friday | Saturday |
|---|---|---|---|---|--|---|
| | For CRTK Guidance Document https://www.nj.gov/dep/enforcement/oppcc/crtk/crtkguidance.pdf | | 1 <input type="checkbox"/> Inspected fuel flow totalizer on each pump | 2 <input type="checkbox"/> Inspected fuel flow totalizer on each pump | 3 <input type="checkbox"/> Inspected fuel flow totalizer on each pump | 4 <input type="checkbox"/> Inspected fuel flow totalizer on each pump |
| 5 <input type="checkbox"/> Inspected fuel flow totalizer on each pump | 6 <input type="checkbox"/> Inspected fuel flow totalizer on each pump | 7 <input type="checkbox"/> Inspected fuel flow totalizer on each pump | 8 <input type="checkbox"/> Inspected fuel flow totalizer on each pump | 9 <input type="checkbox"/> Inspected fuel flow totalizer on each pump | 10 <input type="checkbox"/> Inspected fuel flow totalizer on each pump | 11 <input type="checkbox"/> Inspected fuel flow totalizer on each pump |
| 12 <input type="checkbox"/> Inspected fuel flow totalizer on each pump | 13 <input type="checkbox"/> Inspected fuel flow totalizer on each pump | 14 <input type="checkbox"/> Inspected fuel flow totalizer on each pump | 15 <input type="checkbox"/> Inspected fuel flow totalizer on each pump | 16 <input type="checkbox"/> Inspected fuel flow totalizer on each pump | 17 <input type="checkbox"/> Inspected fuel flow totalizer on each pump | 18 <input type="checkbox"/> Inspected fuel flow totalizer on each pump |
| 19 <input type="checkbox"/> Inspected fuel flow totalizer on each pump | 20 <input type="checkbox"/> Inspected fuel flow totalizer on each pump | 21 <input type="checkbox"/> Inspected fuel flow totalizer on each pump | 22 <input type="checkbox"/> Inspected fuel flow totalizer on each pump | 23 <input type="checkbox"/> Inspected fuel flow totalizer on each pump | 24 <input type="checkbox"/> Inspected fuel flow totalizer on each pump | 25 <input type="checkbox"/> Inspected fuel flow totalizer on each pump |
| 26 <input type="checkbox"/> Inspected fuel flow totalizer on each pump | 27 <input type="checkbox"/> Inspected fuel flow totalizer on each pump | 28 <input type="checkbox"/> Inspected fuel flow totalizer on each pump | 29 <input type="checkbox"/> Inspected fuel flow totalizer on each pump | 30 <input type="checkbox"/> Inspected fuel flow totalizer on each pump | 31 <input type="checkbox"/> Inspected & recorded monthly throughput from all fuel flow totalizers | <input type="checkbox"/> 30 Day walked through inspections: Fill pipe obstructions, Release Detection equipment, Catchment Basin, Dispenser Sumps, Piping/Turbine Sumps |

| Fuel Dispensing Throughput 12 Month Total | |
|--|---|
| 12 Month Total From Last Month | |
| Subtract Fuel Flow Totalizer Amounts from February 2019 | — |
| Subtotal = | |
| Add Fuel Flow Totalizer Amounts from February 2020 | + |
| 12 Month Total = | |

| Spill Basin & Stage I Inspection Log | | |
|---|------------------------------|--------------------------|
| Inspections must be conducted before & after every delivery. Fuel delivery cannot be accepted if Stage I vapor recovery equipment is not working properly or if the spill basin contains fuel, water or debris. | | |
| Date of Delivery | Spill Basin Inspected | Stage I Inspected |
| | <input type="checkbox"/> | <input type="checkbox"/> |
| | <input type="checkbox"/> | <input type="checkbox"/> |
| | <input type="checkbox"/> | <input type="checkbox"/> |
| | <input type="checkbox"/> | <input type="checkbox"/> |
| | <input type="checkbox"/> | <input type="checkbox"/> |
| | <input type="checkbox"/> | <input type="checkbox"/> |
| | <input type="checkbox"/> | <input type="checkbox"/> |
| | <input type="checkbox"/> | <input type="checkbox"/> |
| | <input type="checkbox"/> | <input type="checkbox"/> |
| | <input type="checkbox"/> | <input type="checkbox"/> |
| | <input type="checkbox"/> | <input type="checkbox"/> |
| | <input type="checkbox"/> | <input type="checkbox"/> |
| | <input type="checkbox"/> | <input type="checkbox"/> |
| | <input type="checkbox"/> | <input type="checkbox"/> |
| | <input type="checkbox"/> | <input type="checkbox"/> |

Reminder: Community Right to Know Survey (CRTK) must be completed and submitted to the NJDEP, County, Municipality, Fire Dept., and Police Dept. by March 1st. Keep a copy of your CRTK Surveys for 5 years.

See the CRTK Survey online example on the last 2 pages of this calendar.

| Operation & Maintenance Inspection Log | | |
|--|---------------------------|------------------------------|
| Inspections must be conducted every 30 days to check for cracks, holes, loose fittings or any other deficiency. If a tank or piping repair is conducted a tightness test is required within 30 days. | | |
| Spill Containment Equipment | Date of Inspection | Are Repairs Required? |
| Catchment Basin | | |
| Dispenser Sumps | | |
| Piping/Turbine Sumps | | |

| Daily Vapor & Liquid Leak Inspection Log of Fuel Dispensing Equipment | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|
| Mark "N" for No Leak Detected or Mark "Y" for Yes Leak Detected | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| If a vapor or liquid leak is detected the leaking equipment must be taken out of service until the necessary repairs are completed. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 |
| Pumps | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Nozzles | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Bellows | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Hoses | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Breakaways | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Swivels | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

| Equipment Maintenance Log | |
|-------------------------------------|---------------------------------|
| Equipment Repair Description | Date of Completed Repair |
| | |
| | |
| | |
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New Jersey Vapor Recovery Program Compliance Calendar

February 2020

| Sunday | Monday | Tuesday | Wednesday | Thursday | Friday | Saturday |
|---|--|--|---|--|--|--|
| For CRTK Guidance Document https://www.nj.gov/dep/enforcement/opppc/crtk/crtkguidance.pdf | | | <input type="checkbox"/> Completed a 30 Day and annual walked through inspections | | | 1 <input type="checkbox"/> Inspected fuel flow totalizer on each pump |
| 2 <input type="checkbox"/> Inspected fuel flow totalizer on each pump | 3 <input type="checkbox"/> Inspected fuel flow totalizer on each pump | 4 <input type="checkbox"/> Inspected fuel flow totalizer on each pump | 5 <input type="checkbox"/> Inspected fuel flow totalizer on each pump | 6 <input type="checkbox"/> Inspected fuel flow totalizer on each pump | 7 <input type="checkbox"/> Inspected fuel flow totalizer on each pump | 8 <input type="checkbox"/> Inspected fuel flow totalizer on each pump |
| 9 <input type="checkbox"/> Inspected fuel flow totalizer on each pump | 10 <input type="checkbox"/> Inspected fuel flow totalizer on each pump | 11 <input type="checkbox"/> Inspected fuel flow totalizer on each pump | 12 <input type="checkbox"/> Inspected fuel flow totalizer on each pump | 13 <input type="checkbox"/> Inspected fuel flow totalizer on each pump | 14 <input type="checkbox"/> Inspected fuel flow totalizer on each pump | 15 <input type="checkbox"/> Inspected fuel flow totalizer on each pump |
| 16 <input type="checkbox"/> Inspected fuel flow totalizer on each pump | 17 <input type="checkbox"/> Inspected fuel flow totalizer on each pump | 18 <input type="checkbox"/> Inspected fuel flow totalizer on each pump | 19 <input type="checkbox"/> Inspected fuel flow totalizer on each pump | 20 <input type="checkbox"/> Inspected fuel flow totalizer on each pump | 21 <input type="checkbox"/> Inspected fuel flow totalizer on each pump | 22 <input type="checkbox"/> Inspected fuel flow totalizer on each pump |
| 23 <input type="checkbox"/> Inspected fuel flow totalizer on each pump | 24 <input type="checkbox"/> Inspected fuel flow totalizer on each pump | 25 <input type="checkbox"/> Inspected fuel flow totalizer on each pump | 26 <input type="checkbox"/> Inspected fuel flow totalizer on each pump | 27 <input type="checkbox"/> Inspected fuel flow totalizer on each pump | 28 <input type="checkbox"/> Inspected fuel flow totalizer on each pump | 29 <input type="checkbox"/> Inspected & recorded monthly throughput from all fuel flow totalizers |

| Fuel Dispensing Throughput 12 Month Total | |
|---|---|
| 12 Month Total From Last Month | |
| Subtract Fuel Flow Totalizer Amounts from March 2019 | — |
| Subtotal = | |
| Add Fuel Flow Totalizer Amounts from March 2020 | + |
| 12 Month Total = | |

| Spill Basin & Stage I Inspection Log | | |
|--|----------------------------------|------------------------------|
| Inspections must be conducted before & after every delivery. Fuel delivery cannot be accepted if Stage I vapor recovery equipment is not working properly or if the spill basin contains fuel, water or debris. | | |
| Date of Delivery | Spill Basin Inspected | Stage I Inspected |
| | <input type="checkbox"/> | <input type="checkbox"/> |
| | <input type="checkbox"/> | <input type="checkbox"/> |
| | <input type="checkbox"/> | <input type="checkbox"/> |
| | <input type="checkbox"/> | <input type="checkbox"/> |
| | <input type="checkbox"/> | <input type="checkbox"/> |
| | <input type="checkbox"/> | <input type="checkbox"/> |
| | <input type="checkbox"/> | <input type="checkbox"/> |
| | <input type="checkbox"/> | <input type="checkbox"/> |
| | <input type="checkbox"/> | <input type="checkbox"/> |
| | <input type="checkbox"/> | <input type="checkbox"/> |
| | <input type="checkbox"/> | <input type="checkbox"/> |
| | <input type="checkbox"/> | <input type="checkbox"/> |
| | <input type="checkbox"/> | <input type="checkbox"/> |

Reminder: All vapor recovery equipment located at the facility must be California Air Resource Board (CARB) Certified and operate in accordance with manufacturer’s specifications. Copy of the CARB Executive Order for each Stage II Vapor Recovery system shall be maintained on site for the life of the equipment and made available to the Department upon request. The Certified document can be found at: www.arb.ca.gov/vapor/eo.htm

| Operation & Maintenance Inspection Log | | |
|--|-------------------------------|----------------------------------|
| Inspections must be conducted every 30 days to check for cracks, holes, loose fittings or any other deficiency. If a tank or piping repair is conducted a tightness test is required within 30 days. | | |
| Spill Containment Equipment | Date of Inspection | Are Repairs Required? |
| Catchment Basin | | |
| Dispenser Sumps | | |
| Piping/Turbine Sumps | | |

| Daily Vapor & Liquid Leak Inspection Log of Fuel Dispensing Equipment | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|
| Mark “N” for No Leak Detected or Mark “Y” for Yes Leak Detected | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| If a vapor or liquid leak is detected the leaking equipment must be taken out of service until the necessary repairs are completed. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | 31 |
| Pumps | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Nozzles | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Bellows | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Hoses | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Breakaways | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Swivels | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

| Equipment Maintenance Log | |
|-------------------------------------|---------------------------------|
| Equipment Repair Description | Date of Completed Repair |
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New Jersey Vapor Recovery Program Compliance Calendar

March 2020

| Sunday | Monday | Tuesday | Wednesday | Thursday | Friday | Saturday |
|---|--|--|--|---|--|--|
| 1 <input type="checkbox"/> Inspected fuel flow totalizer on each pump *CRTK Survey Due* | 2 <input type="checkbox"/> Inspected fuel flow totalizer on each pump | 3 <input type="checkbox"/> Inspected fuel flow totalizer on each pump | 4 <input type="checkbox"/> Inspected fuel flow totalizer on each pump | 5 <input type="checkbox"/> Inspected fuel flow totalizer on each pump | 6 <input type="checkbox"/> Inspected fuel flow totalizer on each pump | 7 <input type="checkbox"/> Inspected fuel flow totalizer on each pump |
| 8 <input type="checkbox"/> Inspected fuel flow totalizer on each pump | 9 <input type="checkbox"/> Inspected fuel flow totalizer on each pump | 10 <input type="checkbox"/> Inspected fuel flow totalizer on each pump | 11 <input type="checkbox"/> Inspected fuel flow totalizer on each pump | 12 <input type="checkbox"/> Inspected fuel flow totalizer on each pump | 13 <input type="checkbox"/> Inspected fuel flow totalizer on each pump | 14 <input type="checkbox"/> Inspected fuel flow totalizer on each pump |
| 15 <input type="checkbox"/> Inspected fuel flow totalizer on each pump | 16 <input type="checkbox"/> Inspected fuel flow totalizer on each pump | 17 <input type="checkbox"/> Inspected fuel flow totalizer on each pump | 18 <input type="checkbox"/> Inspected fuel flow totalizer on each pump | 19 <input type="checkbox"/> Inspected fuel flow totalizer on each pump | 20 <input type="checkbox"/> Inspected fuel flow totalizer on each pump | 21 <input type="checkbox"/> Inspected fuel flow totalizer on each pump |
| 22 <input type="checkbox"/> Inspected fuel flow totalizer on each pump | 23 <input type="checkbox"/> Inspected fuel flow totalizer on each pump | 24 <input type="checkbox"/> Inspected fuel flow totalizer on each pump | 25 <input type="checkbox"/> Inspected fuel flow totalizer on each pump | 26 <input type="checkbox"/> Inspected fuel flow totalizer on each pump | 27 <input type="checkbox"/> Inspected fuel flow totalizer on each pump | 28 <input type="checkbox"/> Inspected fuel flow totalizer on each pump |
| 29 <input type="checkbox"/> Inspected fuel flow totalizer on each pump | 30 <input type="checkbox"/> Inspected fuel flow totalizer on each pump | 31 <input type="checkbox"/> Inspected & recorded monthly throughput from all fuel flow totalizers | | <input type="checkbox"/> Completed a 30 Day and annual walked through inspections | | |

| Fuel Dispensing Throughput 12 Month Total | |
|---|---|
| 12 Month Total From Last Month | |
| Subtract Fuel Flow Totalizer Amounts from April 2019 | — |
| Subtotal = | |
| Add Fuel Flow Totalizer Amounts from April 2020 | + |
| 12 Month Total = | |

| Spill Basin & Stage I Inspection Log | | |
|---|------------------------------|--------------------------|
| Inspections must be conducted before & after every delivery. Fuel delivery cannot be accepted if Stage I vapor recovery equipment is not working properly or if the spill basin contains fuel, water or debris. | | |
| Date of Delivery | Spill Basin Inspected | Stage I Inspected |
| | <input type="checkbox"/> | <input type="checkbox"/> |
| | <input type="checkbox"/> | <input type="checkbox"/> |
| | <input type="checkbox"/> | <input type="checkbox"/> |
| | <input type="checkbox"/> | <input type="checkbox"/> |
| | <input type="checkbox"/> | <input type="checkbox"/> |
| | <input type="checkbox"/> | <input type="checkbox"/> |
| | <input type="checkbox"/> | <input type="checkbox"/> |
| | <input type="checkbox"/> | <input type="checkbox"/> |
| | <input type="checkbox"/> | <input type="checkbox"/> |
| | <input type="checkbox"/> | <input type="checkbox"/> |
| | <input type="checkbox"/> | <input type="checkbox"/> |
| | <input type="checkbox"/> | <input type="checkbox"/> |
| | <input type="checkbox"/> | <input type="checkbox"/> |

Reminder: Owners and operators who fail to register their underground storage tank systems and obtain a valid registration certificate will be subject to the establishment of a delivery ban or a cease use action for their tanks. Owners and operators who fail to comply with operational requirements found in N.J.A.C. 7:14B-1 et seq. will be subject to substantial fines and penalties. Call the Registration and Billing Unit for additional info at 609-292-2817.

| Operation & Maintenance Inspection Log | | |
|--|---------------------------|------------------------------|
| Inspections must be conducted every 30 days to check for cracks, holes, loose fittings or any other deficiency. If a tank or piping repair is conducted a tightness test is required within 30 days. | | |
| Spill Containment Equipment | Date of Inspection | Are Repairs Required? |
| Catchment Basin | | |
| Dispenser Sumps | | |
| Piping/Turbine Sumps | | |

| Daily Vapor & Liquid Leak Inspection Log of Fuel Dispensing Equipment | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|
| Mark "N" for No Leak Detected or Mark "Y" for Yes Leak Detected | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| If a vapor or liquid leak is detected the leaking equipment must be taken out of service until the necessary repairs are completed. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 |
| Pumps | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Nozzles | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Bellows | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Hoses | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Breakaways | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Swivels | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

| Equipment Maintenance Log | |
|-------------------------------------|---------------------------------|
| Equipment Repair Description | Date of Completed Repair |
| | |
| | |
| | |
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| | |



New Jersey Vapor Recovery Program Compliance Calendar

April 2020

| Sunday | Monday | Tuesday | Wednesday | Thursday | Friday | Saturday |
|---|--|--|--|--|--|--|
| <input type="checkbox"/> Completed a 30 Day and annual walked through inspections | | | 1 <input type="checkbox"/> Inspected fuel flow totalizer on each pump | 2 <input type="checkbox"/> Inspected fuel flow totalizer on each pump | 3 <input type="checkbox"/> Inspected fuel flow totalizer on each pump | 4 <input type="checkbox"/> Inspected fuel flow totalizer on each pump |
| 5 <input type="checkbox"/> Inspected fuel flow totalizer on each pump | 6 <input type="checkbox"/> Inspected fuel flow totalizer on each pump | 7 <input type="checkbox"/> Inspected fuel flow totalizer on each pump | 8 <input type="checkbox"/> Inspected fuel flow totalizer on each pump | 9 <input type="checkbox"/> Inspected fuel flow totalizer on each pump | 10 <input type="checkbox"/> Inspected fuel flow totalizer on each pump | 11 <input type="checkbox"/> Inspected fuel flow totalizer on each pump |
| 12 <input type="checkbox"/> Inspected fuel flow totalizer on each pump | 13 <input type="checkbox"/> Inspected fuel flow totalizer on each pump | 14 <input type="checkbox"/> Inspected fuel flow totalizer on each pump | 15 <input type="checkbox"/> Inspected fuel flow totalizer on each pump | 16 <input type="checkbox"/> Inspected fuel flow totalizer on each pump | 17 <input type="checkbox"/> Inspected fuel flow totalizer on each pump | 18 <input type="checkbox"/> Inspected fuel flow totalizer on each pump |
| 19 <input type="checkbox"/> Inspected fuel flow totalizer on each pump | 20 <input type="checkbox"/> Inspected fuel flow totalizer on each pump | 21 <input type="checkbox"/> Inspected fuel flow totalizer on each pump | 22 <input type="checkbox"/> Inspected fuel flow totalizer on each pump | 23 <input type="checkbox"/> Inspected fuel flow totalizer on each pump | 24 <input type="checkbox"/> Inspected fuel flow totalizer on each pump | 25 <input type="checkbox"/> Inspected fuel flow totalizer on each pump |
| 26 <input type="checkbox"/> Inspected fuel flow totalizer on each pump | 27 <input type="checkbox"/> Inspected fuel flow totalizer on each pump | 28 <input type="checkbox"/> Inspected fuel flow totalizer on each pump | 29 <input type="checkbox"/> Inspected fuel flow totalizer on each pump | 30 <input type="checkbox"/> Inspected & recorded monthly throughput from all fuel flow totalizers | | |

| Fuel Dispensing Throughput 12 Month Total | |
|---|---|
| 12 Month Total From Last Month | |
| Subtract Fuel Flow Totalizer Amounts from May 2019 | — |
| Subtotal = | |
| Add Fuel Flow Totalizer Amounts from May 2020 | + |
| 12 Month Total = | |

| Spill Basin & Stage I Inspection Log | | |
|---|--------------------------|--------------------------|
| Inspections must be conducted before & after every delivery. Fuel delivery cannot be accepted if Stage I vapor recovery equipment is not working properly or if the spill basin contains fuel, water or debris. | | |
| Date of Delivery | Spill Basin Inspected | Stage I Inspected |
| | <input type="checkbox"/> | <input type="checkbox"/> |
| | <input type="checkbox"/> | <input type="checkbox"/> |
| | <input type="checkbox"/> | <input type="checkbox"/> |
| | <input type="checkbox"/> | <input type="checkbox"/> |
| | <input type="checkbox"/> | <input type="checkbox"/> |
| | <input type="checkbox"/> | <input type="checkbox"/> |
| | <input type="checkbox"/> | <input type="checkbox"/> |
| | <input type="checkbox"/> | <input type="checkbox"/> |
| | <input type="checkbox"/> | <input type="checkbox"/> |
| | <input type="checkbox"/> | <input type="checkbox"/> |
| | <input type="checkbox"/> | <input type="checkbox"/> |
| | <input type="checkbox"/> | <input type="checkbox"/> |

Reminder: If you plan to close an underground storage tank system use NJDEP Online at: www.njdeponline.com for submittal of the *Notice of Intent to Close an UST System*. Additionally, an *UST Facility Certification Questionnaire* must be completed and submitted to the Department within seven days of the completion of all closure activities. Also, be sure to have readily available a copy of your air certificate to operate at your facility for an inspection.

| Operation & Maintenance Inspection Log | | |
|--|--------------------|-----------------------|
| Inspections must be conducted every 30 days to check for cracks, holes, loose fittings or any other deficiency. If a tank or piping repair is conducted a tightness test is required within 30 days. | | |
| Spill Containment Equipment | Date of Inspection | Are Repairs Required? |
| Catchment Basin | | |
| Dispenser Sumps | | |
| Piping/Turbine Sumps | | |

| Daily Vapor & Liquid Leak Inspection Log of Fuel Dispensing Equipment | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|
| Mark "N" for No Leak Detected or Mark "Y" for Yes Leak Detected | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| If a vapor or liquid leak is detected the leaking equipment must be taken out of service until the necessary repairs are completed. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | 31 |
| Pumps | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Nozzles | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Bellows | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Hoses | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Breakaways | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Swivels | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

| Equipment Maintenance Log | |
|----------------------------------|--------------------------|
| Equipment Repair Description | Date of Completed Repair |
| | |
| | |
| | |
| | |



New Jersey Vapor Recovery Program Compliance Calendar

May 2020

| Sunday | Monday | Tuesday | Wednesday | Thursday | Friday | Saturday |
|--|---|--|--|--|--|--|
| | <input type="checkbox"/> Completed a 30 Day and annual walked through inspections | | | | 1 <input type="checkbox"/> Inspected fuel flow totalizer on each pump | 2 <input type="checkbox"/> Inspected fuel flow totalizer on each pump |
| 3 <input type="checkbox"/> Inspected fuel flow totalizer on each pump | 4 <input type="checkbox"/> Inspected fuel flow totalizer on each pump | 5 <input type="checkbox"/> Inspected fuel flow totalizer on each pump | 6 <input type="checkbox"/> Inspected fuel flow totalizer on each pump | 7 <input type="checkbox"/> Inspected fuel flow totalizer on each pump | 8 <input type="checkbox"/> Inspected fuel flow totalizer on each pump | 9 <input type="checkbox"/> Inspected fuel flow totalizer on each pump |
| 10 <input type="checkbox"/> Inspected fuel flow totalizer on each pump | 11 <input type="checkbox"/> Inspected fuel flow totalizer on each pump | 12 <input type="checkbox"/> Inspected fuel flow totalizer on each pump | 13 <input type="checkbox"/> Inspected fuel flow totalizer on each pump | 14 <input type="checkbox"/> Inspected fuel flow totalizer on each pump | 15 <input type="checkbox"/> Inspected fuel flow totalizer on each pump | 16 <input type="checkbox"/> Inspected fuel flow totalizer on each pump |
| 17 <input type="checkbox"/> Inspected fuel flow totalizer on each pump | 18 <input type="checkbox"/> Inspected fuel flow totalizer on each pump | 19 <input type="checkbox"/> Inspected fuel flow totalizer on each pump | 20 <input type="checkbox"/> Inspected fuel flow totalizer on each pump | 21 <input type="checkbox"/> Inspected fuel flow totalizer on each pump | 22 <input type="checkbox"/> Inspected fuel flow totalizer on each pump | 23 <input type="checkbox"/> Inspected fuel flow totalizer on each pump |
| 24 <input type="checkbox"/> Inspected fuel flow totalizer on each pump | 25 <input type="checkbox"/> Inspected fuel flow totalizer on each pump | 26 <input type="checkbox"/> Inspected fuel flow totalizer on each pump | 27 <input type="checkbox"/> Inspected fuel flow totalizer on each pump | 28 <input type="checkbox"/> Inspected fuel flow totalizer on each pump | 29 <input type="checkbox"/> Inspected fuel flow totalizer on each pump | 30 <input type="checkbox"/> Inspected fuel flow totalizer on each pump |
| 31 <input type="checkbox"/> Inspected & recorded monthly throughput from all fuel flow totalizers | | | | | | |

| Fuel Dispensing Throughput 12 Month Total | |
|--|---|
| 12 Month Total From Last Month | |
| Subtract Fuel Flow Totalizer Amounts from June 2019 | — |
| Subtotal = | |
| Add Fuel Flow Totalizer Amounts from June 2020 | + |
| 12 Month Total = | |

| Spill Basin & Stage I Inspection Log | | |
|---|------------------------------|--------------------------|
| Inspections must be conducted before & after every delivery. Fuel delivery cannot be accepted if Stage I vapor recovery equipment is not working properly or if the spill basin contains fuel, water or debris. | | |
| Date of Delivery | Spill Basin Inspected | Stage I Inspected |
| | <input type="checkbox"/> | <input type="checkbox"/> |
| | <input type="checkbox"/> | <input type="checkbox"/> |
| | <input type="checkbox"/> | <input type="checkbox"/> |
| | <input type="checkbox"/> | <input type="checkbox"/> |
| | <input type="checkbox"/> | <input type="checkbox"/> |
| | <input type="checkbox"/> | <input type="checkbox"/> |
| | <input type="checkbox"/> | <input type="checkbox"/> |
| | <input type="checkbox"/> | <input type="checkbox"/> |
| | <input type="checkbox"/> | <input type="checkbox"/> |
| | <input type="checkbox"/> | <input type="checkbox"/> |
| | <input type="checkbox"/> | <input type="checkbox"/> |
| | <input type="checkbox"/> | <input type="checkbox"/> |
| | <input type="checkbox"/> | <input type="checkbox"/> |
| | <input type="checkbox"/> | <input type="checkbox"/> |
| | <input type="checkbox"/> | <input type="checkbox"/> |

Reminder: A suspected release must be investigated and confirmed or disproved within seven days of discovering the suspected release. If you confirm a release, immediately call the appropriate local health agency and the Department's Environmental Action Hot Line toll free at: **(877) WARN – DEP (877) 927-6337**

| Operation & Maintenance Inspection Log | | |
|--|---------------------------|------------------------------|
| Inspections must be conducted every 30 days to check for cracks, holes, loose fittings or any other deficiency. If a tank or piping repair is conducted a tightness test is required within 30 days. | | |
| Spill Containment Equipment | Date of Inspection | Are Repairs Required? |
| Catchment Basin | | |
| Dispenser Sumps | | |
| Piping/Turbine Sumps | | |

| Daily Vapor & Liquid Leak Inspection Log of Fuel Dispensing Equipment | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|
| Mark "N" for No Leak Detected or Mark "Y" for Yes Leak Detected | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| If a vapor or liquid leak is detected the leaking equipment must be taken out of service until the necessary repairs are completed. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 |
| Pumps | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Nozzles | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Bellows | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Hoses | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Breakaways | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Swivels | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

| Equipment Maintenance Log | |
|-------------------------------------|---------------------------------|
| Equipment Repair Description | Date of Completed Repair |
| | |
| | |
| | |
| | |



New Jersey Vapor Recovery Program Compliance Calendar

June 2020

| Sunday | Monday | Tuesday | Wednesday | Thursday | Friday | Saturday |
|--|--|--|---|--|--|--|
| | 1 <input type="checkbox"/> Inspected fuel flow totalizer on each pump | 2 <input type="checkbox"/> Inspected fuel flow totalizer on each pump | 3 <input type="checkbox"/> Inspected fuel flow totalizer on each pump | 4 <input type="checkbox"/> Inspected fuel flow totalizer on each pump | 5 <input type="checkbox"/> Inspected fuel flow totalizer on each pump | 6 <input type="checkbox"/> Inspected fuel flow totalizer on each pump |
| 7 <input type="checkbox"/> Inspected fuel flow totalizer on each pump | 8 <input type="checkbox"/> Inspected fuel flow totalizer on each pump | 9 <input type="checkbox"/> Inspected fuel flow totalizer on each pump | 10 <input type="checkbox"/> Inspected fuel flow totalizer on each pump | 11 <input type="checkbox"/> Inspected fuel flow totalizer on each pump | 12 <input type="checkbox"/> Inspected fuel flow totalizer on each pump | 13 <input type="checkbox"/> Inspected fuel flow totalizer on each pump |
| 14 <input type="checkbox"/> Inspected fuel flow totalizer on each pump | 15 <input type="checkbox"/> Inspected fuel flow totalizer on each pump | 16 <input type="checkbox"/> Inspected fuel flow totalizer on each pump | 17 <input type="checkbox"/> Inspected fuel flow totalizer on each pump | 18 <input type="checkbox"/> Inspected fuel flow totalizer on each pump | 19 <input type="checkbox"/> Inspected fuel flow totalizer on each pump | 20 <input type="checkbox"/> Inspected fuel flow totalizer on each pump |
| 21 <input type="checkbox"/> Inspected fuel flow totalizer on each pump | 22 <input type="checkbox"/> Inspected fuel flow totalizer on each pump | 23 <input type="checkbox"/> Inspected fuel flow totalizer on each pump | 24 <input type="checkbox"/> Inspected fuel flow totalizer on each pump | 25 <input type="checkbox"/> Inspected fuel flow totalizer on each pump | 26 <input type="checkbox"/> Inspected fuel flow totalizer on each pump | 27 <input type="checkbox"/> Inspected fuel flow totalizer on each pump |
| 28 <input type="checkbox"/> Inspected fuel flow totalizer on each pump | 29 <input type="checkbox"/> Inspected fuel flow totalizer on each pump | 30 <input type="checkbox"/> Inspected & recorded monthly throughput from all fuel flow totalizers | <input type="checkbox"/> Completed a 30 Day and annual walked through inspections | | | |

| Fuel Dispensing Throughput 12 Month Total | |
|--|---|
| 12 Month Total From Last Month | |
| Subtract Fuel Flow Totalizer Amounts from July 2019 | — |
| Subtotal = | |
| Add Fuel Flow Totalizer Amounts from July 2020 | + |
| 12 Month Total = | |

| Spill Basin & Stage I Inspection Log | | |
|---|------------------------------|--------------------------|
| Inspections must be conducted before & after every delivery. Fuel delivery cannot be accepted if Stage I vapor recovery equipment is not working properly or if the spill basin contains fuel, water or debris. | | |
| Date of Delivery | Spill Basin Inspected | Stage I Inspected |
| | <input type="checkbox"/> | <input type="checkbox"/> |
| | <input type="checkbox"/> | <input type="checkbox"/> |
| | <input type="checkbox"/> | <input type="checkbox"/> |
| | <input type="checkbox"/> | <input type="checkbox"/> |
| | <input type="checkbox"/> | <input type="checkbox"/> |
| | <input type="checkbox"/> | <input type="checkbox"/> |
| | <input type="checkbox"/> | <input type="checkbox"/> |
| | <input type="checkbox"/> | <input type="checkbox"/> |
| | <input type="checkbox"/> | <input type="checkbox"/> |
| | <input type="checkbox"/> | <input type="checkbox"/> |
| | <input type="checkbox"/> | <input type="checkbox"/> |
| | <input type="checkbox"/> | <input type="checkbox"/> |
| | <input type="checkbox"/> | <input type="checkbox"/> |

Reminder: Do you have an environmental clean-up? All site remediation parties are required to hire a licensed site remediation professional (LSRP) and to then proceed with the remediation without Department pre-approval..

For additional information visit <http://www.nj.gov/dep/srp/srra/lrsp/>

| Operation & Maintenance Inspection Log | | |
|---|---------------------------|------------------------------|
| Inspections must be conducted every 30 days to check for cracks, holes, loose fittings or any other deficiency. If a tank or piping repair is conducted a tightness test is required within 30 days.. | | |
| Spill Containment Equipment | Date of Inspection | Are Repairs Required? |
| Catchment Basin | | |
| Dispenser Sumps | | |
| Piping/Turbine Sumps | | |

| Daily Vapor & Liquid Leak Inspection Log of Fuel Dispensing Equipment | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|
| Mark "N" for No Leak Detected or Mark "Y" for Yes Leak Detected | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| If a vapor or liquid leak is detected the leaking equipment must be taken out of service until the necessary repairs are completed. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | 31 |
| Pumps | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Nozzles | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Bellows | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Hoses | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Breakaways | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Swivels | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

| Equipment Maintenance Log | |
|-------------------------------------|---------------------------------|
| Equipment Repair Description | Date of Completed Repair |
| | |
| | |
| | |
| | |



New Jersey Vapor Recovery Program Compliance Calendar

July 2020

| Sunday | Monday | Tuesday | Wednesday | Thursday | Friday | Saturday |
|--|--|--|--|--|--|---|
| | | | 1 <input type="checkbox"/> Inspected fuel flow totalizer on each pump | 2 <input type="checkbox"/> Inspected fuel flow totalizer on each pump | 3 <input type="checkbox"/> Inspected fuel flow totalizer on each pump | 4 <input type="checkbox"/> Inspected fuel flow totalizer on each pump |
| 5 <input type="checkbox"/> Inspected fuel flow totalizer on each pump | 6 <input type="checkbox"/> Inspected fuel flow totalizer on each pump | 7 <input type="checkbox"/> Inspected fuel flow totalizer on each pump | 8 <input type="checkbox"/> Inspected fuel flow totalizer on each pump | 9 <input type="checkbox"/> Inspected fuel flow totalizer on each pump | 10 <input type="checkbox"/> Inspected fuel flow totalizer on each pump | 11 <input type="checkbox"/> Inspected fuel flow totalizer on each pump |
| 12 <input type="checkbox"/> Inspected fuel flow totalizer on each pump | 13 <input type="checkbox"/> Inspected fuel flow totalizer on each pump | 14 <input type="checkbox"/> Inspected fuel flow totalizer on each pump | 15 <input type="checkbox"/> Inspected fuel flow totalizer on each pump | 16 <input type="checkbox"/> Inspected fuel flow totalizer on each pump | 17 <input type="checkbox"/> Inspected fuel flow totalizer on each pump | 18 <input type="checkbox"/> Inspected fuel flow totalizer on each pump |
| 19 <input type="checkbox"/> Inspected fuel flow totalizer on each pump | 20 <input type="checkbox"/> Inspected fuel flow totalizer on each pump | 21 <input type="checkbox"/> Inspected fuel flow totalizer on each pump | 22 <input type="checkbox"/> Inspected fuel flow totalizer on each pump | 23 <input type="checkbox"/> Inspected fuel flow totalizer on each pump | 24 <input type="checkbox"/> Inspected fuel flow totalizer on each pump | 25 <input type="checkbox"/> Inspected fuel flow totalizer on each pump |
| 26 <input type="checkbox"/> Inspected fuel flow totalizer on each pump | 27 <input type="checkbox"/> Inspected fuel flow totalizer on each pump | 28 <input type="checkbox"/> Inspected fuel flow totalizer on each pump | 29 <input type="checkbox"/> Inspected fuel flow totalizer on each pump | 30 <input type="checkbox"/> Inspected fuel flow totalizer on each pump | 31 <input type="checkbox"/> Inspected & recorded monthly throughput from all fuel flow totalizers | <input type="checkbox"/> Completed a 30 Day and annual walked through inspections |

| Fuel Dispensing Throughput 12 Month Total | |
|--|---|
| 12 Month Total From Last Month | |
| Subtract Fuel Flow Totalizer Amounts from August 2019 | — |
| Subtotal = | |
| Add Fuel Flow Totalizer Amounts from August 2020 | + |
| 12 Month Total = | |

| Spill Basin & Stage I Inspection Log | | |
|---|--------------------------|--------------------------|
| Inspections must be conducted before & after every delivery. Fuel delivery cannot be accepted if Stage I vapor recovery equipment is not working properly or if the spill basin contains fuel, water or debris. | | |
| Date of Delivery | Spill Basin Inspected | Stage I Inspected |
| | <input type="checkbox"/> | <input type="checkbox"/> |
| | <input type="checkbox"/> | <input type="checkbox"/> |
| | <input type="checkbox"/> | <input type="checkbox"/> |
| | <input type="checkbox"/> | <input type="checkbox"/> |
| | <input type="checkbox"/> | <input type="checkbox"/> |
| | <input type="checkbox"/> | <input type="checkbox"/> |
| | <input type="checkbox"/> | <input type="checkbox"/> |
| | <input type="checkbox"/> | <input type="checkbox"/> |
| | <input type="checkbox"/> | <input type="checkbox"/> |
| | <input type="checkbox"/> | <input type="checkbox"/> |
| | <input type="checkbox"/> | <input type="checkbox"/> |
| | <input type="checkbox"/> | <input type="checkbox"/> |
| | <input type="checkbox"/> | <input type="checkbox"/> |

Reminder: The NJDEP is required to be notified of the intent to close the underground storage tank at least 14 calendar days prior to the anticipated closure date by logging on to the NJDEP Online service via either the myNewJersey Portal at www.nj.gov or directly from www.njdeponline.com, selecting the *Underground Storage Tank Notice Of Intent To Close* in the Service Selection section of the My Workspace screen, then completing and submitting the form.

| Operation & Maintenance Inspection Log | | |
|--|--------------------|-----------------------|
| Inspections must be conducted every 30 days to check for cracks, holes, loose fittings or any other deficiency. If a tank or piping repair is conducted a tightness test is required within 30 days. | | |
| Spill Containment Equipment | Date of Inspection | Are Repairs Required? |
| Catchment Basin | | |
| Dispenser Sumps | | |
| Piping/Turbine Sumps | | |

Daily Vapor & Liquid Leak Inspection Log of Fuel Dispensing Equipment

Mark "N" for No Leak Detected or Mark "Y" for Yes Leak Detected
 If a vapor or liquid leak is detected the leaking equipment must be taken out of service until the necessary repairs are completed.

| | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | 31 | |
|-------------------|---|---|---|---|---|---|---|---|---|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|--|
| Pumps | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Nozzles | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Bellows | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Hoses | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Breakaways | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Swivels | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

| Equipment Maintenance Log | |
|----------------------------------|--------------------------|
| Equipment Repair Description | Date of Completed Repair |
| | |
| | |
| | |
| | |



New Jersey Vapor Recovery Program Compliance Calendar

August 2020

| Sunday | Monday | Tuesday | Wednesday | Thursday | Friday | Saturday |
|---|---|--|--|--|--|--|
| <input type="checkbox"/> Completed a 30 Day and annual walked through inspections | | | | | | 1 <input type="checkbox"/> Inspected fuel flow totalizer on each pump |
| 2 <input type="checkbox"/> Inspected fuel flow totalizer on each pump | 3 <input type="checkbox"/> Inspected fuel flow totalizer on each pump | 4 <input type="checkbox"/> Inspected fuel flow totalizer on each pump | 5 <input type="checkbox"/> Inspected fuel flow totalizer on each pump | 6 <input type="checkbox"/> Inspected fuel flow totalizer on each pump | 7 <input type="checkbox"/> Inspected fuel flow totalizer on each pump | 8 <input type="checkbox"/> Inspected fuel flow totalizer on each pump |
| 9 <input type="checkbox"/> Inspected fuel flow totalizer on each pump | 10 <input type="checkbox"/> Inspected fuel flow totalizer on each pump | 11 <input type="checkbox"/> Inspected fuel flow totalizer on each pump | 12 <input type="checkbox"/> Inspected fuel flow totalizer on each pump | 13 <input type="checkbox"/> Inspected fuel flow totalizer on each pump | 14 <input type="checkbox"/> Inspected fuel flow totalizer on each pump | 15 <input type="checkbox"/> Inspected fuel flow totalizer on each pump |
| 16 <input type="checkbox"/> Inspected fuel flow totalizer on each pump | 17 <input type="checkbox"/> Inspected fuel flow totalizer on each pump | 18 <input type="checkbox"/> Inspected fuel flow totalizer on each pump | 19 <input type="checkbox"/> Inspected fuel flow totalizer on each pump | 20 <input type="checkbox"/> Inspected fuel flow totalizer on each pump | 21 <input type="checkbox"/> Inspected fuel flow totalizer on each pump | 22 <input type="checkbox"/> Inspected fuel flow totalizer on each pump |
| 23 <input type="checkbox"/> Inspected fuel flow totalizer on each pump | 24 <input type="checkbox"/> Inspected fuel flow totalizer on each pump | 25 <input type="checkbox"/> Inspected fuel flow totalizer on each pump | 26 <input type="checkbox"/> Inspected fuel flow totalizer on each pump | 27 <input type="checkbox"/> Inspected fuel flow totalizer on each pump | 28 <input type="checkbox"/> Inspected fuel flow totalizer on each pump | 29 <input type="checkbox"/> Inspected fuel flow totalizer on each pump |
| 30 <input type="checkbox"/> Inspected fuel flow totalizer on each pump | 31 <input type="checkbox"/> Inspected & recorded monthly throughput from all fuel flow totalizers | | | | | |

| Fuel Dispensing Throughput 12 Month Total | | Spill Basin & Stage I Inspection Log Inspections must be conducted before & after every delivery. Fuel delivery cannot be accepted if Stage I vapor recovery equipment is not working properly or if the spill basin contains fuel, water or debris. | | |
|---|---|---|--------------------------|--------------------------|
| 12 Month Total From Last Month | | Date of Delivery | Spill Basin Inspected | Stage I Inspected |
| | | | <input type="checkbox"/> | <input type="checkbox"/> |
| Subtract Fuel Flow Totalizer Amounts from September 2019 | — | | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | <input type="checkbox"/> | <input type="checkbox"/> |
| Subtotal = | | | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | <input type="checkbox"/> | <input type="checkbox"/> |
| Add Fuel Flow Totalizer Amounts from September 2020 | + | | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | <input type="checkbox"/> | <input type="checkbox"/> |
| 12 Month Total = | | | <input type="checkbox"/> | <input type="checkbox"/> |

Reminder: Be sure to renew your General Permit (GP) or Preconstruction Permit (PCP) every five years. Also, a facility may need to apply for a new GP or PCP if there were any modifications to your system. Tank registration should be accurate and up-to-date. Renew your underground storage tank (UST) registration every year. For Tank Registration and Billing Unit call (609) 292-2817 or (609) 292-2827

| Operation & Maintenance Inspection Log Inspections must be conducted every 30 days to check for cracks, holes, loose fittings or any other deficiency. If a tank or piping repair is conducted a tightness test is required within 30 days.. | | |
|---|--------------------|-----------------------|
| Spill Containment Equipment | Date of Inspection | Are Repairs Required? |
| Catchment Basin | | |
| Dispenser Sumps | | |
| Piping/Turbine Sumps | | |

| Daily Vapor & Liquid Leak Inspection Log of Fuel Dispensing Equipment | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|
| Mark "N" for No Leak Detected or Mark "Y" for Yes Leak Detected | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| If a vapor or liquid leak is detected the leaking equipment must be taken out of service until the necessary repairs are completed. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 |
| Pumps | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Nozzles | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Bellows | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Hoses | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Breakaways | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Swivels | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

| Equipment Maintenance Log | |
|------------------------------|--------------------------|
| Equipment Repair Description | Date of Completed Repair |
| | |
| | |
| | |
| | |



New Jersey Vapor Recovery Program Compliance Calendar

September 2020

| Sunday | Monday | Tuesday | Wednesday | Thursday | Friday | Saturday |
|--|--|--|--|---|--|--|
| | | 1 <input type="checkbox"/> Inspected fuel flow totalizer on each pump | 2 <input type="checkbox"/> Inspected fuel flow totalizer on each pump | 3 <input type="checkbox"/> Inspected fuel flow totalizer on each pump | 4 <input type="checkbox"/> Inspected fuel flow totalizer on each pump | 5 <input type="checkbox"/> Inspected fuel flow totalizer on each pump |
| 6 <input type="checkbox"/> Inspected fuel flow totalizer on each pump | 7 <input type="checkbox"/> Inspected fuel flow totalizer on each pump | 8 <input type="checkbox"/> Inspected fuel flow totalizer on each pump | 9 <input type="checkbox"/> Inspected fuel flow totalizer on each pump | 10 <input type="checkbox"/> Inspected fuel flow totalizer on each pump | 11 <input type="checkbox"/> Inspected fuel flow totalizer on each pump | 12 <input type="checkbox"/> Inspected fuel flow totalizer on each pump |
| 13 <input type="checkbox"/> Inspected fuel flow totalizer on each pump | 14 <input type="checkbox"/> Inspected fuel flow totalizer on each pump | 15 <input type="checkbox"/> Inspected fuel flow totalizer on each pump | 16 <input type="checkbox"/> Inspected fuel flow totalizer on each pump | 17 <input type="checkbox"/> Inspected fuel flow totalizer on each pump | 18 <input type="checkbox"/> Inspected fuel flow totalizer on each pump | 19 <input type="checkbox"/> Inspected fuel flow totalizer on each pump |
| 20 <input type="checkbox"/> Inspected fuel flow totalizer on each pump | 21 <input type="checkbox"/> Inspected fuel flow totalizer on each pump | 22 <input type="checkbox"/> Inspected fuel flow totalizer on each pump | 23 <input type="checkbox"/> Inspected fuel flow totalizer on each pump | 24 <input type="checkbox"/> Inspected fuel flow totalizer on each pump | 25 <input type="checkbox"/> Inspected fuel flow totalizer on each pump | 26 <input type="checkbox"/> Inspected fuel flow totalizer on each pump |
| 27 <input type="checkbox"/> Inspected fuel flow totalizer on each pump | 28 <input type="checkbox"/> Inspected fuel flow totalizer on each pump | 29 <input type="checkbox"/> Inspected fuel flow totalizer on each pump | 30 <input type="checkbox"/> Inspected & recorded monthly throughput from all fuel flow totalizers | <input type="checkbox"/> Completed a 30 Day and annual walked through inspections | | |

| Fuel Dispensing Throughput 12 Month Total | |
|---|---|
| 12 Month Total From Last Month | |
| Subtract Fuel Flow Totalizer Amounts from October 2019 | — |
| Subtotal = | |
| Add Fuel Flow Totalizer Amounts from October 2020 | + |
| 12 Month Total = | |

| Spill Basin & Stage I Inspection Log | | |
|---|--------------------------|--------------------------|
| Inspections must be conducted before & after every delivery. Fuel delivery cannot be accepted if Stage I vapor recovery equipment is not working properly or if the spill basin contains fuel, water or debris. | | |
| Date of Delivery | Spill Basin Inspected | Stage I Inspected |
| | <input type="checkbox"/> | <input type="checkbox"/> |
| | <input type="checkbox"/> | <input type="checkbox"/> |
| | <input type="checkbox"/> | <input type="checkbox"/> |
| | <input type="checkbox"/> | <input type="checkbox"/> |
| | <input type="checkbox"/> | <input type="checkbox"/> |
| | <input type="checkbox"/> | <input type="checkbox"/> |
| | <input type="checkbox"/> | <input type="checkbox"/> |
| | <input type="checkbox"/> | <input type="checkbox"/> |
| | <input type="checkbox"/> | <input type="checkbox"/> |
| | <input type="checkbox"/> | <input type="checkbox"/> |
| | <input type="checkbox"/> | <input type="checkbox"/> |
| | <input type="checkbox"/> | <input type="checkbox"/> |

Reminder: Do not accept any product delivery to any tank if the spill catchment basin contains product, water or debris.

Be sure that you have one of the corrosion protection methods in place to protect your tanks: Non-metal tank/piping, Galvanic (STI-p3), or Impressed Current

| Operation & Maintenance Inspection Log | | |
|--|--------------------|-----------------------|
| Inspections must be conducted every 30 days to check for cracks, holes, loose fittings or any other deficiency. If a tank or piping repair is conducted a tightness test is required within 30 days. | | |
| Spill Containment Equipment | Date of Inspection | Are Repairs Required? |
| Catchment Basin | | |
| Dispenser Sumps | | |
| Piping/Turbine Sumps | | |

| Daily Vapor & Liquid Leak Inspection Log of Fuel Dispensing Equipment | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|
| Mark "N" for No Leak Detected or Mark "Y" for Yes Leak Detected | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| If a vapor or liquid leak is detected the leaking equipment must be taken out of service until the necessary repairs are completed. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | 31 |
| Pumps | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Nozzles | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Bellows | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Hoses | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Breakaways | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Swivels | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

| Equipment Maintenance Log | |
|----------------------------------|--------------------------|
| Equipment Repair Description | Date of Completed Repair |
| | |
| | |
| | |
| | |



New Jersey Vapor Recovery Program Compliance Calendar

October 2020

| Sunday | Monday | Tuesday | Wednesday | Thursday | Friday | Saturday |
|---|--|--|--|--|--|--|
| <input type="checkbox"/> Completed a 30 Day and annual walked through inspections | | | | 1 <input type="checkbox"/> Inspected fuel flow totalizer on each pump | 2 <input type="checkbox"/> Inspected fuel flow totalizer on each pump | 3 <input type="checkbox"/> Inspected fuel flow totalizer on each pump |
| 4 <input type="checkbox"/> Inspected fuel flow totalizer on each pump | 5 <input type="checkbox"/> Inspected fuel flow totalizer on each pump | 6 <input type="checkbox"/> Inspected fuel flow totalizer on each pump | 7 <input type="checkbox"/> Inspected fuel flow totalizer on each pump | 8 <input type="checkbox"/> Inspected fuel flow totalizer on each pump | 9 <input type="checkbox"/> Inspected fuel flow totalizer on each pump | 10 <input type="checkbox"/> Inspected fuel flow totalizer on each pump |
| 11 <input type="checkbox"/> Inspected fuel flow totalizer on each pump | 12 <input type="checkbox"/> Inspected fuel flow totalizer on each pump | 13 <input type="checkbox"/> Inspected fuel flow totalizer on each pump | 14 <input type="checkbox"/> Inspected fuel flow totalizer on each pump | 15 <input type="checkbox"/> Inspected fuel flow totalizer on each pump | 16 <input type="checkbox"/> Inspected fuel flow totalizer on each pump | 17 <input type="checkbox"/> Inspected fuel flow totalizer on each pump |
| 18 <input type="checkbox"/> Inspected fuel flow totalizer on each pump | 19 <input type="checkbox"/> Inspected fuel flow totalizer on each pump | 20 <input type="checkbox"/> Inspected fuel flow totalizer on each pump | 21 <input type="checkbox"/> Inspected fuel flow totalizer on each pump | 22 <input type="checkbox"/> Inspected fuel flow totalizer on each pump | 23 <input type="checkbox"/> Inspected fuel flow totalizer on each pump | 24 <input type="checkbox"/> Inspected fuel flow totalizer on each pump |
| 25 <input type="checkbox"/> Inspected fuel flow totalizer on each pump | 26 <input type="checkbox"/> Inspected fuel flow totalizer on each pump | 27 <input type="checkbox"/> Inspected fuel flow totalizer on each pump | 28 <input type="checkbox"/> Inspected fuel flow totalizer on each pump | 29 <input type="checkbox"/> Inspected fuel flow totalizer on each pump | 30 <input type="checkbox"/> Inspected fuel flow totalizer on each pump | 31 <input type="checkbox"/> Inspected & recorded monthly throughput from all fuel flow totalizers |

| Fuel Dispensing Throughput 12 Month Total | |
|--|---|
| 12 Month Total From Last Month | |
| Subtract Fuel Flow Totalizer Amounts from November 2019 | — |
| Subtotal = | |
| Add Fuel Flow Totalizer Amounts from November 2020 | + |
| 12 Month Total = | |

| Spill Basin & Stage I Inspection Log | | |
|---|--------------------------|--------------------------|
| Inspections must be conducted before & after every delivery. Fuel delivery cannot be accepted if Stage I vapor recovery equipment is not working properly or if the spill basin contains fuel, water or debris. | | |
| Date of Delivery | Spill Basin Inspected | Stage I Inspected |
| | <input type="checkbox"/> | <input type="checkbox"/> |
| | <input type="checkbox"/> | <input type="checkbox"/> |
| | <input type="checkbox"/> | <input type="checkbox"/> |
| | <input type="checkbox"/> | <input type="checkbox"/> |
| | <input type="checkbox"/> | <input type="checkbox"/> |
| | <input type="checkbox"/> | <input type="checkbox"/> |
| | <input type="checkbox"/> | <input type="checkbox"/> |
| | <input type="checkbox"/> | <input type="checkbox"/> |
| | <input type="checkbox"/> | <input type="checkbox"/> |
| | <input type="checkbox"/> | <input type="checkbox"/> |
| | <input type="checkbox"/> | <input type="checkbox"/> |
| | <input type="checkbox"/> | <input type="checkbox"/> |

Reminder: Be sure to do your vapor recovery testing for your equipment.

1. Static Pressure Performance Test
2. Pressure Vacuum Valve Test Dynamic
3. Backpressure Performance Test
4. Air to liquid Volume Ratio Test (**Vacuum assist systems Only**)

| Operation & Maintenance Inspection Log | | |
|---|--------------------|-----------------------|
| Inspections must be conducted every 30 days to check for cracks, holes, loose fittings or any other deficiency. If a tank or piping repair is conducted a tightness test is required within 30 days.. | | |
| Spill Containment Equipment | Date of Inspection | Are Repairs Required? |
| Catchment Basin | | |
| Dispenser Sumps | | |
| Piping/Turbine Sumps | | |

| Daily Vapor & Liquid Leak Inspection Log of Fuel Dispensing Equipment | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|
| Mark "N" for No Leak Detected or Mark "Y" for Yes Leak Detected | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| If a vapor or liquid leak is detected the leaking equipment must be taken out of service until the necessary repairs are completed. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 |
| Pumps | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Nozzles | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Bellows | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Hoses | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Breakaways | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Swivels | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

| Equipment Maintenance Log | |
|----------------------------------|--------------------------|
| Equipment Repair Description | Date of Completed Repair |
| | |
| | |
| | |
| | |



New Jersey Vapor Recovery Program Compliance Calendar

November 2020

| Sunday | Monday | Tuesday | Wednesday | Thursday | Friday | Saturday |
|--|--|--|---|--|--|--|
| 1 <input type="checkbox"/> Inspected fuel flow totalizer on each pump | 2 <input type="checkbox"/> Inspected fuel flow totalizer on each pump | 3 <input type="checkbox"/> Inspected fuel flow totalizer on each pump | 4 <input type="checkbox"/> Inspected fuel flow totalizer on each pump | 5 <input type="checkbox"/> Inspected fuel flow totalizer on each pump | 6 <input type="checkbox"/> Inspected fuel flow totalizer on each pump | 7 <input type="checkbox"/> Inspected fuel flow totalizer on each pump |
| 8 <input type="checkbox"/> Inspected fuel flow totalizer on each pump | 9 <input type="checkbox"/> Inspected fuel flow totalizer on each pump | 10 <input type="checkbox"/> Inspected fuel flow totalizer on each pump | 11 <input type="checkbox"/> Inspected fuel flow totalizer on each pump | 12 <input type="checkbox"/> Inspected fuel flow totalizer on each pump | 13 <input type="checkbox"/> Inspected fuel flow totalizer on each pump | 14 <input type="checkbox"/> Inspected fuel flow totalizer on each pump |
| 15 <input type="checkbox"/> Inspected fuel flow totalizer on each pump | 16 <input type="checkbox"/> Inspected fuel flow totalizer on each pump | 17 <input type="checkbox"/> Inspected fuel flow totalizer on each pump | 18 <input type="checkbox"/> Inspected fuel flow totalizer on each pump | 19 <input type="checkbox"/> Inspected fuel flow totalizer on each pump | 20 <input type="checkbox"/> Inspected fuel flow totalizer on each pump | 21 <input type="checkbox"/> Inspected fuel flow totalizer on each pump |
| 22 <input type="checkbox"/> Inspected fuel flow totalizer on each pump | 23 <input type="checkbox"/> Inspected fuel flow totalizer on each pump | 24 <input type="checkbox"/> Inspected fuel flow totalizer on each pump | 25 <input type="checkbox"/> Inspected fuel flow totalizer on each pump | 26 <input type="checkbox"/> Inspected fuel flow totalizer on each pump | 27 <input type="checkbox"/> Inspected fuel flow totalizer on each pump | 28 <input type="checkbox"/> Inspected fuel flow totalizer on each pump |
| 29 <input type="checkbox"/> Inspected fuel flow totalizer on each pump | 30 <input type="checkbox"/> Inspected & recorded monthly throughput from all fuel flow totalizers | | <input type="checkbox"/> Completed a 30 Day and annual walked through inspections | | | |

| Fuel Dispensing Throughput 12 Month Total | |
|--|---|
| 12 Month Total From Last Month | |
| Subtract Fuel Flow Totalizer Amounts from December 2019 | — |
| Subtotal = | |
| Add Fuel Flow Totalizer Amounts from December 2020 | + |
| 12 Month Total = | |

| Spill Basin & Stage I Inspection Log | | |
|---|--------------------------|--------------------------|
| Inspections must be conducted before & after every delivery. Fuel delivery cannot be accepted if Stage I vapor recovery equipment is not working properly or if the spill basin contains fuel, water or debris. | | |
| Date of Delivery | Spill Basin Inspected | Stage I Inspected |
| | <input type="checkbox"/> | <input type="checkbox"/> |
| | <input type="checkbox"/> | <input type="checkbox"/> |
| | <input type="checkbox"/> | <input type="checkbox"/> |
| | <input type="checkbox"/> | <input type="checkbox"/> |
| | <input type="checkbox"/> | <input type="checkbox"/> |
| | <input type="checkbox"/> | <input type="checkbox"/> |
| | <input type="checkbox"/> | <input type="checkbox"/> |
| | <input type="checkbox"/> | <input type="checkbox"/> |
| | <input type="checkbox"/> | <input type="checkbox"/> |
| | <input type="checkbox"/> | <input type="checkbox"/> |
| | <input type="checkbox"/> | <input type="checkbox"/> |

Reminder: Spill buckets should be kept clean from product, water and debris. Check at least once a month or check before and after a delivery.

Sacrificial anodes (passive) and Impressed current systems test every three years. If you have Rectifier record every 60 days to see if it is function properly.

| Operation & Maintenance Inspection Log | | |
|--|--------------------|-----------------------|
| Inspections must be conducted every 30 days to check for cracks, holes, loose fittings or any other deficiency. If a tank or piping repair is conducted a tightness test is required within 30 days. | | |
| Spill Containment Equipment | Date of Inspection | Are Repairs Required? |
| Catchment Basin | | |
| Dispenser Sumps | | |
| Piping/Turbine Sumps | | |

| Daily Vapor & Liquid Leak Inspection Log of Fuel Dispensing Equipment | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|
| Mark "N" for No Leak Detected or Mark "Y" for Yes Leak Detected | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| If a vapor or liquid leak is detected the leaking equipment must be taken out of service until the necessary repairs are completed. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | 31 |
| Pumps | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Nozzles | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Bellows | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Hoses | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Breakaways | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Swivels | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

| Equipment Maintenance Log | |
|------------------------------|--------------------------|
| Equipment Repair Description | Date of Completed Repair |
| | |
| | |
| | |
| | |
| | |



New Jersey Vapor Recovery Program Compliance Calendar

December 2020

| Sunday | Monday | Tuesday | Wednesday | Thursday | Friday | Saturday |
|--|--|--|--|--|--|---|
| | | 1 <input type="checkbox"/> Inspected fuel flow totalizer on each pump | 2 <input type="checkbox"/> Inspected fuel flow totalizer on each pump | 3 <input type="checkbox"/> Inspected fuel flow totalizer on each pump | 4 <input type="checkbox"/> Inspected fuel flow totalizer on each pump | 5 <input type="checkbox"/> Inspected fuel flow totalizer on each pump |
| 6 <input type="checkbox"/> Inspected fuel flow totalizer on each pump | 7 <input type="checkbox"/> Inspected fuel flow totalizer on each pump | 8 <input type="checkbox"/> Inspected fuel flow totalizer on each pump | 9 <input type="checkbox"/> Inspected fuel flow totalizer on each pump | 10 <input type="checkbox"/> Inspected fuel flow totalizer on each pump | 11 <input type="checkbox"/> Inspected fuel flow totalizer on each pump | 12 <input type="checkbox"/> Inspected fuel flow totalizer on each pump |
| 13 <input type="checkbox"/> Inspected fuel flow totalizer on each pump | 14 <input type="checkbox"/> Inspected fuel flow totalizer on each pump | 15 <input type="checkbox"/> Inspected fuel flow totalizer on each pump | 16 <input type="checkbox"/> Inspected fuel flow totalizer on each pump | 17 <input type="checkbox"/> Inspected fuel flow totalizer on each pump | 18 <input type="checkbox"/> Inspected fuel flow totalizer on each pump | 19 <input type="checkbox"/> Inspected fuel flow totalizer on each pump |
| 20 <input type="checkbox"/> Inspected fuel flow totalizer on each pump | 21 <input type="checkbox"/> Inspected fuel flow totalizer on each pump | 22 <input type="checkbox"/> Inspected fuel flow totalizer on each pump | 23 <input type="checkbox"/> Inspected fuel flow totalizer on each pump | 24 <input type="checkbox"/> Inspected fuel flow totalizer on each pump | 25 <input type="checkbox"/> Inspected fuel flow totalizer on each pump | 26 <input type="checkbox"/> Inspected fuel flow totalizer on each pump |
| 27 <input type="checkbox"/> Inspected fuel flow totalizer on each pump | 28 <input type="checkbox"/> Inspected fuel flow totalizer on each pump | 29 <input type="checkbox"/> Inspected fuel flow totalizer on each pump | 30 <input type="checkbox"/> Inspected fuel flow totalizer on each pump | 31 <input type="checkbox"/> Inspected & recorded monthly throughput from all fuel flow totalizers | | <input type="checkbox"/> Completed a 30 Day and annual walked through inspections |

| Fuel Dispensing Throughput 12 Month Total | |
|---|---|
| 12 Month Total From Last Month | |
| Subtract Fuel Flow Totalizer Amounts from January 2020 | — |
| Subtotal = | |
| Add Fuel Flow Totalizer Amounts from January 2021 | + |
| 12 Month Total = | |

| Spill Basin & Stage I Inspection Log | | |
|---|------------------------------|--------------------------|
| Inspections must be conducted before & after every delivery. Fuel delivery cannot be accepted if Stage I vapor recovery equipment is not working properly or if the spill basin contains fuel, water or debris. | | |
| Date of Delivery | Spill Basin Inspected | Stage I Inspected |
| | <input type="checkbox"/> | <input type="checkbox"/> |
| | <input type="checkbox"/> | <input type="checkbox"/> |
| | <input type="checkbox"/> | <input type="checkbox"/> |
| | <input type="checkbox"/> | <input type="checkbox"/> |
| | <input type="checkbox"/> | <input type="checkbox"/> |
| | <input type="checkbox"/> | <input type="checkbox"/> |
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| | <input type="checkbox"/> | <input type="checkbox"/> |
| | <input type="checkbox"/> | <input type="checkbox"/> |
| | <input type="checkbox"/> | <input type="checkbox"/> |
| | <input type="checkbox"/> | <input type="checkbox"/> |
| | <input type="checkbox"/> | <input type="checkbox"/> |

Reminder: Have a Release Response Plan (RRP) posted at the facility. RRP should have Emergency telephone numbers such as: the local Fire Department; Health Department; DEP Hot Line 1-877-WARNDEP (1-877-927-6337); person responsible for the operation of the UST facility; telephone number for any contractor retained to respond to emergencies; and the procedures to be followed in the event of an emergency.

| Operation & Maintenance Inspection Log | | |
|---|---------------------------|------------------------------|
| Inspections must be conducted every 30 days to check for cracks, holes, loose fittings or any other deficiency. If a tank or piping repair is conducted a tightness test is required within 30 days.. | | |
| Spill Containment Equipment | Date of Inspection | Are Repairs Required? |
| Catchment Basin | | |
| Dispenser Sumps | | |
| Piping/Turbine Sumps | | |

| Daily Vapor & Liquid Leak Inspection Log of Fuel Dispensing Equipment | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|
| Mark "N" for No Leak Detected or Mark "Y" for Yes Leak Detected | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| If a vapor or liquid leak is detected the leaking equipment must be taken out of service until the necessary repairs are completed. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | 31 |
| Pumps | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Nozzles | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Bellows | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Hoses | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Breakaways | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Swivels | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

| Equipment Maintenance Log | |
|-------------------------------------|---------------------------------|
| Equipment Repair Description | Date of Completed Repair |
| | |
| | |
| | |
| | |
| | |



New Jersey Vapor Recovery Program Compliance Calendar

January 2021

| Sunday | Monday | Tuesday | Wednesday | Thursday | Friday | Saturday |
|---|--|--|--|--|--|--|
| <input type="checkbox"/> Completed a 30 Day and annual walked through inspections | | | | | 1 <input type="checkbox"/> Inspected fuel flow totalizer on each pump | 2 <input type="checkbox"/> Inspected fuel flow totalizer on each pump |
| 3 <input type="checkbox"/> Inspected fuel flow totalizer on each pump | 4 <input type="checkbox"/> Inspected fuel flow totalizer on each pump | 5 <input type="checkbox"/> Inspected fuel flow totalizer on each pump | 6 <input type="checkbox"/> Inspected fuel flow totalizer on each pump | 7 <input type="checkbox"/> Inspected fuel flow totalizer on each pump | 8 <input type="checkbox"/> Inspected fuel flow totalizer on each pump | 9 <input type="checkbox"/> Inspected fuel flow totalizer on each pump |
| 10 <input type="checkbox"/> Inspected fuel flow totalizer on each pump | 11 <input type="checkbox"/> Inspected fuel flow totalizer on each pump | 12 <input type="checkbox"/> Inspected fuel flow totalizer on each pump | 13 <input type="checkbox"/> Inspected fuel flow totalizer on each pump | 14 <input type="checkbox"/> Inspected fuel flow totalizer on each pump | 15 <input type="checkbox"/> Inspected fuel flow totalizer on each pump | 16 <input type="checkbox"/> Inspected fuel flow totalizer on each pump |
| 17 <input type="checkbox"/> Inspected fuel flow totalizer on each pump | 18 <input type="checkbox"/> Inspected fuel flow totalizer on each pump | 19 <input type="checkbox"/> Inspected fuel flow totalizer on each pump | 20 <input type="checkbox"/> Inspected fuel flow totalizer on each pump | 21 <input type="checkbox"/> Inspected fuel flow totalizer on each pump | 22 <input type="checkbox"/> Inspected fuel flow totalizer on each pump | 23 <input type="checkbox"/> Inspected fuel flow totalizer on each pump |
| 24 <input type="checkbox"/> Inspected fuel flow totalizer on each pump | 25 <input type="checkbox"/> Inspected fuel flow totalizer on each pump | 26 <input type="checkbox"/> Inspected fuel flow totalizer on each pump | 27 <input type="checkbox"/> Inspected fuel flow totalizer on each pump | 28 <input type="checkbox"/> Inspected fuel flow totalizer on each pump | 29 <input type="checkbox"/> Inspected fuel flow totalizer on each pump | 30 <input type="checkbox"/> Inspected fuel flow totalizer on each pump |
| 31 <input type="checkbox"/> Inspected & recorded monthly throughput from all fuel flow totalizers | | | | | | |

Environmental Contact Information

NJ Department of State
Small Business Ombudsman

Business Action Center at (800) 643-6090
<https://www.nj.gov/state/bac/bac.shtml>

NJ Department of Environmental Protection
Air Quality, Energy and Sustainability
Small Business Environmental Assistance Program
(609) 633-0631 or (877) 753-1151 (NJ State Only)
<http://www.nj.gov/dep/aqes/sbap/index.html>

NJ Air Permits for Gasoline Station Equipment

Bureau of Stationary Sources
(609) 292-6716 or (800) 441-0065 (NJ State Only)
<https://www.state.nj.us/dep/aqpp/gp1list.htm>

Bureau of Local Environmental Management
& Right to Know

(609) 292-6714
www.nj.gov/dep/enforcement/rtk.html*

Hazardous Waste

EPA (Region 2) RCRA ID : 212- 637-4145
<https://www.epa.gov/hwgenerators/hazardous-waste-site-identification-epas-region-2>

<https://www.epa.gov/hw>

Underground Storage Tanks

Bureau of Underground Storage Tanks
(609) 292-8761
<https://www.nj.gov/dep/srp/bust/>

UST Registration and Billing Unit
(609) 292-2943
<http://www.nj.gov/dep/srp/forms/ust/ust021b.pdf>

UST Contractor Certification
(609) 777-1013
<http://www.nj.gov/dep/exams/ust.htm>

UST Compliance and Enforcement

Northern New Jersey (609) 439-9589
Central New Jersey (609) 477-0945
Southern New Jersey (609) 477-4263
www.nj.gov/dep/enforcement

Wastewater

Contact your local sewer authority.
Septic systems contact your local health department or
NJDEP at (609) 292-0407
www.nj.gov/dep/dwq

Internet Resources

State & Federal Guidance Documents Links

NJ DEP-Underground Storage Tanks – <https://www.nj.gov/dep/srp/bust/>

The following guidance documents can be found at - <http://www.nj.gov/dep/srp/forms/ust/index.html#ust021>

- [UST Substantial Modification Permit application form](#)
- [UST-021 Form - Financial Responsibility for Regulated Underground Storage Tanks \(USTs\) Certifications](#)
- [UST Facility Certification Questionnaire \(UST-021\)](#)
- Underground Storage Tank Compliance and Enforcement Resources:** <https://www.state.nj.us/dep/enforcement/ust-resources.html>

USEPA-Office of Underground Storage Tanks (OUST) - <http://www.epa.gov/swerust1/>

- OUST Publications - www.epa.gov/swerust1/pubs/index.htm
- California Air Resource Board (CARB)** – www.arb.ca.gov/vapor/eo-PhaseII.htm

Professional And Trade Association Links

- American Petroleum Institute (API) : www.api.org
- American Society of Testing and Materials (ASTM) : www.astm.org/index.html
- Fiberglass Tank and Pipe Institute (FTPI) : www.fiberglasstankandpipe.com
- Fuel Merchants Association of New Jersey : www.fmanj.org
- NACE International - The Corrosion Society : www.nace.org
- National Fire Protection Association (NFPA) : www.nfpa.org
- New Jersey Gasoline- C-Store-Automotive Association www.njgca.org
- Petroleum Equipment Institute (PEI) : www.pei.org
- Petroleum Equipment Contractors Association www.peca.net/aboutpeca.htm
- Steel Tank Institute (STI) : www.steeltank.com
- Underwriters Laboratories (UL) : www.ul.com

Community Right to Know Surveys Go Electronic

The New Jersey Department of Environmental Protection (NJDEP), Community Right to Know (CRTK) program has instituted Mandatory Electronic Submittal of CRTK Surveys. (CRTK Surveys are due March 1 of every year). Therefore, you will no longer be receiving a paper copy of the Survey to complete.

STEP 1: Requesting Access (*New Users – are users who do not already have a NJDEP Online account or ID*)

1. Go to <http://www.njdeponline.com> and select the button labeled “NEW USERS Request Access to NJDEP Online for Registered Services.” This will open a new screen entitled “Request Access to NJDEP Online.”
2. Fill in all fields.
3. Click on the “Request” button.

STEP 2: Link Your NJDEP Online Services to Your myNewJersey Account

Fill out Section B with your desired ‘Log On ID,’ ‘Password,’ ‘Security Question,’ and ‘Security Answer’ and click “Create this new myNewJersey Account and Link NJDEP Online To It.” (**Remember to write down this information!**)

STEP 3: Use NJDEP Online

1. Enter your contact information. Click on Add Contact Number and add at least one contact number and click “Continue.”
2. The next screen is the “Request your Certification PIN.” **You do not need a Certification PIN to complete the Right to Know Survey.** Click on “Complete Setup.”
3. Select “Community Right to Survey” from the My Services screen and click “Ok.”
4. To add your facility, click on “Add Facility” and in the box next to “Facility ID” enter your 11 digit Facility ID and click “Search.” Once your facility appears click inside the small box then click on “Add Selected Facility.”

STEP 4: Accessing the Community Right to Know Survey

1. Make sure you are on the “My Workspace page.”
2. Under “Service Selection” click on “Community Right to Know Survey”
3. The Facility Selection will appear. Click on the “Yellow paper icon” located on the right-hand side under “Access Facility.”
4. Click “Continue”
5. Then go through the Five steps to submit your survey.

You are now ready to complete and submit your Community Right to Know Survey for the prior reporting year. The Community Right to Know submittal function for Reporting Year will be available the first week of January.

Note: After completing these steps, you will be able to access NJDEP Online by visiting <http://www.njdeponline.com> and clicking “Log in to NJDEP Online” within the blue box at the top right of the screen. If you need further assistance, please contact us at the link labeled ‘Address your comments and suggestions to us’ located at the bottom of <http://www.njdeponline.com>.

Information or assistance is available by calling (609) 292-6714 from 8:00a.m.-5:00p.m. You can also visit our website at <http://www.nj.gov/dep/opppc/>.

The following pages are online examples of the “Company Information” screen and the “Submittal List” screen:



These 11 digits are your CRTK Facility ID Number which is assigned to you

- COMPANY INFO
- SUBSTANCE LIST
- VERIFY DATA
- SUBMIT SURVEY
- Go to Facility List
- Help
- Print
- Exit

Facility ID: Facility Name:

Save to File

PART 1 - COMPANY/FACILITY INFORMATION

REQUEST CHANGE

Mailing Address

Facility Location

A Company Name 1

Name 2

Street/PO Box

Apt./Suite No.

City

State Zip Code -

Street

City

State

County

Company Contact Name

Company Contact Email Address

B Does this facility Produce, Store or Use 10 CRTK Environmental Hazardous Substances:

1. in any quantity? Yes No ** You must check "Yes" if you have Environmental Hazardous Substances in any quantity at your facility.*

2. above thresholds? Yes No

D Number of employees at this facility

E Number of facilities in New Jersey

F Federal EIN (FEIN) [Click here for a list of facilities under this FEIN](#) (Do NOT call us for the number. We cannot give it to you on the phone.)

C Facility Status

Note: If you select "Out of Business" this survey must be completed for the period of time that the business was active during the reporting year.

G RSD exemption approval number for this facility:

H Subject to EPCRA Reporting

Facility NAICS Code

"Yes" means that your facility is subject to the federal EPCRA reporting requirements only, or that you reported an EPCRA-Only substance at or above the reporting threshold on your most recent survey. You must report the additional information under the 'EPCRA Section Information' heading below.

Briefly describe the current operations or business conducted at this facility:

I Emergency Contact Name

Title

Emergency Contact Phone

Facility Phone

J Official Contact Name

Title

Official Contact Phone

K Union Name/Local #

Representative Name

Union Representative

Email Address

Phone

EPCRA Section Information

If you are

1. A Gasoline Station with more than 10,000lbs (1428.57gallons) of gasoline, diesel, kerosene or other substances in your facility on any given day, check 'yes' to #1 and #2. And must fill out Part 2
2. Gasoline Stations with Less than 10,000lbs in your facility on any given day, check 'yes' to #1, 'No' to #2
3. Facilities without gasoline, diesel, kerosene or other substances in your facility check 'No' to #1 and #2

Please specify,

1. Fueling Station
2. Fueling Station with vehicle repair
3. Fueling station with convenience store
4. Vehicle repair only, no fueling
5. Convenience store only, no fueling
6. Other, please describe



COMPANY INFO SUBSTANCE LIST VERIFY DATA SUBMIT SURVEY

Go to Facility List

Facility ID: Facility Name:

Select Substance(s) to Add By:

Name CAS #

- GASOLINE
- LEAD
- PROPANE
- WASTE OIL

Be sure to add other substances such as kerosene, motor oil, diesel, used petroleum oil, propane and lead batteries to the list. The Threshold for propane and lead is 500lbs. The Threshold for gasoline is 10,000lbs (1428.26 gallons) in the facility on given time.

Please note: Reporting Range Codes:
 Reminder: Gasoline Inventory Range Codes (on any given day)
 If you have more than 25,000lbs (3571.42 gallons) and less than 49,999lbs (7,141.26 gallons) of gasoline, use Range Code 17
 If you have more than 49,999lbs (7,141.26 gallons) and less than 100,000lbs (14,282.57 gallons) of gasoline, use Range Code 18
 If you have more than 100,000lbs (14,282.57 gallons) and less than 499,999 (71,413.85) use Range Code 19

PART 2 - CHEMICAL INVENTORY REPORT

Validate Chemical Save to File Delete Substance

Record Status: **Incomplete** (Click the 'Validate Chemical' button for a list of missing items.)

| | | |
|---|---|------------------------|
| Substance Name | GASOLINE | |
| Substance Number | 0957 | |
| CAS Number | 8006-61-9 | |
| DOT Number | 1203 | |
| Purity | <input type="radio"/> Pure <input checked="" type="radio"/> Mixture (Check one) | |
| Physical State | <input type="radio"/> Solid <input checked="" type="radio"/> Liquid <input type="radio"/> Gas (Check one) | |
| EPCRA Only | No | |
| Inventory Information | | |
| Container Type | TB - Below ground tank | |
| Container Description | <input type="text"/> <small>Must complete if 'Other' selected above</small> | |
| Inventory (lbs) <small>Go to gallon & cubic feet conversion table</small> | Max. Daily | Select Inventory Range |
| | Avg. Daily | Select Inventory Range |
| Trade Secret | No <input checked="" type="radio"/> Yes <input type="radio"/> | |
| Days on Site | 365 | |
| Storage Pressure | 01 - Ambient Pressure | |
| Storage Temperature | 04 - Ambient Temperature | |
| Storage Location(s) | UNDERGROUND TANK FIELD - (3) 6K USTS | |
| (If EPCRA-Only = 'Yes') Does this EPCRA-Only Mixture Contain EPCRA Section 302 Extremely Hazardous Substance(s)? <input type="radio"/> Yes <input checked="" type="radio"/> No <input type="button" value="Enter EHS"/> | | |

Note: For facilities subject to reporting under EPCRA: if the Substance you are reporting is a Mixture, all components of that mixture that are EPCRA Section 302 Extremely Hazardous Substances and that are present with a Maximum Daily Inventory equal to or greater than the substance's Reporting Threshold must be reported. (If the reporting fields are grayed out, click "Save to file" to activate them.)

Validate Chemical Save to File Delete Substance



- COMPANY INFO
- SUBSTANCE LIST
- VERIFY DATA
- SUBMIT SURVEY

- Go to Facility List
-
-
- Print
- Exit

Facility ID: 79050700000 Facility Name: CALIFON EXXON INC

Select Substance(s) to Add By:

PART 2 - CHEMICAL INVENTORY REPORT Validate Chemical Save to File Delete Substance

- DIESEL FUEL OR #2 HEATING OIL
- GASOLINE

Record Status: **Complete**

Substance Name: **DIESEL FUEL OR #2 HEATING OIL**

| Substance Description | | Physical Hazards | Health Hazards |
|--|---|---|---|
| Substance Number | 2444 | <input type="checkbox"/> Explosive | <input checked="" type="checkbox"/> Acute toxicity (any route of exposure) |
| CAS Number | 68476-34-6 | <input checked="" type="checkbox"/> Flammable (gases, aerosols, liquids, or solids) | <input checked="" type="checkbox"/> Skin corrosion or irritation |
| DOT Number | 1993 | <input type="checkbox"/> Oxidizer (liquid, solid or gas) | <input type="checkbox"/> Serious eye damage or eye irritation |
| Purity | <input checked="" type="radio"/> Pure <input type="radio"/> Mixture (Check one) | <input type="checkbox"/> Self-reactive | <input type="checkbox"/> Respiratory or skin sensitization |
| Physical State | <input type="radio"/> Solid <input checked="" type="radio"/> Liquid <input type="radio"/> Gas (Check one) | <input type="checkbox"/> Pyrophoric (liquid or solid) | <input checked="" type="checkbox"/> Germ cell mutagenicity |
| EPCRA Only | No | <input type="checkbox"/> Pyrophoric gas | <input checked="" type="checkbox"/> Carcinogenicity |
| Inventory Information | | <input type="checkbox"/> Self-heating | <input type="checkbox"/> Reproductive toxicity |
| Container Type | TB - Below ground tank | <input type="checkbox"/> Organic peroxide | <input type="checkbox"/> Specific target organ toxicity (single or repeated exposure) |
| Container Description | <input type="text"/> <small>Must complete if 'Other' selected above</small> | <input type="checkbox"/> Corrosive to metal | <input checked="" type="checkbox"/> Aspiration hazard |
| Inventory (lbs) | Max. Daily: 18 - 50,000 to 99,999 pounds | <input type="checkbox"/> Gas under pressure (compressed gas) | <input type="checkbox"/> Simple asphyxiant |
| <small>Go to gallon & cubic feet conversion help</small> | Avg. Daily: 18 - 10,000 to 24,999 pounds | <input type="checkbox"/> In contact with water emits flammable gas | <input type="checkbox"/> Health hazard not otherwise classified |
| Trade Secret | No <input checked="" type="radio"/> Yes <input type="radio"/> | <input type="checkbox"/> Combustible dust | <input type="checkbox"/> No health hazards per SDS |
| Days on Site | 365 | <input type="checkbox"/> Physical hazard not otherwise classified | |
| Storage Pressure | 01 - Ambient Pressure | <input type="checkbox"/> No physical hazards per SDS | |
| Storage Temperature | 04 - Ambient Temperature | | |
| Storage Location(s) | FRONT CORNER PARKING LOT | | |

(If EPCRA-Only = "Yes") Does this EPCRA-Only Mixture Contain EPCRA Section 302 Extremely Hazardous Substance(s)? Yes No Enter EHS

Note: For facilities subject to reporting under EPCRA: if the Substance you are reporting is a Mixture, all components of that mixture that are EPCRA Section 302 Extremely Hazardous Substances and that are

UST Operational Quick Guide – most common UST system set up requirements

- 1.) Valid Registration – tank owner/operator, A/B operator, number of tanks, tank size, contents, construction and installation year
- 2.) Valid Insurance – correct limits of liability, number of tanks, tank size and install year
- 3.) Tank has Cathodic Protection (steel tanks only)
 - Passing CP test every 3 years or within 6 months of repair-If impressed system – 60 day rectifier log required
 - Fiberglass Coated Steel tanks – documentation that tank has standalone CP (UL1746)
 - Internal lining is inspected within 10 years and every 5 years after
- 4.) Release Detection Monitoring – monitoring systems, including sensors and probes must be certified annually.
 - Tanks
 - Passing ATG 0.2 gph test every 30 days
 - Interstitial (double wall only) – required if tanks were installed after 1990
 - Lines (pressurized)
 - Line Leak Detector – annual test
 - One of the following:
 - Annual line tightness test (single wall)
 - Interstitial (double wall) –required if installed after 1990
 - – integrity test sumps every 3 years
 - Lines (suction)
 - European suction – no check valve at top of tank, product drains back to tank
 - No additional monitoring required, documentation lines are European may be requested.
 - American suction – check valve at top of tank, produce remains in lines
 - Either line tightness test every 3 years or interstitial monitoring
- 5.) Spill Prevention (Spill Buckets)
 - Inspected for damage/holes, no obstruction in fill pipe - before & after each delivery (keep log)
 - Integrity tested every 3 years
- 6.) Overfill Protection
 - High level alarm – set to 90%, certified every year
 - Drop tube valve – set to 95%, certified every 3 years
 - Ball float – set to 90%, certified every 3 years (cannot be repaired, must be replaced)

Also look at minor source air – gasoline tanks over 2,000 gallons (total onsite capacity)

- Valid air permit
- Stage 1 testing – PV Valve and Pressure Decay (annual)
- Stage 2 testing ; Air to Liquid Ration, vacuum assist only (annual)
- dynamic backpressure (3 year test)
- Decommissioning of Stage 2 (when approved by DEP) must be done by a UST certified installer

UST Compliance Testing Schedule

Daily Inspections

- Stage 2 inspections of dispenser hoses/nozzles (keep log)

Monthly Site Inspections

- Visually check spill prevention for damage – remove liquid/debris
- Check for and remove obstructions in fill pipe
- Check fill cap to ensure it is securely on fill pipe
- For double wall-walled spill prevention equipment – check for leak in interstitial area
- Check release detection equipment to ensure it is operating with no alarms – keep current release detection monitoring records
- Open and visually inspect UST system equipment and areas without containment at the submersible turbine pumps, under dispensers and/or below piping connections for damage or releases to the environment

60-day rectifier inspection log (impressed CP systems only)

Contractor Testing:

Annual testing–

- Monitoring system certification including sensors/probes/high level alarm
- High level overflow alarm certification
- Lines tightness (if used as Release Detection Method)
- Line Leak Detector
- Stage 1 - PV Valve
- Stage 1 - Pressure Decay
- Stage 2 - Air to Liquid Ratio (Vac Assist system only)

3 year testing

- Cathodic Protection test (additional testing required within 6 months of CP repair)
- Overflow verification for drop tube valves and ball floats
- Spill prevention integrity testing
- Integrity test of sumps (sites that perform interstitial monitoring)
- Stage 2 -Dynamic Backpressure test

Operation and Maintenance Walkthrough Inspection Checklist

Enter the date of the inspection and initials in each applicable box below the date to indicate the item was inspected and no issues were observed.

| | | | | | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
| Date of Inspection: | | | | | | | | | | | | | |
| REQUIRED EVERY 30 DAYS | | | | | | | | | | | | | |
| <i>(Exception: UST systems receiving deliveries at intervals greater than 30 days, may check spill prevention equipment prior to each delivery.)</i> | | | | | | | | | | | | | |
| Visually check all spill prevention equipment for damage. Remove liquid or debris. | | | | | | | | | | | | | |
| Check for and remove obstructions in fill pipe. | | | | | | | | | | | | | |
| Check fill cap to ensure it is securely on fill pipe. | | | | | | | | | | | | | |
| *For spill prevention equipment with interstitial monitoring, check each device for leaks in the interstitial area. | | | | | | | | | | | | | |
| Check release detection equipment to ensure it is on and operating with no alarms or unusual operating conditions. | | | | | | | | | | | | | |
| Review and keep current release detection records. | | | | | | | | | | | | | |
| *Open and visually inspect UST system equipment in all areas without containment systems, such as submersible turbine pumps or piping connections/transitions for damage or releases to the environment. | | | | | | | | | | | | | |
| *Open and visually inspect the fuel dispenser system equipment in all areas without a containment device, checking for malfunctions, damage or releases. | | | | | | | | | | | | | |
| REQUIRED ANNUALLY | | | | | | | | | | | | | |
| Date of Inspection: | | | | | | | | | | | | | |
| Visually check all containment devices/sumps for damage and leaks to the containment area or releases to the environment. | | | | | | | | | | | | | |
| Remove liquid or debris from containment areas. | | | | | | | | | | | | | |
| *For a containment device/sump with interstitial monitoring, check each for leaks in the interstitial area. | | | | | | | | | | | | | |
| Check devices, such as ground water bailers and tank gauge sticks, for operability and serviceability. | | | | | | | | | | | | | |

* as applicable

In the following table, describe each issue discovered and the corrective action taken.

| Date | Action Taken |
|------|--------------|
| | |
| | |
| | |
| | |

Keep this record for at least five years after last inspection date on the form.