



MICHIGAN DEPARTMENT OF ENVIRONMENTAL QUALITY, WASTE AND HAZARDOUS MATERIALS DIVISION,

PO BOX 30241, LANSING, MI 48909-7241, Phone 517-335-7211, Fax 517-335-2245, E-mail DEQ-STD-TANKS@michigan.gov

INTERNAL TANK INSPECTION SUMMARY

INSTRUCTIONS: This form is to be used for recording the summary information based on an internal tank inspection pursuant to API Standard 653, 3rd edition, and STI SP001-00, 1st edition. This is required under Part 2 of the Storage and Handling of Flammable and Combustible Liquids (FL/CL) Rules. Fill in ALL applicable data. A copy of this completed form shall be submitted to the Waste and Hazardous Materials Division within 60 days of completion of the inspection.

OWNER INFORMATION			PROJECT INFORMATION			INSPECTOR INFORMATION		
Name			Facility Name		Facility ID	Inspector Name		API Cert. # or STI Cert. #
Company Name			Site Address			Company Name		
Street Address			CITY	STATE MI	ZIP CODE	Street Address		
CITY	STATE	ZIP CODE	County			CITY	STATE	ZIP CODE
Telephone Number ()			Tank Number		Construction	Telephone Number ()		
Fax Number ()			Date			Fax Number ()		

GENERAL INSPECTION INFORMATION:

Inspection Date: _____ Type: External Ultrasonic Internal Purpose: Scheduled Unscheduled Other (specify): _____

Prior Inspection Date: _____ Type: External Ultrasonic Internal _____

TANK SPECIFICATIONS:

Manufacturer:		Contents:		Specific Gravity:	
Dimensions:		Capacity:		Fill Height:	
Product heated:	<input type="checkbox"/> Yes <input type="checkbox"/> No	Maximum Operating Temperature # (F):			

TANK CONSTRUCTION:

1. Bare Steel 2. Cathodically Protected (Check one: A. Galvanic or B. Impressed Current) Date Installed: _____
 3. Coated Steel 4. Double Bottom 5. Double Wall 6. Lined 7. Other (specify): _____

Bottom: <input type="checkbox"/> Welded <input type="checkbox"/> Riveted Original Thickness: _____	<input type="checkbox"/> Leak Detection Date Installed: _____
Shell: <input type="checkbox"/> Welded <input type="checkbox"/> Riveted No. of Courses: _____	Orig. Course Thickness.: 1. _____ 2. _____ 3. _____ 4. _____ 5. _____ 6. _____ 7. _____ 8. _____

Foundation: Grade Concrete Pad Concrete Ringwall Stone Ringwall Other

Bottom Release Prevention/Detection: 1. Impermeable Dike Liner (Description) _____
 2. Cathodic Protection (Date of last survey & results): _____
 3. Internal Lining (Date installed & type): _____
 4. Groundwater monitoring 5. Vapor monitoring 6. Interstitial monitoring

Roof: 1. Open 2. Fixed: Cone Dome Umbrella Other: _____
 3. Floating: Internal External None

TANK INSPECTION:

Nondestructive Test Method: (Check where test applied)	Bottom		Shell		Roof	
	Weld	Plate	Weld	Plate	Weld	Plate
Visual	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ultrasonic (Spot)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ultrasonic (Scan)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Liquid Penetrant	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Penetrating Oil	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Magnetic Particle	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Radiography	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mag Flux Scan	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Vacuum Box	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Tracer Gas	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Holiday (Coatings)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other (Describe)						

Settlement Evaluation: Yes No

INSPECTION RESULTS:

	Bottom		Shell		Roof	
	External	Internal	External	Internal	Fixed	Floating
Min. Remaining Thickness						
Min. Required Thickness						
Max. Corrosion Rate						

Release? Bottom: Yes No Shell: Yes No
Settlement Within Tolerance? Bottom (max.): Yes No Differential: Yes No Edge: Yes No Bulges/Ridges: Yes No
Comments: _____

REPAIR SUMMARY: (Include description, date completed, and date of post-repair inspection)

Foundation: _____

Bottom: _____

Shell: _____

Roof: _____

Appurtenances: _____

Hydrostatic test required?: Yes No Test date: _____

Results: _____

INSPECTION SCHEDULE: (Supporting calculations shall be available for review upon request)

External (ultrasonic): Corrosion rate known?: Yes No
(Year) #1: _____ #2: _____ #3: _____ #4: _____ #5: _____

External (visual): (Year) #1: _____ #2: _____ #3: _____ #4: _____ #5: _____

Internal: (Year) _____

CERTIFICATION

I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED IN THIS FORM AND ALL ATTACHED DOCUMENTS AND THAT I HAVE VERIFIED THAT THE INFORMATION IS TRUE, ACCURATE, AND COMPLETE.

API 653 INSPECTOR or STI INSPECTOR	SIGNATURE	DATE
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If you have questions regarding this form, please contact the Storage Tank Unit, Monday through Friday, between 8:00 a.m. and 5:00 p.m.
Phone: 517-335-4035 Fax: 517-335-2245 E-mail: DEQ-STD-TANKS@michigan.gov Web Site: www.michigan.gov/deq