

# JANUARY 2018

## MAINTENANCE CHECKLIST FOR STAGE I SYSTEMS

STAGE I VAPOR RECOVERY – Underground Storage Tanks	
<b>Fill Side (Dual Point &amp; Coaxial)</b>	
<input type="checkbox"/>	Spill buckets clean and dry
<input type="checkbox"/>	Spill bucket drain plug functioning properly (opens/closes, seals when closed)
<input type="checkbox"/>	Dust cap on tight and in good condition (doesn't turn) and gasket in good condition
<input type="checkbox"/>	Fill adapter on tight and in good repair (for non-swivel types)
<input type="checkbox"/>	Fill tube in good condition
<input type="checkbox"/>	Fill tube no farther than 6 inches from bottom of tank, to upper cut of tube
<input type="checkbox"/>	Tank vents have properly functioning pressure vacuum vent caps
<b>Additional Coaxial Fill Side (Coaxial only)</b>	
<input type="checkbox"/>	Fill tube (if spring loaded) operates properly (doesn't jam)
<input type="checkbox"/>	Spring loaded fill tube seals against the coaxial fitting and gasket in good repair
<b>Vapor Side (Dual Point only)</b>	
<input type="checkbox"/>	Dust cap on tight and in good condition (doesn't turn) and gasket in good condition
<input type="checkbox"/>	Vapor adapter on tight and in good repair (for non-swivel types)
<input type="checkbox"/>	Poppet valve operates properly (pops back when depressed) and gasket in good condition

If you have a Notice of Construction permit from Spokane Clean Air, be sure to follow all permit requirements, including maintenance. Below is a maintenance schedule. Check "OK" or "Needs Repair (NR)" and initial on days equipment is checked. Add details in the table below.

Sun.	Mon.	Tue.	Wed.	Thu.	Fri.	Sat.
	1 <input type="checkbox"/> OK <input type="checkbox"/> NR	2 <input type="checkbox"/> OK <input type="checkbox"/> NR	3 <input type="checkbox"/> OK <input type="checkbox"/> NR	4 <input type="checkbox"/> OK <input type="checkbox"/> NR	5 <input type="checkbox"/> OK <input type="checkbox"/> NR	6 <input type="checkbox"/> OK <input type="checkbox"/> NR
7 <input type="checkbox"/> OK <input type="checkbox"/> NR	8 <input type="checkbox"/> OK <input type="checkbox"/> NR	9 <input type="checkbox"/> OK <input type="checkbox"/> NR	10 <input type="checkbox"/> OK <input type="checkbox"/> NR	11 <input type="checkbox"/> OK <input type="checkbox"/> NR	12 <input type="checkbox"/> OK <input type="checkbox"/> NR	13 <input type="checkbox"/> OK <input type="checkbox"/> NR
14 <input type="checkbox"/> OK <input type="checkbox"/> NR	15 <input type="checkbox"/> OK <input type="checkbox"/> NR	16 <input type="checkbox"/> OK <input type="checkbox"/> NR	17 <input type="checkbox"/> OK <input type="checkbox"/> NR	18 <input type="checkbox"/> OK <input type="checkbox"/> NR	19 <input type="checkbox"/> OK <input type="checkbox"/> NR	20 <input type="checkbox"/> OK <input type="checkbox"/> NR
21 <input type="checkbox"/> OK <input type="checkbox"/> NR	22 <input type="checkbox"/> OK <input type="checkbox"/> NR	23 <input type="checkbox"/> OK <input type="checkbox"/> NR	24 <input type="checkbox"/> OK <input type="checkbox"/> NR	25 <input type="checkbox"/> OK <input type="checkbox"/> NR	26 <input type="checkbox"/> OK <input type="checkbox"/> NR	27 <input type="checkbox"/> OK <input type="checkbox"/> NR
28 <input type="checkbox"/> OK <input type="checkbox"/> NR	29 <input type="checkbox"/> OK <input type="checkbox"/> NR	30 <input type="checkbox"/> OK <input type="checkbox"/> NR	31 <input type="checkbox"/> OK <input type="checkbox"/> NR			

## MONTHLY MAINTENANCE RECORDS

Date of Maintenance/ Test/Equipment Failure	UST Number	Date Repaired	Manufacturer & Part Used for Repair	Name of Company Conducting Maintenance/Repair

**DISCLAIMER:** This form is to help you comply with air quality requirements. You should not assume it is exhaustive, or rely solely on it for compliance. If there is a conflict between the form and federal, state or local regulations, the regulations will govern. Refer to the Notice of Construction (NOC) permit requirements issued by Spokane Clean Air to ensure air quality requirements for your specific equipment are being met. Operation and maintenance records must be retained onsite for two years. Call Spokane Clean Air (477-4727) if you have questions.

# FEBRUARY 2018

## MAINTENANCE CHECKLIST FOR STAGE I SYSTEMS

<b>STAGE I VAPOR RECOVERY – Underground Storage Tanks</b>
<b>Fill Side (Dual Point &amp; Coaxial)</b>
<input type="checkbox"/> Spill buckets clean and dry
<input type="checkbox"/> Spill bucket drain plug functioning properly (opens/closes, seals when closed)
<input type="checkbox"/> Dust cap on tight and in good condition (doesn't turn) and gasket in good condition
<input type="checkbox"/> Fill adapter on tight and in good repair (for non-swivel types)
<input type="checkbox"/> Fill tube in good condition
<input type="checkbox"/> Fill tube no farther than 6 inches from bottom of tank, to upper cut of tube
<input type="checkbox"/> Tank vents have properly functioning pressure vacuum vent caps
<b>Additional Coaxial Fill Side (Coaxial only)</b>
<input type="checkbox"/> Fill tube (if spring loaded) operates properly (doesn't jam)
<input type="checkbox"/> Spring loaded fill tube seals against the coaxial fitting and gasket in good repair
<b>Vapor Side (Dual Point only)</b>
<input type="checkbox"/> Dust cap on tight and in good condition (doesn't turn) and gasket in good condition
<input type="checkbox"/> Vapor adapter on tight and in good repair (for non-swivel types)
<input type="checkbox"/> Poppet valve operates properly (pops back when depressed) and gasket in good condition

If you have a Notice of Construction permit from Spokane Clean Air, be sure to follow all permit requirements, including maintenance. Below is a maintenance schedule. Check "OK" or "Needs Repair (NR)" and initial on days equipment is checked. Add details in the table below.

Sun.	Mon.	Tue.	Wed.	Thu.	Fri.	Sat.
				1 <input type="checkbox"/> OK <input type="checkbox"/> NR	2 <input type="checkbox"/> OK <input type="checkbox"/> NR	3 <input type="checkbox"/> OK <input type="checkbox"/> NR
4 <input type="checkbox"/> OK <input type="checkbox"/> NR	5 <input type="checkbox"/> OK <input type="checkbox"/> NR	6 <input type="checkbox"/> OK <input type="checkbox"/> NR	7 <input type="checkbox"/> OK <input type="checkbox"/> NR	8 <input type="checkbox"/> OK <input type="checkbox"/> NR	9 <input type="checkbox"/> OK <input type="checkbox"/> NR	10 <input type="checkbox"/> OK <input type="checkbox"/> NR
11 <input type="checkbox"/> OK <input type="checkbox"/> NR	12 <input type="checkbox"/> OK <input type="checkbox"/> NR	13 <input type="checkbox"/> OK <input type="checkbox"/> NR	14 <input type="checkbox"/> OK <input type="checkbox"/> NR	15 <input type="checkbox"/> OK <input type="checkbox"/> NR	16 <input type="checkbox"/> OK <input type="checkbox"/> NR	17 <input type="checkbox"/> OK <input type="checkbox"/> NR
18 <input type="checkbox"/> OK <input type="checkbox"/> NR	19 <input type="checkbox"/> OK <input type="checkbox"/> NR	20 <input type="checkbox"/> OK <input type="checkbox"/> NR	21 <input type="checkbox"/> OK <input type="checkbox"/> NR	22 <input type="checkbox"/> OK <input type="checkbox"/> NR	23 <input type="checkbox"/> OK <input type="checkbox"/> NR	24 <input type="checkbox"/> OK <input type="checkbox"/> NR
25 <input type="checkbox"/> OK <input type="checkbox"/> NR	26 <input type="checkbox"/> OK <input type="checkbox"/> NR	27 <input type="checkbox"/> OK <input type="checkbox"/> NR	28 <input type="checkbox"/> OK <input type="checkbox"/> NR			

## MONTHLY MAINTENANCE RECORDS

Date of Maintenance/ Test/Equipment Failure	UST Number	Date Repaired	Manufacturer & Part Used for Repair	Name of Company Conducting Maintenance/Repair

**DISCLAIMER:** This form is to help you comply with air quality requirements. You should not assume it is exhaustive, or rely solely on it for compliance. If there is a conflict between the form and federal, state or local regulations, the regulations will govern. Refer to the Notice of Construction (NOC) permit requirements issued by Spokane Clean Air to ensure air quality requirements for your specific equipment are being met. Operation and maintenance records must be retained onsite for two years. Call Spokane Clean Air (477-4727) if you have questions.

# MARCH 2018

## MAINTENANCE CHECKLIST FOR STAGE I SYSTEMS

<b>STAGE I VAPOR RECOVERY – Underground Storage Tanks</b>
<b>Fill Side (Dual Point &amp; Coaxial)</b>
<input type="checkbox"/> Spill buckets clean and dry
<input type="checkbox"/> Spill bucket drain plug functioning properly (opens/closes, seals when closed)
<input type="checkbox"/> Dust cap on tight and in good condition (doesn't turn) and gasket in good condition
<input type="checkbox"/> Fill adapter on tight and in good repair (for non-swivel types)
<input type="checkbox"/> Fill tube in good condition
<input type="checkbox"/> Fill tube no farther than 6 inches from bottom of tank, to upper cut of tube
<input type="checkbox"/> Tank vents have properly functioning pressure vacuum vent caps
<b>Additional Coaxial Fill Side (Coaxial only)</b>
<input type="checkbox"/> Fill tube (if spring loaded) operates properly (doesn't jam)
<input type="checkbox"/> Spring loaded fill tube seals against the coaxial fitting and gasket in good repair
<b>Vapor Side (Dual Point only)</b>
<input type="checkbox"/> Dust cap on tight and in good condition (doesn't turn) and gasket in good condition
<input type="checkbox"/> Vapor adapter on tight and in good repair (for non-swivel types)
<input type="checkbox"/> Poppet valve operates properly (pops back when depressed) and gasket in good condition

If you have a Notice of Construction permit from Spokane Clean Air, be sure to follow all permit requirements, including maintenance. Below is a maintenance schedule. Check "OK" or "Needs Repair (NR)" and initial on days equipment is checked. Add details in the table below.

Sun.	Mon.	Tue.	Wed.	Thu.	Fri.	Sat.
				1 <input type="checkbox"/> OK <input type="checkbox"/> NR	2 <input type="checkbox"/> OK <input type="checkbox"/> NR	3 <input type="checkbox"/> OK <input type="checkbox"/> NR
4 <input type="checkbox"/> OK <input type="checkbox"/> NR	5 <input type="checkbox"/> OK <input type="checkbox"/> NR	6 <input type="checkbox"/> OK <input type="checkbox"/> NR	7 <input type="checkbox"/> OK <input type="checkbox"/> NR	8 <input type="checkbox"/> OK <input type="checkbox"/> NR	9 <input type="checkbox"/> OK <input type="checkbox"/> NR	10 <input type="checkbox"/> OK <input type="checkbox"/> NR
11 <input type="checkbox"/> OK <input type="checkbox"/> NR	12 <input type="checkbox"/> OK <input type="checkbox"/> NR	13 <input type="checkbox"/> OK <input type="checkbox"/> NR	14 <input type="checkbox"/> OK <input type="checkbox"/> NR	15 <input type="checkbox"/> OK <input type="checkbox"/> NR	16 <input type="checkbox"/> OK <input type="checkbox"/> NR	17 <input type="checkbox"/> OK <input type="checkbox"/> NR
18 <input type="checkbox"/> OK <input type="checkbox"/> NR	19 <input type="checkbox"/> OK <input type="checkbox"/> NR	20 <input type="checkbox"/> OK <input type="checkbox"/> NR	21 <input type="checkbox"/> OK <input type="checkbox"/> NR	22 <input type="checkbox"/> OK <input type="checkbox"/> NR	23 <input type="checkbox"/> OK <input type="checkbox"/> NR	24 <input type="checkbox"/> OK <input type="checkbox"/> NR
25 <input type="checkbox"/> OK <input type="checkbox"/> NR	26 <input type="checkbox"/> OK <input type="checkbox"/> NR	27 <input type="checkbox"/> OK <input type="checkbox"/> NR	28 <input type="checkbox"/> OK <input type="checkbox"/> NR	29 <input type="checkbox"/> OK <input type="checkbox"/> NR	30 <input type="checkbox"/> OK <input type="checkbox"/> NR	31 <input type="checkbox"/> OK <input type="checkbox"/> NR

## MONTHLY MAINTENANCE RECORDS

Date of Maintenance/ Test/Equipment Failure	UST Number	Date Repaired	Manufacturer & Part Used for Repair	Name of Company Conducting Maintenance/Repair

**DISCLAIMER:** This form is to help you comply with air quality requirements. You should not assume it is exhaustive, or rely solely on it for compliance. If there is a conflict between the form and federal, state or local regulations, the regulations will govern. Refer to the Notice of Construction (NOC) permit requirements issued by Spokane Clean Air to ensure air quality requirements for your specific equipment are being met. Operation and maintenance records must be retained onsite for two years. Call Spokane Clean Air (477-4727) if you have questions.

# APRIL 2018

## MAINTENANCE CHECKLIST FOR STAGE I SYSTEMS

STAGE I VAPOR RECOVERY – Underground Storage Tanks
<b>Fill Side (Dual Point &amp; Coaxial)</b>
<input type="checkbox"/> Spill buckets clean and dry
<input type="checkbox"/> Spill bucket drain plug functioning properly (opens/closes, seals when closed)
<input type="checkbox"/> Dust cap on tight and in good condition (doesn't turn) and gasket in good condition
<input type="checkbox"/> Fill adapter on tight and in good repair (for non-swivel types)
<input type="checkbox"/> Fill tube in good condition
<input type="checkbox"/> Fill tube no farther than 6 inches from bottom of tank, to upper cut of tube
<input type="checkbox"/> Tank vents have properly functioning pressure vacuum vent caps
<b>Additional Coaxial Fill Side (Coaxial only)</b>
<input type="checkbox"/> Fill tube (if spring loaded) operates properly (doesn't jam)
<input type="checkbox"/> Spring loaded fill tube seals against the coaxial fitting and gasket in good repair
<b>Vapor Side (Dual Point only)</b>
<input type="checkbox"/> Dust cap on tight and in good condition (doesn't turn) and gasket in good condition
<input type="checkbox"/> Vapor adapter on tight and in good repair (for non-swivel types)
<input type="checkbox"/> Poppet valve operates properly (pops back when depressed) and gasket in good condition

If you have a Notice of Construction permit from Spokane Clean Air, be sure to follow all permit requirements, including maintenance. Below is a maintenance schedule. Check "OK" or "Needs Repair (NR)" and initial on days equipment is checked. Add details in the table below.

Sun.	Mon.	Tue.	Wed.	Thu.	Fri.	Sat.
1 <input type="checkbox"/> OK <input type="checkbox"/> NR	2 <input type="checkbox"/> OK <input type="checkbox"/> NR	3 <input type="checkbox"/> OK <input type="checkbox"/> NR	4 <input type="checkbox"/> OK <input type="checkbox"/> NR	5 <input type="checkbox"/> OK <input type="checkbox"/> NR	6 <input type="checkbox"/> OK <input type="checkbox"/> NR	7 <input type="checkbox"/> OK <input type="checkbox"/> NR
8 <input type="checkbox"/> OK <input type="checkbox"/> NR	9 <input type="checkbox"/> OK <input type="checkbox"/> NR	10 <input type="checkbox"/> OK <input type="checkbox"/> NR	11 <input type="checkbox"/> OK <input type="checkbox"/> NR	12 <input type="checkbox"/> OK <input type="checkbox"/> NR	13 <input type="checkbox"/> OK <input type="checkbox"/> NR	14 <input type="checkbox"/> OK <input type="checkbox"/> NR
15 <input type="checkbox"/> OK <input type="checkbox"/> NR	16 <input type="checkbox"/> OK <input type="checkbox"/> NR	17 <input type="checkbox"/> OK <input type="checkbox"/> NR	18 <input type="checkbox"/> OK <input type="checkbox"/> NR	19 <input type="checkbox"/> OK <input type="checkbox"/> NR	20 <input type="checkbox"/> OK <input type="checkbox"/> NR	21 <input type="checkbox"/> OK <input type="checkbox"/> NR
22 <input type="checkbox"/> OK <input type="checkbox"/> NR	23 <input type="checkbox"/> OK <input type="checkbox"/> NR	24 <input type="checkbox"/> OK <input type="checkbox"/> NR	25 <input type="checkbox"/> OK <input type="checkbox"/> NR	26 <input type="checkbox"/> OK <input type="checkbox"/> NR	27 <input type="checkbox"/> OK <input type="checkbox"/> NR	28 <input type="checkbox"/> OK <input type="checkbox"/> NR
29 <input type="checkbox"/> OK <input type="checkbox"/> NR	30 <input type="checkbox"/> OK <input type="checkbox"/> NR					

## MONTHLY MAINTENANCE RECORDS

Date of Maintenance/ Test/Equipment Failure	UST Number	Date Repaired	Manufacturer & Part Used for Repair	Name of Company Conducting Maintenance/Repair

**DISCLAIMER:** This form is to help you comply with air quality requirements. You should not assume it is exhaustive, or rely solely on it for compliance. If there is a conflict between the form and federal, state or local regulations, the regulations will govern. Refer to the Notice of Construction (NOC) permit requirements issued by Spokane Clean Air to ensure air quality requirements for your specific equipment are being met. Operation and maintenance records must be retained onsite for two years. Call Spokane Clean Air (477-4727) if you have questions.

# MAY 2018

## MAINTENANCE CHECKLIST FOR STAGE I SYSTEMS

STAGE I VAPOR RECOVERY – Underground Storage Tanks
<b>Fill Side (Dual Point &amp; Coaxial)</b>
<input type="checkbox"/> Spill buckets clean and dry
<input type="checkbox"/> Spill bucket drain plug functioning properly (opens/closes, seals when closed)
<input type="checkbox"/> Dust cap on tight and in good condition (doesn't turn) and gasket in good condition
<input type="checkbox"/> Fill adapter on tight and in good repair (for non-swivel types)
<input type="checkbox"/> Fill tube in good condition
<input type="checkbox"/> Fill tube no farther than 6 inches from bottom of tank, to upper cut of tube
<input type="checkbox"/> Tank vents have properly functioning pressure vacuum vent caps
<b>Additional Coaxial Fill Side (Coaxial only)</b>
<input type="checkbox"/> Fill tube (if spring loaded) operates properly (doesn't jam)
<input type="checkbox"/> Spring loaded fill tube seals against the coaxial fitting and gasket in good repair
<b>Vapor Side (Dual Point only)</b>
<input type="checkbox"/> Dust cap on tight and in good condition (doesn't turn) and gasket in good condition
<input type="checkbox"/> Vapor adapter on tight and in good repair (for non-swivel types)
<input type="checkbox"/> Poppet valve operates properly (pops back when depressed) and gasket in good condition

If you have a Notice of Construction permit from Spokane Clean Air, be sure to follow all permit requirements, including maintenance. Below is a maintenance schedule. Check "OK" or "Needs Repair (NR)" and initial on days equipment is checked. Add details in the table below.

Sun.	Mon.	Tue.	Wed.	Thu.	Fri.	Sat.
		1 <input type="checkbox"/> OK <input type="checkbox"/> NR	2 <input type="checkbox"/> OK <input type="checkbox"/> NR	3 <input type="checkbox"/> OK <input type="checkbox"/> NR	4 <input type="checkbox"/> OK <input type="checkbox"/> NR	5 <input type="checkbox"/> OK <input type="checkbox"/> NR
6 <input type="checkbox"/> OK <input type="checkbox"/> NR	7 <input type="checkbox"/> OK <input type="checkbox"/> NR	8 <input type="checkbox"/> OK <input type="checkbox"/> NR	9 <input type="checkbox"/> OK <input type="checkbox"/> NR	10 <input type="checkbox"/> OK <input type="checkbox"/> NR	11 <input type="checkbox"/> OK <input type="checkbox"/> NR	12 <input type="checkbox"/> OK <input type="checkbox"/> NR
13 <input type="checkbox"/> OK <input type="checkbox"/> NR	14 <input type="checkbox"/> OK <input type="checkbox"/> NR	15 <input type="checkbox"/> OK <input type="checkbox"/> NR	16 <input type="checkbox"/> OK <input type="checkbox"/> NR	17 <input type="checkbox"/> OK <input type="checkbox"/> NR	18 <input type="checkbox"/> OK <input type="checkbox"/> NR	19 <input type="checkbox"/> OK <input type="checkbox"/> NR
20 <input type="checkbox"/> OK <input type="checkbox"/> NR	21 <input type="checkbox"/> OK <input type="checkbox"/> NR	22 <input type="checkbox"/> OK <input type="checkbox"/> NR	23 <input type="checkbox"/> OK <input type="checkbox"/> NR	24 <input type="checkbox"/> OK <input type="checkbox"/> NR	25 <input type="checkbox"/> OK <input type="checkbox"/> NR	26 <input type="checkbox"/> OK <input type="checkbox"/> NR
27 <input type="checkbox"/> OK <input type="checkbox"/> NR	28 <input type="checkbox"/> OK <input type="checkbox"/> NR	29 <input type="checkbox"/> OK <input type="checkbox"/> NR	30 <input type="checkbox"/> OK <input type="checkbox"/> NR	31 <input type="checkbox"/> OK <input type="checkbox"/> NR		

## MONTHLY MAINTENANCE RECORDS

Date of Maintenance/ Test/Equipment Failure	UST Number	Date Repaired	Manufacturer & Part Used for Repair	Name of Company Conducting Maintenance/Repair

**DISCLAIMER:** This form is to help you comply with air quality requirements. You should not assume it is exhaustive, or rely solely on it for compliance. If there is a conflict between the form and federal, state or local regulations, the regulations will govern. Refer to the Notice of Construction (NOC) permit requirements issued by Spokane Clean Air to ensure air quality requirements for your specific equipment are being met. Operation and maintenance records must be retained onsite for two years. Call Spokane Clean Air (477-4727) if you have questions.

# JUNE 2018

## MAINTENANCE CHECKLIST FOR STAGE I SYSTEMS

<b>STAGE I VAPOR RECOVERY – Underground Storage Tanks</b>
<b>Fill Side (Dual Point &amp; Coaxial)</b>
<input type="checkbox"/> Spill buckets clean and dry
<input type="checkbox"/> Spill bucket drain plug functioning properly (opens/closes, seals when closed)
<input type="checkbox"/> Dust cap on tight and in good condition (doesn't turn) and gasket in good condition
<input type="checkbox"/> Fill adapter on tight and in good repair (for non-swivel types)
<input type="checkbox"/> Fill tube in good condition
<input type="checkbox"/> Fill tube no farther than 6 inches from bottom of tank, to upper cut of tube
<input type="checkbox"/> Tank vents have properly functioning pressure vacuum vent caps
<b>Additional Coaxial Fill Side (Coaxial only)</b>
<input type="checkbox"/> Fill tube (if spring loaded) operates properly (doesn't jam)
<input type="checkbox"/> Spring loaded fill tube seals against the coaxial fitting and gasket in good repair
<b>Vapor Side (Dual Point only)</b>
<input type="checkbox"/> Dust cap on tight and in good condition (doesn't turn) and gasket in good condition
<input type="checkbox"/> Vapor adapter on tight and in good repair (for non-swivel types)
<input type="checkbox"/> Poppet valve operates properly (pops back when depressed) and gasket in good condition

If you have a Notice of Construction permit from Spokane Clean Air, be sure to follow all permit requirements, including maintenance. Below is a maintenance schedule. Check "OK" or "Needs Repair (NR)" and initial on days equipment is checked. Add details in the table below.

Sun.	Mon.	Tue.	Wed.	Thu.	Fri.	Sat.
					1 <input type="checkbox"/> OK <input type="checkbox"/> NR	2 <input type="checkbox"/> OK <input type="checkbox"/> NR
3 <input type="checkbox"/> OK <input type="checkbox"/> NR	4 <input type="checkbox"/> OK <input type="checkbox"/> NR	5 <input type="checkbox"/> OK <input type="checkbox"/> NR	6 <input type="checkbox"/> OK <input type="checkbox"/> NR	7 <input type="checkbox"/> OK <input type="checkbox"/> NR	8 <input type="checkbox"/> OK <input type="checkbox"/> NR	9 <input type="checkbox"/> OK <input type="checkbox"/> NR
10 <input type="checkbox"/> OK <input type="checkbox"/> NR	11 <input type="checkbox"/> OK <input type="checkbox"/> NR	12 <input type="checkbox"/> OK <input type="checkbox"/> NR	13 <input type="checkbox"/> OK <input type="checkbox"/> NR	14 <input type="checkbox"/> OK <input type="checkbox"/> NR	15 <input type="checkbox"/> OK <input type="checkbox"/> NR	16 <input type="checkbox"/> OK <input type="checkbox"/> NR
17 <input type="checkbox"/> OK <input type="checkbox"/> NR	18 <input type="checkbox"/> OK <input type="checkbox"/> NR	19 <input type="checkbox"/> OK <input type="checkbox"/> NR	20 <input type="checkbox"/> OK <input type="checkbox"/> NR	21 <input type="checkbox"/> OK <input type="checkbox"/> NR	22 <input type="checkbox"/> OK <input type="checkbox"/> NR	23 <input type="checkbox"/> OK <input type="checkbox"/> NR
24 <input type="checkbox"/> OK <input type="checkbox"/> NR	25 <input type="checkbox"/> OK <input type="checkbox"/> NR	26 <input type="checkbox"/> OK <input type="checkbox"/> NR	27 <input type="checkbox"/> OK <input type="checkbox"/> NR	28 <input type="checkbox"/> OK <input type="checkbox"/> NR	29 <input type="checkbox"/> OK <input type="checkbox"/> NR	30 <input type="checkbox"/> OK <input type="checkbox"/> NR

## MONTHLY MAINTENANCE RECORDS

Date of Maintenance/ Test/Equipment Failure	UST Number	Date Repaired	Manufacturer & Part Used for Repair	Name of Company Conducting Maintenance/Repair

**DISCLAIMER:** This form is to help you comply with air quality requirements. You should not assume it is exhaustive, or rely solely on it for compliance. If there is a conflict between the form and federal, state or local regulations, the regulations will govern. Refer to the Notice of Construction (NOC) permit requirements issued by Spokane Clean Air to ensure air quality requirements for your specific equipment are being met. Operation and maintenance records must be retained onsite for two years. Call Spokane Clean Air (477-4727) if you have questions.

# JULY 2018

## MAINTENANCE CHECKLIST FOR STAGE I SYSTEMS

STAGE I VAPOR RECOVERY – Underground Storage Tanks
<b>Fill Side (Dual Point &amp; Coaxial)</b>
<input type="checkbox"/> Spill buckets clean and dry
<input type="checkbox"/> Spill bucket drain plug functioning properly (opens/closes, seals when closed)
<input type="checkbox"/> Dust cap on tight and in good condition (doesn't turn) and gasket in good condition
<input type="checkbox"/> Fill adapter on tight and in good repair (for non-swivel types)
<input type="checkbox"/> Fill tube in good condition
<input type="checkbox"/> Fill tube no farther than 6 inches from bottom of tank, to upper cut of tube
<input type="checkbox"/> Tank vents have properly functioning pressure vacuum vent caps
<b>Additional Coaxial Fill Side (Coaxial only)</b>
<input type="checkbox"/> Fill tube (if spring loaded) operates properly (doesn't jam)
<input type="checkbox"/> Spring loaded fill tube seals against the coaxial fitting and gasket in good repair
<b>Vapor Side (Dual Point only)</b>
<input type="checkbox"/> Dust cap on tight and in good condition (doesn't turn) and gasket in good condition
<input type="checkbox"/> Vapor adapter on tight and in good repair (for non-swivel types)
<input type="checkbox"/> Poppet valve operates properly (pops back when depressed) and gasket in good condition

If you have a Notice of Construction permit from Spokane Clean Air, be sure to follow all permit requirements, including maintenance. Below is a maintenance schedule. Check "OK" or "Needs Repair (NR)" and initial on days equipment is checked. Add details in the table below.

Sun.	Mon.	Tue.	Wed.	Thu.	Fri.	Sat.
1 <input type="checkbox"/> OK <input type="checkbox"/> NR	2 <input type="checkbox"/> OK <input type="checkbox"/> NR	3 <input type="checkbox"/> OK <input type="checkbox"/> NR	4 <input type="checkbox"/> OK <input type="checkbox"/> NR	5 <input type="checkbox"/> OK <input type="checkbox"/> NR	6 <input type="checkbox"/> OK <input type="checkbox"/> NR	7 <input type="checkbox"/> OK <input type="checkbox"/> NR
8 <input type="checkbox"/> OK <input type="checkbox"/> NR	9 <input type="checkbox"/> OK <input type="checkbox"/> NR	10 <input type="checkbox"/> OK <input type="checkbox"/> NR	11 <input type="checkbox"/> OK <input type="checkbox"/> NR	12 <input type="checkbox"/> OK <input type="checkbox"/> NR	13 <input type="checkbox"/> OK <input type="checkbox"/> NR	14 <input type="checkbox"/> OK <input type="checkbox"/> NR
15 <input type="checkbox"/> OK <input type="checkbox"/> NR	16 <input type="checkbox"/> OK <input type="checkbox"/> NR	17 <input type="checkbox"/> OK <input type="checkbox"/> NR	18 <input type="checkbox"/> OK <input type="checkbox"/> NR	19 <input type="checkbox"/> OK <input type="checkbox"/> NR	20 <input type="checkbox"/> OK <input type="checkbox"/> NR	21 <input type="checkbox"/> OK <input type="checkbox"/> NR
22 <input type="checkbox"/> OK <input type="checkbox"/> NR	23 <input type="checkbox"/> OK <input type="checkbox"/> NR	24 <input type="checkbox"/> OK <input type="checkbox"/> NR	25 <input type="checkbox"/> OK <input type="checkbox"/> NR	26 <input type="checkbox"/> OK <input type="checkbox"/> NR	27 <input type="checkbox"/> OK <input type="checkbox"/> NR	28 <input type="checkbox"/> OK <input type="checkbox"/> NR
29 <input type="checkbox"/> OK <input type="checkbox"/> NR	30 <input type="checkbox"/> OK <input type="checkbox"/> NR	31 <input type="checkbox"/> OK <input type="checkbox"/> NR				

## MONTHLY MAINTENANCE RECORDS

Date of Maintenance/ Test/Equipment Failure	UST Number	Date Repaired	Manufacturer & Part Used for Repair	Name of Company Conducting Maintenance/Repair

**DISCLAIMER:** This form is to help you comply with air quality requirements. You should not assume it is exhaustive, or rely solely on it for compliance. If there is a conflict between the form and federal, state or local regulations, the regulations will govern. Refer to the Notice of Construction (NOC) permit requirements issued by Spokane Clean Air to ensure air quality requirements for your specific equipment are being met. Operation and maintenance records must be retained onsite for two years. Call Spokane Clean Air (477-4727) if you have questions.

# AUGUST 2018

## MAINTENANCE CHECKLIST FOR STAGE I SYSTEMS

STAGE I VAPOR RECOVERY – Underground Storage Tanks
<b>Fill Side (Dual Point &amp; Coaxial)</b>
<input type="checkbox"/> Spill buckets clean and dry
<input type="checkbox"/> Spill bucket drain plug functioning properly (opens/closes, seals when closed)
<input type="checkbox"/> Dust cap on tight and in good condition (doesn't turn) and gasket in good condition
<input type="checkbox"/> Fill adapter on tight and in good repair (for non-swivel types)
<input type="checkbox"/> Fill tube in good condition
<input type="checkbox"/> Fill tube no farther than 6 inches from bottom of tank, to upper cut of tube
<input type="checkbox"/> Tank vents have properly functioning pressure vacuum vent caps
<b>Additional Coaxial Fill Side (Coaxial only)</b>
<input type="checkbox"/> Fill tube (if spring loaded) operates properly (doesn't jam)
<input type="checkbox"/> Spring loaded fill tube seals against the coaxial fitting and gasket in good repair
<b>Vapor Side (Dual Point only)</b>
<input type="checkbox"/> Dust cap on tight and in good condition (doesn't turn) and gasket in good condition
<input type="checkbox"/> Vapor adapter on tight and in good repair (for non-swivel types)
<input type="checkbox"/> Poppet valve operates properly (pops back when depressed) and gasket in good condition

If you have a Notice of Construction permit from Spokane Clean Air, be sure to follow all permit requirements, including maintenance. Below is a maintenance schedule. Check "OK" or "Needs Repair (NR)" and initial on days equipment is checked. Add details in the table below.

Sun.	Mon.	Tue.	Wed.	Thu.	Fri.	Sat.
			1 <input type="checkbox"/> OK <input type="checkbox"/> NR	2 <input type="checkbox"/> OK <input type="checkbox"/> NR	3 <input type="checkbox"/> OK <input type="checkbox"/> NR	4 <input type="checkbox"/> OK <input type="checkbox"/> NR
5 <input type="checkbox"/> OK <input type="checkbox"/> NR	6 <input type="checkbox"/> OK <input type="checkbox"/> NR	7 <input type="checkbox"/> OK <input type="checkbox"/> NR	8 <input type="checkbox"/> OK <input type="checkbox"/> NR	9 <input type="checkbox"/> OK <input type="checkbox"/> NR	10 <input type="checkbox"/> OK <input type="checkbox"/> NR	11 <input type="checkbox"/> OK <input type="checkbox"/> NR
12 <input type="checkbox"/> OK <input type="checkbox"/> NR	13 <input type="checkbox"/> OK <input type="checkbox"/> NR	14 <input type="checkbox"/> OK <input type="checkbox"/> NR	15 <input type="checkbox"/> OK <input type="checkbox"/> NR	16 <input type="checkbox"/> OK <input type="checkbox"/> NR	17 <input type="checkbox"/> OK <input type="checkbox"/> NR	18 <input type="checkbox"/> OK <input type="checkbox"/> NR
19 <input type="checkbox"/> OK <input type="checkbox"/> NR	20 <input type="checkbox"/> OK <input type="checkbox"/> NR	21 <input type="checkbox"/> OK <input type="checkbox"/> NR	22 <input type="checkbox"/> OK <input type="checkbox"/> NR	23 <input type="checkbox"/> OK <input type="checkbox"/> NR	24 <input type="checkbox"/> OK <input type="checkbox"/> NR	25 <input type="checkbox"/> OK <input type="checkbox"/> NR
26 <input type="checkbox"/> OK <input type="checkbox"/> NR	27 <input type="checkbox"/> OK <input type="checkbox"/> NR	28 <input type="checkbox"/> OK <input type="checkbox"/> NR	29 <input type="checkbox"/> OK <input type="checkbox"/> NR	30 <input type="checkbox"/> OK <input type="checkbox"/> NR	31 <input type="checkbox"/> OK <input type="checkbox"/> NR	

## MONTHLY MAINTENANCE RECORDS

Date of Maintenance/ Test/Equipment Failure	UST Number	Date Repaired	Manufacturer & Part Used for Repair	Name of Company Conducting Maintenance/Repair

**DISCLAIMER:** This form is to help you comply with air quality requirements. You should not assume it is exhaustive, or rely solely on it for compliance. If there is a conflict between the form and federal, state or local regulations, the regulations will govern. Refer to the Notice of Construction (NOC) permit requirements issued by Spokane Clean Air to ensure air quality requirements for your specific equipment are being met. Operation and maintenance records must be retained onsite for two years. Call Spokane Clean Air (477-4727) if you have questions.



# SEPTEMBER 2018

## MAINTENANCE CHECKLIST FOR STAGE I SYSTEMS

<b>STAGE I VAPOR RECOVERY – Underground Storage Tanks</b>
<b>Fill Side (Dual Point &amp; Coaxial)</b>
<input type="checkbox"/> Spill buckets clean and dry
<input type="checkbox"/> Spill bucket drain plug functioning properly (opens/closes, seals when closed)
<input type="checkbox"/> Dust cap on tight and in good condition (doesn't turn) and gasket in good condition
<input type="checkbox"/> Fill adapter on tight and in good repair (for non-swivel types)
<input type="checkbox"/> Fill tube in good condition
<input type="checkbox"/> Fill tube no farther than 6 inches from bottom of tank, to upper cut of tube
<input type="checkbox"/> Tank vents have properly functioning pressure vacuum vent caps
<b>Additional Coaxial Fill Side (Coaxial only)</b>
<input type="checkbox"/> Fill tube (if spring loaded) operates properly (doesn't jam)
<input type="checkbox"/> Spring loaded fill tube seals against the coaxial fitting and gasket in good repair
<b>Vapor Side (Dual Point only)</b>
<input type="checkbox"/> Dust cap on tight and in good condition (doesn't turn) and gasket in good condition
<input type="checkbox"/> Vapor adapter on tight and in good repair (for non-swivel types)
<input type="checkbox"/> Poppet valve operates properly (pops back when depressed) and gasket in good condition

If you have a Notice of Construction permit from Spokane Clean Air, be sure to follow all permit requirements, including maintenance. Below is a maintenance schedule. Check "OK" or "Needs Repair (NR)" and initial on days equipment is checked. Add details in the table below.

Sun.	Mon.	Tue.	Wed.	Thu.	Fri.	Sat.
						1 <input type="checkbox"/> OK <input type="checkbox"/> NR
2 <input type="checkbox"/> OK <input type="checkbox"/> NR	3 <input type="checkbox"/> OK <input type="checkbox"/> NR	4 <input type="checkbox"/> OK <input type="checkbox"/> NR	5 <input type="checkbox"/> OK <input type="checkbox"/> NR	6 <input type="checkbox"/> OK <input type="checkbox"/> NR	7 <input type="checkbox"/> OK <input type="checkbox"/> NR	8 <input type="checkbox"/> OK <input type="checkbox"/> NR
9 <input type="checkbox"/> OK <input type="checkbox"/> NR	10 <input type="checkbox"/> OK <input type="checkbox"/> NR	11 <input type="checkbox"/> OK <input type="checkbox"/> NR	12 <input type="checkbox"/> OK <input type="checkbox"/> NR	13 <input type="checkbox"/> OK <input type="checkbox"/> NR	14 <input type="checkbox"/> OK <input type="checkbox"/> NR	15 <input type="checkbox"/> OK <input type="checkbox"/> NR
16 <input type="checkbox"/> OK <input type="checkbox"/> NR	17 <input type="checkbox"/> OK <input type="checkbox"/> NR	18 <input type="checkbox"/> OK <input type="checkbox"/> NR	19 <input type="checkbox"/> OK <input type="checkbox"/> NR	20 <input type="checkbox"/> OK <input type="checkbox"/> NR	21 <input type="checkbox"/> OK <input type="checkbox"/> NR	22 <input type="checkbox"/> OK <input type="checkbox"/> NR
23 <input type="checkbox"/> OK <input type="checkbox"/> NR	24 <input type="checkbox"/> OK <input type="checkbox"/> NR	25 <input type="checkbox"/> OK <input type="checkbox"/> NR	26 <input type="checkbox"/> OK <input type="checkbox"/> NR	27 <input type="checkbox"/> OK <input type="checkbox"/> NR	28 <input type="checkbox"/> OK <input type="checkbox"/> NR	29 <input type="checkbox"/> OK <input type="checkbox"/> NR
30 <input type="checkbox"/> OK <input type="checkbox"/> NR						

## MONTHLY MAINTENANCE RECORDS

Date of Maintenance/ Test/Equipment Failure	UST Number	Date Repaired	Manufacturer & Part Used for Repair	Name of Company Conducting Maintenance/Repair

**DISCLAIMER:** This form is to help you comply with air quality requirements. You should not assume it is exhaustive, or rely solely on it for compliance. If there is a conflict between the form and federal, state or local regulations, the regulations will govern. Refer to the Notice of Construction (NOC) permit requirements issued by Spokane Clean Air to ensure air quality requirements for your specific equipment are being met. Operation and maintenance records must be retained onsite for two years. Call Spokane Clean Air (477-4727) if you have questions.

# OCTOBER 2018

## MAINTENANCE CHECKLIST FOR STAGE I SYSTEMS

STAGE I VAPOR RECOVERY – Underground Storage Tanks
<b>Fill Side (Dual Point &amp; Coaxial)</b>
<input type="checkbox"/> Spill buckets clean and dry
<input type="checkbox"/> Spill bucket drain plug functioning properly (opens/closes, seals when closed)
<input type="checkbox"/> Dust cap on tight and in good condition (doesn't turn) and gasket in good condition
<input type="checkbox"/> Fill adapter on tight and in good repair (for non-swivel types)
<input type="checkbox"/> Fill tube in good condition
<input type="checkbox"/> Fill tube no farther than 6 inches from bottom of tank, to upper cut of tube
<input type="checkbox"/> Tank vents have properly functioning pressure vacuum vent caps
<b>Additional Coaxial Fill Side (Coaxial only)</b>
<input type="checkbox"/> Fill tube (if spring loaded) operates properly (doesn't jam)
<input type="checkbox"/> Spring loaded fill tube seals against the coaxial fitting and gasket in good repair
<b>Vapor Side (Dual Point only)</b>
<input type="checkbox"/> Dust cap on tight and in good condition (doesn't turn) and gasket in good condition
<input type="checkbox"/> Vapor adapter on tight and in good repair (for non-swivel types)
<input type="checkbox"/> Poppet valve operates properly (pops back when depressed) and gasket in good condition

If you have a Notice of Construction permit from Spokane Clean Air, be sure to follow all permit requirements, including maintenance. Below is a maintenance schedule. Check "OK" or "Needs Repair (NR)" and initial on days equipment is checked. Add details in the table below.

Sun.	Mon.	Tue.	Wed.	Thu.	Fri.	Sat.
	1 <input type="checkbox"/> OK <input type="checkbox"/> NR	2 <input type="checkbox"/> OK <input type="checkbox"/> NR	3 <input type="checkbox"/> OK <input type="checkbox"/> NR	4 <input type="checkbox"/> OK <input type="checkbox"/> NR	5 <input type="checkbox"/> OK <input type="checkbox"/> NR	6 <input type="checkbox"/> OK <input type="checkbox"/> NR
7 <input type="checkbox"/> OK <input type="checkbox"/> NR	8 <input type="checkbox"/> OK <input type="checkbox"/> NR	9 <input type="checkbox"/> OK <input type="checkbox"/> NR	10 <input type="checkbox"/> OK <input type="checkbox"/> NR	11 <input type="checkbox"/> OK <input type="checkbox"/> NR	12 <input type="checkbox"/> OK <input type="checkbox"/> NR	13 <input type="checkbox"/> OK <input type="checkbox"/> NR
14 <input type="checkbox"/> OK <input type="checkbox"/> NR	15 <input type="checkbox"/> OK <input type="checkbox"/> NR	16 <input type="checkbox"/> OK <input type="checkbox"/> NR	17 <input type="checkbox"/> OK <input type="checkbox"/> NR	18 <input type="checkbox"/> OK <input type="checkbox"/> NR	19 <input type="checkbox"/> OK <input type="checkbox"/> NR	20 <input type="checkbox"/> OK <input type="checkbox"/> NR
21 <input type="checkbox"/> OK <input type="checkbox"/> NR	22 <input type="checkbox"/> OK <input type="checkbox"/> NR	23 <input type="checkbox"/> OK <input type="checkbox"/> NR	24 <input type="checkbox"/> OK <input type="checkbox"/> NR	25 <input type="checkbox"/> OK <input type="checkbox"/> NR	26 <input type="checkbox"/> OK <input type="checkbox"/> NR	27 <input type="checkbox"/> OK <input type="checkbox"/> NR
28 <input type="checkbox"/> OK <input type="checkbox"/> NR	29 <input type="checkbox"/> OK <input type="checkbox"/> NR	30 <input type="checkbox"/> OK <input type="checkbox"/> NR	31 <input type="checkbox"/> OK <input type="checkbox"/> NR			

## MONTHLY MAINTENANCE RECORDS

Date of Maintenance/ Test/Equipment Failure	UST Number	Date Repaired	Manufacturer & Part Used for Repair	Name of Company Conducting Maintenance/Repair

**DISCLAIMER:** This form is to help you comply with air quality requirements. You should not assume it is exhaustive, or rely solely on it for compliance. If there is a conflict between the form and federal, state or local regulations, the regulations will govern. Refer to the Notice of Construction (NOC) permit requirements issued by Spokane Clean Air to ensure air quality requirements for your specific equipment are being met. Operation and maintenance records must be retained onsite for two years. Call Spokane Clean Air (477-4727) if you have questions.

# NOVEMBER 2018

## MAINTENANCE CHECKLIST FOR STAGE I SYSTEMS

<b>STAGE I VAPOR RECOVERY – Underground Storage Tanks</b>
<b>Fill Side (Dual Point &amp; Coaxial)</b>
<input type="checkbox"/> Spill buckets clean and dry
<input type="checkbox"/> Spill bucket drain plug functioning properly (opens/closes, seals when closed)
<input type="checkbox"/> Dust cap on tight and in good condition (doesn't turn) and gasket in good condition
<input type="checkbox"/> Fill adapter on tight and in good repair (for non-swivel types)
<input type="checkbox"/> Fill tube in good condition
<input type="checkbox"/> Fill tube no farther than 6 inches from bottom of tank, to upper cut of tube
<input type="checkbox"/> Tank vents have properly functioning pressure vacuum vent caps
<b>Additional Coaxial Fill Side (Coaxial only)</b>
<input type="checkbox"/> Fill tube (if spring loaded) operates properly (doesn't jam)
<input type="checkbox"/> Spring loaded fill tube seals against the coaxial fitting and gasket in good repair
<b>Vapor Side (Dual Point only)</b>
<input type="checkbox"/> Dust cap on tight and in good condition (doesn't turn) and gasket in good condition
<input type="checkbox"/> Vapor adapter on tight and in good repair (for non-swivel types)
<input type="checkbox"/> Poppet valve operates properly (pops back when depressed) and gasket in good condition

If you have a Notice of Construction permit from Spokane Clean Air, be sure to follow all permit requirements, including maintenance. Below is a maintenance schedule. Check "OK" or "Needs Repair (NR)" and initial on days equipment is checked. Add details in the table below.

Sun.	Mon.	Tue.	Wed.	Thu.	Fri.	Sat.
				1 <input type="checkbox"/> OK <input type="checkbox"/> NR	2 <input type="checkbox"/> OK <input type="checkbox"/> NR	3 <input type="checkbox"/> OK <input type="checkbox"/> NR
4 <input type="checkbox"/> OK <input type="checkbox"/> NR	5 <input type="checkbox"/> OK <input type="checkbox"/> NR	6 <input type="checkbox"/> OK <input type="checkbox"/> NR	7 <input type="checkbox"/> OK <input type="checkbox"/> NR	8 <input type="checkbox"/> OK <input type="checkbox"/> NR	9 <input type="checkbox"/> OK <input type="checkbox"/> NR	10 <input type="checkbox"/> OK <input type="checkbox"/> NR
11 <input type="checkbox"/> OK <input type="checkbox"/> NR	12 <input type="checkbox"/> OK <input type="checkbox"/> NR	13 <input type="checkbox"/> OK <input type="checkbox"/> NR	14 <input type="checkbox"/> OK <input type="checkbox"/> NR	15 <input type="checkbox"/> OK <input type="checkbox"/> NR	16 <input type="checkbox"/> OK <input type="checkbox"/> NR	17 <input type="checkbox"/> OK <input type="checkbox"/> NR
18 <input type="checkbox"/> OK <input type="checkbox"/> NR	19 <input type="checkbox"/> OK <input type="checkbox"/> NR	20 <input type="checkbox"/> OK <input type="checkbox"/> NR	21 <input type="checkbox"/> OK <input type="checkbox"/> NR	22 <input type="checkbox"/> OK <input type="checkbox"/> NR	23 <input type="checkbox"/> OK <input type="checkbox"/> NR	24 <input type="checkbox"/> OK <input type="checkbox"/> NR
25 <input type="checkbox"/> OK <input type="checkbox"/> NR	26 <input type="checkbox"/> OK <input type="checkbox"/> NR	27 <input type="checkbox"/> OK <input type="checkbox"/> NR	28 <input type="checkbox"/> OK <input type="checkbox"/> NR	29 <input type="checkbox"/> OK <input type="checkbox"/> NR	30 <input type="checkbox"/> OK <input type="checkbox"/> NR	

## MONTHLY MAINTENANCE RECORDS

Date of Maintenance/ Test/Equipment Failure	UST Number	Date Repaired	Manufacturer & Part Used for Repair	Name of Company Conducting Maintenance/Repair

**DISCLAIMER:** This form is to help you comply with air quality requirements. You should not assume it is exhaustive, or rely solely on it for compliance. If there is a conflict between the form and federal, state or local regulations, the regulations will govern. Refer to the Notice of Construction (NOC) permit requirements issued by Spokane Clean Air to ensure air quality requirements for your specific equipment are being met. Operation and maintenance records must be retained onsite for two years. Call Spokane Clean Air (477-4727) if you have questions.

# DECEMBER 2018

## MAINTENANCE CHECKLIST FOR STAGE I SYSTEMS

STAGE I VAPOR RECOVERY – Underground Storage Tanks
<b>Fill Side (Dual Point &amp; Coaxial)</b>
<input type="checkbox"/> Spill buckets clean and dry
<input type="checkbox"/> Spill bucket drain plug functioning properly (opens/closes, seals when closed)
<input type="checkbox"/> Dust cap on tight and in good condition (doesn't turn) and gasket in good condition
<input type="checkbox"/> Fill adapter on tight and in good repair (for non-swivel types)
<input type="checkbox"/> Fill tube in good condition
<input type="checkbox"/> Fill tube no farther than 6 inches from bottom of tank, to upper cut of tube
<input type="checkbox"/> Tank vents have properly functioning pressure vacuum vent caps
<b>Additional Coaxial Fill Side (Coaxial only)</b>
<input type="checkbox"/> Fill tube (if spring loaded) operates properly (doesn't jam)
<input type="checkbox"/> Spring loaded fill tube seals against the coaxial fitting and gasket in good repair
<b>Vapor Side (Dual Point only)</b>
<input type="checkbox"/> Dust cap on tight and in good condition (doesn't turn) and gasket in good condition
<input type="checkbox"/> Vapor adapter on tight and in good repair (for non-swivel types)
<input type="checkbox"/> Poppet valve operates properly (pops back when depressed) and gasket in good condition

If you have a Notice of Construction permit from Spokane Clean Air, be sure to follow all permit requirements, including maintenance. Below is a maintenance schedule. Check "OK" or "Needs Repair (NR)" and initial on days equipment is checked. Add details in the table below.

Sun.	Mon.	Tue.	Wed.	Thu.	Fri.	Sat.
						1 <input type="checkbox"/> OK <input type="checkbox"/> NR
2 <input type="checkbox"/> OK <input type="checkbox"/> NR	3 <input type="checkbox"/> OK <input type="checkbox"/> NR	4 <input type="checkbox"/> OK <input type="checkbox"/> NR	5 <input type="checkbox"/> OK <input type="checkbox"/> NR	6 <input type="checkbox"/> OK <input type="checkbox"/> NR	7 <input type="checkbox"/> OK <input type="checkbox"/> NR	8 <input type="checkbox"/> OK <input type="checkbox"/> NR
9 <input type="checkbox"/> OK <input type="checkbox"/> NR	10 <input type="checkbox"/> OK <input type="checkbox"/> NR	11 <input type="checkbox"/> OK <input type="checkbox"/> NR	12 <input type="checkbox"/> OK <input type="checkbox"/> NR	13 <input type="checkbox"/> OK <input type="checkbox"/> NR	14 <input type="checkbox"/> OK <input type="checkbox"/> NR	15 <input type="checkbox"/> OK <input type="checkbox"/> NR
16 <input type="checkbox"/> OK <input type="checkbox"/> NR	17 <input type="checkbox"/> OK <input type="checkbox"/> NR	18 <input type="checkbox"/> OK <input type="checkbox"/> NR	19 <input type="checkbox"/> OK <input type="checkbox"/> NR	20 <input type="checkbox"/> OK <input type="checkbox"/> NR	21 <input type="checkbox"/> OK <input type="checkbox"/> NR	22 <input type="checkbox"/> OK <input type="checkbox"/> NR
23 <input type="checkbox"/> OK <input type="checkbox"/> NR	24 <input type="checkbox"/> OK <input type="checkbox"/> NR	25 <input type="checkbox"/> OK <input type="checkbox"/> NR	26 <input type="checkbox"/> OK <input type="checkbox"/> NR	27 <input type="checkbox"/> OK <input type="checkbox"/> NR	28 <input type="checkbox"/> OK <input type="checkbox"/> NR	29 <input type="checkbox"/> OK <input type="checkbox"/> NR
30 <input type="checkbox"/> OK <input type="checkbox"/> NR	31 <input type="checkbox"/> OK <input type="checkbox"/> NR					

## MONTHLY MAINTENANCE RECORDS

Date of Maintenance/ Test/Equipment Failure	UST Number	Date Repaired	Manufacturer & Part Used for Repair	Name of Company Conducting Maintenance/Repair

**DISCLAIMER:** This form is to help you comply with air quality requirements. You should not assume it is exhaustive, or rely solely on it for compliance. If there is a conflict between the form and federal, state or local regulations, the regulations will govern. Refer to the Notice of Construction (NOC) permit requirements issued by Spokane Clean Air to ensure air quality requirements for your specific equipment are being met. Operation and maintenance records must be retained onsite for two years. Call Spokane Clean Air (477-4727) if you have questions.