

**ALABAMA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT  
INTERIOR LINING INSPECTION FORM**

Send copy of completed form with any other required information within 30 days of completing the inspection to:

**Alabama Department of Environmental Management  
Groundwater Branch/UST Compliance Unit  
Post Office Box 301463  
Montgomery, Alabama 36130-1463**

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

Facility Information	Interior Lining Inspector Information
Facility Contact:	Person Conducting Test:
Facility Name:	Name of Company:
Address:	Address:
City, County, Zip Code:	City, State, Zip Code:
Facility I.D. Number:	Phone Number:

Owner Information	General Information
Owner:	Date of Inspection:
Address:	Code of Practice used: <b>NLPA* Standard 631</b>
City, State, Zip Code:	Date Lining Installed:
Phone Number:	Date Lining Last Inspected:

Answer each question as specified. If there are more than 4 tanks at this site, photocopy pages and complete for additional tanks.	Unique Tank No.	Unique Tank No.	Unique Tank No.	Unique Tank No.
Tank capacity in gallons?				
Substance stored? G-gasoline, D-diesel, K-kerosene, O-other(specify)				

TANK CLEANING PRIOR TO INSPECTION				
Interior of tank was cleaned as required for the use of ultrasonic thickness gauging equipment?	(YES)(NO)	(YES)(NO)	(YES)(NO)	(YES)(NO)
Estimate of the volume of sludge removed in gallons? Attach invoice or receipt for removal and disposal.				

VISUAL INSPECTION OF LINING				
Evidence of peeling, of internal lining?	(YES)(NO)	(YES)(NO)	(YES)(NO)	(YES)(NO)
Evidence of blistering of internal lining?	(YES)(NO)	(YES)(NO)	(YES)(NO)	(YES)(NO)
Evidence of surface wrinkling of internal lining?	(YES)(NO)	(YES)(NO)	(YES)(NO)	(YES)(NO)
Evidence of roughing of internal lining?	(YES)(NO)	(YES)(NO)	(YES)(NO)	(YES)(NO)
Imperfections in lining repaired in accordance with lining material manufacturer's specifications?	(YES)(NO)	(YES)(NO)	(YES)(NO)	(YES)(NO)

For each tank, provide description, location and extent of any evidence of peeling, blistering, wrinkling, and roughing of internal lining:

<b>Unique Tank No.</b>
<b>Unique Tank No.</b>
<b>Unique Tank No.</b>
<b>Unique Tank No.</b>

Facility Name: \_\_\_\_\_ Facility I. D. Number: \_\_\_\_\_

**TESTING OF LINING**

Test procedure used to determine lining thickness?				
Number of lining thickness readings taken?				
Lining minimum thickness is 100 mils and nominal thickness is 125 mils?	(YES)(NO)	(YES)(NO)	(YES)(NO)	(YES)(NO)
Inadequate thickness repaired in accordance with lining material manufacturer and tank re-tested with no inadequate thickness detected?	(YES)(NO) (N/A)	(YES)(NO) (N/A)	(YES)(NO) (N/A)	(YES)(NO) (N/A)
Test procedure used to determine lining holidays?				
Entire surface tested for holidays?	(YES)(NO)	(YES)(NO)	(YES)(NO)	(YES)(NO)
Presence of holidays detected?	(YES)(NO)	(YES)(NO)	(YES)(NO)	(YES)(NO)
Holidays repaired in accordance with lining material manufacturer and tank re-tested with no holidays detected?	(YES)(NO) (N/A)	(YES)(NO) (N/A)	(YES)(NO) (N/A)	(YES)(NO) (N/A)
Test procedure used to determine lining hardness?				
Number of hardness readings taken?				
Minimum lining hardness?				
Lining hardness meets manufacturer's specifications?	(YES)(NO)	(YES)(NO)	(YES)(NO)	(YES)(NO)
Inadequate hardness repaired in accordance with lining material manufacturer and tank re-tested with no inadequate hardness detected?	(YES)(NO) (N/A)	(YES)(NO) (N/A)	(YES)(NO) (N/A)	(YES)(NO) (N/A)

**TANK METAL THICKNESS TEST RESULTS AND TANK REPAIR**

Any holes or perforations found in tank?	(YES)(NO)	(YES)(NO)	(YES)(NO)	(YES)(NO)
Original tank metal thickness?				
Average tank metal thickness for entire tank before repair?				
Were any thin wall areas repaired and re-lined?	(YES)(NO)	(YES)(NO)	(YES)(NO)	(YES)(NO)
Percentage of original tank metal thickness after repair?				

**RESULTS OF INTERIOR LINING INSPECTION**

- Tank has perforations and/or holes; **TANK MUST BE PERMANENTLY CLOSED.**
- After allowable repairs, average metal thickness is less than 75% of original tank metal thickness; **TANK MUST BE PERMANENTLY CLOSED.**
- After allowable repairs, average tank metal thickness is between 75 and 85 percent of original tank metal thickness; **CATHODIC PROTECTION IS REQUIRED WITHIN ONE YEAR OF THIS INSPECTION.**
- After allowable repairs, average tank metal thickness is between 85 and 100 percent of original tank metal thickness; **CATHODIC PROTECTION IS NOT REQUIRED, RE-INSPECT LINING WITHIN 5 YEARS.**

**NEXT INTERIOR LINING INSPECTION REQUIRED**

Month: \_\_\_\_\_ Day: \_\_\_\_\_ Year: \_\_\_\_\_

- Inspections must be performed every five years after the initial 10-year inspection.
- The owner/operator is required to keep a copy of this form on file until the next inspection is completed.

**CERTIFICATION**

*I certify under penalty of law that the internal inspection was performed in accordance with the latest addition of NLPA\* Standard 631 and information in that and all attached documents is true, accurate and complete.*

\_\_\_\_\_  
**Signature of Internal Lining Inspector** **Date**

*I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents and that based on my inquiry of those individuals immediately responsible for obtaining the information, the information is true, accurate and complete.*

\_\_\_\_\_  
**Signature of Owner/Operator** **Date**

\*National Leak Prevention Association  
Route 2, Box 106A  
Falmouth, KY 41040  
(606)654-4700