

UNDERGROUND STORAGE TANK MONITORING PLAN – PAGE 1

TYPE OF ACTION	<input type="checkbox"/> 1. NEW PLAN	<input type="checkbox"/> 2. CHANGE OF INFORMATION	M01.
PLAN TYPE	<input type="checkbox"/> MONITORING IS IDENTICAL FOR ALL USTs AT THIS FACILITY.		M02.
(Check one item only)	<input type="checkbox"/> THIS PLAN COVERS ONLY THE FOLLOWING UST SYSTEM(S):		

I. FACILITY INFORMATION

FACILITY ID # (Agency Use Only)	
BUSINESS NAME (Same as FACILITY NAME)	M03.
BUSINESS SITE ADDRESS	M04. CITY M05.

II. EQUIPMENT TESTING AND PREVENTIVE MAINTENANCE

State law requires that testing, preventive maintenance, and calibration of monitoring equipment (e.g., sensors, probes, line leak detectors, etc.) be performed at the frequency specified by the equipment manufacturers' instructions, or annually, whichever is more frequent, and that such work must be performed by qualified personnel.

MONITORING EQUIPMENT IS SERVICED 1. ANNUALLY M06. 99. OTHER (Specify): _____ M07.

III. MONITORING LOCATIONS

This monitoring plan must include a Site Plan showing the general tank and piping layouts and the locations where monitoring is performed (i.e., location of each sensor, line leak detector, monitoring system control panel, etc.). If you already have a diagram (e.g., current UST Monitoring Site Plan from a Monitoring System Certification form, Hazardous Materials Business Plan map, etc.) which shows all required information, include it with this plan.

IV. TANK MONITORING

MONITORING IS PERFORMED USING THE FOLLOWING METHOD(S): (Check all that apply) M10.

<input type="checkbox"/>	1. CONTINUOUS ELECTRONIC MONITORING OF TANK ANNULAR (INTERSTITIAL) SPACE(S) OR SECONDARY CONTAINMENT VAULT(S)		
	SECONDARY CONTAINMENT IS: <input type="checkbox"/> a. DRY <input type="checkbox"/> b. LIQUID FILLED <input type="checkbox"/> c. PRESSURIZED <input type="checkbox"/> d. VACUUM		M1
	PANEL MANUFACTURER: _____	M12. MODEL #: _____	M1
	LEAK SENSOR MANUFACTURER: _____	M14. MODEL #(S): _____	M1
<input type="checkbox"/>	2. AUTOMATIC TANK GAUGING (ATG) SYSTEM USED TO MONITOR SINGLE WALL TANK(S)		
	PANEL MANUFACTURER: _____	M16. MODEL #: _____	M17.
	IN-TANK PROBE MANUFACTURER: _____	M18. MODEL #(S): _____	M19.
	LEAK TEST FREQUENCY: <input type="checkbox"/> a. CONTINUOUS <input type="checkbox"/> b. DAILY/NIGHTLY <input type="checkbox"/> c. WEEKLY		M20.
	<input type="checkbox"/> d. MONTHLY <input type="checkbox"/> e. OTHER (Specify): _____		M21.
	PROGRAMMED TESTS: <input type="checkbox"/> a. 0.1 g.p.h. <input type="checkbox"/> b. 0.2 g.p.h. <input type="checkbox"/> c. OTHER (Specify): _____		M22. M2
<input type="checkbox"/>	3. INVENTORY RECONCILIATION <input type="checkbox"/> a. MANUAL PER 23 CCR §2646 <input type="checkbox"/> b. STATISTICAL PER CCR §2646		M2.
<input type="checkbox"/>	4. WEEKLY MANUAL TANK GAUGING (MTG) PER 23 CCR §2645		
	TESTING PERIOD: <input type="checkbox"/> a. 36 HOURS <input type="checkbox"/> b. 60 HOURS		
<input type="checkbox"/>	5. INTEGRITY TESTING PER 23 CCR §2643.1		
	TEST FREQUENCY: <input type="checkbox"/> a. ANNUALLY <input type="checkbox"/> b. BIENNIALLY <input type="checkbox"/> c. OTHER (Specify): _____		M26. M2'
<input type="checkbox"/>	6. VISUAL MONITORING: <input type="checkbox"/> a. DAILY <input type="checkbox"/> b. WEEKLY		
<input type="checkbox"/>	99. OTHER (Specify): _____		M28.

V. PIPE MONITORING

MONITORING IS PERFORMED USING THE FOLLOWING METHOD(S) (Check all that apply) M30.

<input type="checkbox"/>	1. CONTINUOUS MONITORING OF PIPING SUMP(S)/TRENCH(ES) AND OTHER SECONDARY CONTAINMENT		
	SECONDARY CONTAINMENT IS: <input type="checkbox"/> a. DRY <input type="checkbox"/> b. LIQUID FILLED <input type="checkbox"/> c. PRESSURIZED <input type="checkbox"/> d. VAC M		M31.
	PANEL MANUFACTURER: _____	M32. MODEL #: _____	M33.
	LEAK SENSOR MANUFACTURER: _____	M34. MODEL #(S): _____	M35.
	WILL A PIPING LEAK ALARM TRIGGER AUTOMATIC PUMP (i.e., TURBINE) SHUTDOWN? <input type="checkbox"/> a. YES <input type="checkbox"/> b. NO		M36.
	WILL FAILURE/DISCONNECTION OF THE MONITORING SYSTEM TRIGGER AUTOMATIC PUMP SHUTDOWN? <input type="checkbox"/> a. YES <input type="checkbox"/> b. NO		M37.
<input type="checkbox"/>	2. MECHANICAL LINE LEAK DETECTOR (MLLD) THAT ROUTINELY PERFORMS 3.0 g.p.h. LEAK TESTS AND RESTRICTS OR SHUTS OFF PRODUCT FLOW WHEN A LEAK IS DETECTED		
	MLLD MANUFACTURER(S): _____	M38. MODEL #(S): _____	M39.
<input type="checkbox"/>	3. ELECTRONIC LINE LEAK DETECTOR (ELLD) THAT ROUTINELY PERFORMS 3.0 g.p.h. LEAK TESTS		
	ELLD MANUFACTURER(S): _____	M40. MODEL #(S): _____	M41.
	PROGRAMMED IN LINE TESTING: <input type="checkbox"/> a. MINIMUM MONTHLY 0.2 g.p.h. <input type="checkbox"/> b. MINIMUM ANNUAL 0.1 g.p.h.		M42.
	WILL ELLD DETECTION OF A PIPING LEAK TRIGGER AUTOMATIC PUMP SHUTDOWN? <input type="checkbox"/> a. YES <input type="checkbox"/> b. NO		M43.
	WILL ELLD FAILURE/DISCONNECTION TRIGGER AUTOMATIC PUMP SHUTDOWN? <input type="checkbox"/> a. YES <input type="checkbox"/> b. NO		M44.
<input type="checkbox"/>	4. INTEGRITY TESTING		
	TEST FREQUENCY: <input type="checkbox"/> a. ANNUALLY <input type="checkbox"/> b. EVERY 3 YEARS <input type="checkbox"/> c. OTHER (Specify) _____		M45. M46.
<input type="checkbox"/>	5. VISUAL MONITORING: <input type="checkbox"/> a. DAILY <input type="checkbox"/> b. WEEKLY <input type="checkbox"/> c. MIN. MONTHLY & EACH TIME SYSTEM OPERATED*		M47.
<input type="checkbox"/>	6. SUCTION PIPING MEETS EXEMPTION CRITERIA PER 23 CCR §2636(a)(3)		
<input type="checkbox"/>	7. NO PRODUCT OR REMOTE FILL PIPING IS CONNECTED TO THE UST(S)		
<input type="checkbox"/>	99. OTHER (Specify) _____		M48.

* Allowed for monitoring of unburred emergency generator fuel piping only per HSC §25281.5(b)(3)

Complete a separate UST Monitoring Plan for each UST monitoring system at the facility. This form must be submitted with your initial UST Operating Permit Application and within 30 days of changes in the information it contains. Please note that your local agency may require you to obtain approval prior to installing or modifying monitoring equipment. (Note: Numbering of these instructions follows the data element numbers on the form.)

- M01. TYPE OF ACTION – Check the appropriate box to indicate why this plan is being submitted.
- M02. PLAN TYPE – Check the appropriate box to indicate whether this plan covers all, or merely some, of the USTs at the facility. If the plan covers only some of the tanks, identify those tanks in the space provided [e.g., by using the Tank ID #(s) in item 432 of the UST Operating Permit Application – Tank Form(s)].
FACILITY ID NUMBER – This space is for agency use only.
- M03. BUSINESS NAME – Enter the complete Facility Name.
- M04. BUSINESS SITE ADDRESS – Enter the street address where the facility is located, including building number, if applicable. Post office box numbers are not acceptable. This information must provide a means to locate the facility geographically.
- M05. CITY – Enter the city or unincorporated area in which the facility is located.
- M06. MONITORING EQUIPMENT IS SERVICED – Check the appropriate box to specify the frequency of monitoring equipment testing/certification.
- M07. SPECIFY – If item II-99 is checked, enter the frequency of monitoring equipment testing/certification.
- M10. TANK MONITORING METHOD(S) – Check the appropriate box(es) in Section IV to identify all methods used for monitoring UST(s) covered by this plan.
- M11. SECONDARY CONTAINMENT IS – Check the appropriate box to describe the environment inside the tank secondary containment.
- M12. PANEL MANUFACTURER – If item IV-1 is checked, enter the name of the manufacturer of the monitoring system control panel (console).
- M13. MODEL # – If item IV-1 is checked, enter the model number for the monitoring system control panel.
- M14. LEAK SENSOR MANUFACTURER – If item IV-1 is checked, enter the name of the manufacturer of the sensor(s). If additional space is needed, use Section IX.
- M15. MODEL #(S) – If item IV-1 is checked, enter the model number for each type of sensor installed. If additional space is needed, use Section IX.
- M16. PANEL MANUFACTURER – If item IV-2 is checked, enter the name of the manufacturer of the monitoring system control panel (console).
- M17. MODEL # – If item IV-2 is checked, enter the model number for the monitoring system control panel.
- M18. IN-TANK PROBE MANUFACTURER – If item IV-2 is checked, enter the name of the manufacturer of the probe(s).
- M19. MODEL #(S) – If item IV-2 is checked, enter the model number for each type of in-tank probe installed. If additional space is needed, use Section IX.
- M20. LEAK TEST FREQUENCY – If item IV-2 is checked, check the appropriate box to describe the in-tank leak test frequency.
- M21. SPECIFY – If item M20-e is checked, enter the frequency of programmed leak tests.
- M22. PROGRAMMED TESTS – If item IV-2 is checked, check the appropriate box to describe the tests programmed into the ATG system.
- M23. SPECIFY – If item M22-c is checked, enter the frequency of in-tank leak testing.
- M24. INVENTORY RECONCILIATION – If item IV-3 is checked, check the appropriate box to describe the type of inventory reconciliation performed (i.e., Manual or Statistical).
- M25. TESTING PERIOD – If item IV-4 is checked, check the appropriate box to describe the MTG testing period.
- M26. TEST FREQUENCY – If item IV-5 is checked, check the appropriate box to describe the frequency of tank integrity testing.
- M27. SPECIFY – If item IV-5-c is checked, enter the frequency of tank integrity testing.
- M28. SPECIFY – If item IV-99 is checked, enter a brief description of the other tank monitoring method(s) used (e.g., vadose zone monitoring per 23 CCR §2647, groundwater monitoring per 23 CCR §2648). Include the monitoring frequency (e.g., Continuous, Weekly). If additional space is needed, use Section IX.
- M30. PIPE MONITORING METHOD(S) – Check the appropriate box(es) in Section V to identify all required methods used for monitoring piping in the UST system(s) covered by this plan.
- M31. SECONDARY CONTAINMENT IS – Check the appropriate box to describe the environment inside piping secondary containment.
- M32. PANEL MANUFACTURER – If item V-1 is checked, enter the name of the manufacturer of the monitoring system control panel (console).
- M33. MODEL # – If item V-1 is checked, enter the model number for the monitoring system control panel.
- M34. LEAK SENSOR MANUFACTURER – If item V-1 is checked, enter the name of the manufacturer of the sensor(s).
- M35. MODEL #(S) – If item V-1 is checked, enter the model number for each type of sensor installed. If additional space is needed, use Section IX.
- M36. WILL PIPING LEAK ALARM TRIGGER PUMP SHUTDOWN? – If item V-1 is checked, check Yes or No.
- M37. WILL FAILURE/DISCONNECTION OF MONITORING SYSTEM TRIGGER SHUTDOWN? – If item V-1 is checked, check Yes or No.
- M38. MLLD MANUFACTURER(S) – If item V-2 is checked, enter the name(s) of the manufacturer(s) of the mechanical line leak detector(s). If additional space is needed, use Section IX.
- M39. MODEL #(s) – If item V-2 is checked, enter the model number for each type of mechanical line leak detector installed. If additional space is needed, use Section IX.
- M40. ELLD MANUFACTURER – If item V-3 is checked, enter the name of the manufacturer of the electronic line leak detector(s).
- M41. MODEL #(S) – If item V-3 is checked, enter the model number for each type of electronic line leak detector installed. If additional space is needed, use Section IX.
- M42. PROGRAMMED LINE INTEGRITY TESTS – If item V-3 is checked, check the appropriate box to describe the type of tests programmed into the monitoring system.
- M43. WILL ELLD DETECTION OF A PIPING LEAK ALARM TRIGGER PUMP SHUTDOWN? – If item V-3 is checked, check Yes or No.
- M44. WILL ELLD FAILURE/DISCONNECTION TRIGGER PUMP SHUTDOWN? – If item V-1 is checked, check Yes or No.
- M45. TEST FREQUENCY – If item V-4 is checked, check the appropriate box to describe the frequency of pipe integrity testing.
- M46. SPECIFY – If item V-4-c is checked, enter the frequency of pipe integrity testing.
- M47. VISUAL MONITORING DONE – If item V-5 is checked, check the appropriate box to describe the frequency of visual monitoring.
- M48. SPECIFY – If item V-99 is checked, enter a brief description of the other line monitoring method(s) used. If additional space is needed, use Section IX. Be sure to clearly describe monitoring method(s) and frequency.

This monitoring plan must include a Site Plan showing the general tank and piping layouts and the locations where monitoring is performed (i.e., location of each sensor, line leak detector, monitoring system control panel, etc.). If you already have a diagram (e.g., current UST Monitoring Site Plan from a Monitoring System Certification form, Hazardous Materials Business Plan map, etc.) which shows all required information, include it with this plan.

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VI. DISPENSER MONITORING

MONITORING OF AREAS BENEATH DISPENSER(S) IS PERFORMED USING THE FOLLOWING METHOD(S) (Check all that apply) M50.

1. CONTINUOUS MONITORING OF UNDER DISPENSER CONTAINMENT (UDC) M55.
 PANEL MANUFACTURER: _____ M51. MODEL #: _____
 LEAK SENSOR MANUFACTURER: _____ M53. MODEL #(S): _____
 WILL DETECTION OF A LEAK IN THE UDC TRIGGER AUDIBLE AND VISUAL ALARMS? a. YES b. NO M55.
 WILL A UDC LEAK ALARM TRIGGER AUTOMATIC PUMP SHUTDOWN? a. YES b. NO M56.
 WILL FAILURE/DISCONNECTION OF UDC MONITORING SYSTEM TRIGGER AUTOMATIC PUMP SHUTDOWN? a. YES b. NO M57.
2. MECHANICAL CONTINUOUS MONITORING (e.g., FLOAT AND CHAIN ASSEMBLY) IN UDC TRIPS SHEAR VALVE IN CASE OF LEAK
 MANUFACTURER: _____ M58. MODEL #(S): _____ M59.
3. VISUAL MONITORING DONE: a. DAILY b. WEEKLY M60.
4. NO DISPENSERS
99. OTHER (Specify) _____

VII. ENHANCED LEAK DETECTION

- WE HAVE BEEN NOTIFIED BY THE STATE WATER RESOURCES CONTROL BOARD THAT WE MUST PERFORM ENHANCED LEAK DETECTION (ELD) FOR THE UST(S) COVERED BY THIS PLAN. PER 23 CCR §2644.1, ELD IS PERFORMED EVERY 36 MONTHS AS REQUIRED M70.

VIII. TRAINING

- REFERENCE DOCUMENTS MAINTAINED AT FACILITY (Check all that apply) M80.
1. THIS UNDERGROUND STORAGE TANK MONITORING PLAN (Required)
 2. OPERATING MANUALS FOR ELECTRONIC MONITORING EQUIPMENT (Required)
 3. THE FACILITY'S BEST MANAGEMENT PRACTICES (Required as of January 1, 2005)
 4. CALIFORNIA UNDERGROUND STORAGE TANK REGULATIONS
 5. CALIFORNIA UNDERGROUND STORAGE TANK LAW
 6. STATE WATER RESOURCES CONTROL BOARD (SWRCB) PUBLICATION: "HANDBOOK FOR TANK OWNERS - MANUAL AND STATISTICAL INVENTORY RECONCILIATION"
 7. SWRCB PUBLICATION: "WEEKLY MANUAL TANK GAUGING FOR SMALL UNDERGROUND STORAGE TANKS"
 99. OTHER (Specify): _____ M81.

Personnel with UST monitoring responsibilities are familiar with all of the above documents relevant to their job duties and can access those documents when needed. By January 1, 2005, this facility will have a "Designated UST Operator" who has passed the California UST System Operator Exam administered by the International Code Council (ICC). By July 1, 2005, and annually thereafter, the "Designated UST Operator" will train facility employees in the proper operation and maintenance of the UST systems. This training will include, but is not limited to, the following:

- Operation of the UST systems in a manner consistent with the facility's best management practices.
- The facility employee's role with regard to the leak detection equipment.
- The facility employee's role with regard to spills and overfills.
- Whom to contact for emergencies and leak detection alarms.

For facility employees hired on or after July 1, 2005, the initial training will be conducted within 30 days of the date of hire.

X. PERSONNEL RESPONSIBILITIES

AS OF JANUARY 1, 2005, THE "DESIGNATED UST OPERATOR" IDENTIFIED IN SECTION III OF THE CURRENT UST OPERATING PERMIT APPLICATION - FACILITY FORM WILL HAVE ULTIMATE AUTHORITY FOR PERFORMING THE MONITORING ACTIVITIES AND MAINTAINING LEAK DETECTION EQUIPMENT COVERED BY THIS PLAN TITLE 23 CCR § 2715(c), AND WILL PERFORM AND DOCUMENT MINIMUM MONTHLY VISUAL INSPECTIONS OF THE FACILITY'S UST SYSTEMS IN ACCORDANCE WITH TITLE 23 CCR § 2715(c).

XI. OWNER/OPERATOR SIGNATURE

CERTIFICATION: I certify that the information provided herein is true and accurate to the best of my knowledge.

OWNER/OPERATOR SIGNATURE _____	REPRESENTING <input type="checkbox"/> Owner M90. <input type="checkbox"/> Operator	DATE: _____ M91.
OWNER/OPERATOR NAME (print): _____ M92.	OWNER/OPERATOR TITLE: _____ M93.	

(Agency Use Only) This plan has been reviewed and: Approved Approved With Conditions Disapproved

Local Agency Signature: _____ Date: _____

Comments/Special Conditions: _____

Complete a separate UST Monitoring Plan for each UST monitoring system at the facility. This form must be submitted with your initial UST Operating Permit Application and within 30 days of changes in the information it contains. Please note that your local agency may require you to obtain approval prior to installing or modifying monitoring equipment. (Note: Numbering of these instructions follows the data element numbers on the form.)

- M50. DISPENSER MONITORING METHOD(S) – Check the appropriate box(es) in Section IV to identify all required methods used for monitoring the area(s) beneath the dispenser(s). If no dispensers are installed (e.g., USTs supplying standby generators), check item VI-5.
- M51. PANEL MANUFACTURER – If item VI-1 is checked, enter the name of the manufacturer of the monitoring system control panel (console). If there is no control panel (e.g., only an electrical relay box is installed) leave this space blank.
- M52. MODEL # – If item VI-1 is checked, enter the model number for the monitoring system control panel. If there is no control panel (e.g., only an electrical relay box is installed) leave this space blank.
- M53. LEAK SENSOR MANUFACTURER – If item VI-1 is checked, enter the name of the manufacturer of the sensor(s).
- M54. MODEL #(S) – If item VI-1 is checked, enter the model number for each type of sensor installed. If additional space is needed, use Section IX.
- M55. WILL DETECTION OF A LEAK INTO UDC TRIGGER AUDIBLE AND VISUAL ALARMS? – If item VI-1 is checked, check Yes or No.
- M56. WILL A UDC LEAK ALARM TRIGGER PUMP SHUTDOWN? – If item VI-1 is checked, check Yes or No.
- M57. WILL FAILURE/DISCONNECTION OF UDC MONITORING TRIGGER SHUTDOWN? – If item VI-1 is checked, check Yes or No.
- M58. ASSEMBLY MANUFACTURER – If item VI-2 is checked, enter the name of the manufacturer of the mechanical leak detection assembly.
- M59. MODEL #(S) – If item VI-2 is checked, enter the model number for each type of mechanical leak detection assembly installed. If additional space is needed, use Section IX.
- M60. VISUAL MONITORING DONE – If item VI-3 is checked, check the appropriate box to describe the frequency of visual monitoring.
- M61. SPECIFY – If item VI-99 is checked, enter a brief description of the other method(s) used to monitor the UDC. If additional space is needed, use Section IX.
- M70. ENHANCED LEAK DETECTION. – Check the box if you have been notified by the State Water Resources Control Board (SWRCB) that the UST(s) covered by this plan is/are subject to Enhanced Leak Detection Requirements (i.e., UST has any single-wall component and is located within 1,000 feet of a public drinking water well).
- M80. REFERENCE DOCUMENTS MAINTAINED AT FACILITY – Check the appropriate boxes to describe reference documents maintained at the facility. Note that items 1, 2, and 3 must be kept at the facility.
- M81. SPECIFY – If item VIII-99 is checked, enter a brief description of the other document(s) maintained at the facility. If additional space is needed, use Section IX.
- M85. COMMENTS/ADDITIONAL INFORMATION – You may use this section to describe any additional UST system monitoring-related information (e.g., additional information required by your local agency). If using Section IX as additional space for items required elsewhere in this plan, reference the item number (e.g., “Item M35 - Model 2468 and 3579 Leak Sensors”).

OWNER/OPERATOR SIGNATURE – The owner/operator shall sign in the space provided. This signature certifies that the signer believes that all information submitted is true, accurate, and complete, and that the training program specified in Section VIII has been implemented..

- M90. REPRESENTING – Check the appropriate box to indicate whether the signer is representing the UST owner or UST operator.
- M91. DATE – Enter the date the plan was signed.
- M92. OWNER/OPERATOR NAME – Print or type the name of the person signing the plan.
- M93. OWNER/OPERATOR TITLE – Enter the title of the person signing the plan.