



This form is now available for electronic submittal using the Alabama Environmental Permitting and Compliance System or AEPACS.

*[Note: The program encourages the use of an electronic form submittal rather than a paper form submittal.]*

Please click the link below to submit this form electronically using AEPACS.

<https://aepacs.adem.alabama.gov/nviro/ncore/external/home>

## ADEM 3 YEAR OVERFILL PREVENTION EQUIPMENT INSPECTION REPORT

Site Name:	Owner:
Address:	Address:
City, County, Zip, State, Country:	City, State, Zip, Country:
Facility I.D. #:	Phone #/ Fax # <span style="float: right;">Email:</span>
Inspector Name:	Inspector Phone #:
Inspector Company:	Inspection Date:

Site Latitude _____	Longitude _____	<b>Instructions</b>
<ol style="list-style-type: none"> <li>1. Submit a completed copy of this form within 30 days of performing test to: Groundwater Branch, PO Box 301463, Montgomery, AL 36130-1463, or fax to: (334) 270-5631, or email to: <a href="mailto:USTcompliance@adem.alabama.gov">USTcompliance@adem.alabama.gov</a>.</li> <li>2. If two or more types of overfill devices are present, only complete portion of form pertaining to the primary overfill device.</li> <li>3. Inspection must be performed in accordance with a nationally recognized code of practice (such as PEI RP-1200 or equivalent) or the manufacturer's instructions.</li> <li>4. Keep a copy of this inspection for 3 years. Questions on how to complete this form should be directed to the Groundwater Branch, UST Compliance Section at (334) 270-5655.</li> </ol>		

ADEM Unique Tank #	Product Stored				
Primary device being used in each tank to prevent overfill (Record only primary device inspection results.)	<input type="checkbox"/> Auto Shutoff <input type="checkbox"/> Alarm <input type="checkbox"/> Ball Float	<input type="checkbox"/> Auto Shutoff <input type="checkbox"/> Alarm <input type="checkbox"/> Ball Float	<input type="checkbox"/> Auto Shutoff <input type="checkbox"/> Alarm <input type="checkbox"/> Ball Float	<input type="checkbox"/> Auto Shutoff <input type="checkbox"/> Alarm <input type="checkbox"/> Ball Float	<input type="checkbox"/> Auto Shutoff <input type="checkbox"/> Alarm <input type="checkbox"/> Ball Float
Was primary overfill device removed for test?	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no

Automatic Shutoff Device Inspection					
Drop tube and float free of debris?	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no
Float moves freely and poppet moves into path of flow?	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no
Bypass valve free of blockage? (where applicable)	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> n/a	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> n/a	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> n/a	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> n/a	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> n/a
Flapper adjusted to shut off flow at 95% or less capacity?	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no

High Level Alarm Inspection (Outside Near Tanks, Not Inside at Tank Monitor)					
Overfill alarm activates in test mode at console?	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no
Alarm can be heard and/or seen from where the tank is filled?	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no
All associated floats move freely?	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no
Alarm activates at 90% or less capacity?	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no

Ball Float Valve Inspection					
Ball float cage free of debris?	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no
Ball moves freely in cage and is free of damage?	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no
Vent hole in pipe is open and near the top of the tank?	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no
Ball float pipe is proper length to activate at 90% or less capacity?	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no
Tank top fittings are vapor tight and free of leaks?	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no

Inspection Results for Automatic Shutoff Device or High Level Alarm or Ball Float Valve					
Results of Inspection: ("No" answer to any item indicates fail.)	<input type="checkbox"/> pass <input type="checkbox"/> fail	<input type="checkbox"/> pass <input type="checkbox"/> fail	<input type="checkbox"/> pass <input type="checkbox"/> fail	<input type="checkbox"/> pass <input type="checkbox"/> fail	<input type="checkbox"/> pass <input type="checkbox"/> fail

Repairs Needed	Date of Repair	Description of any Repairs
Site Contact ___ Lessee ___ Consultant ___ Owner		
Name, Address, City, State, Zip, Country	Phone, Email	

Tester's Signature: _____
---------------------------