

# JANUARY 2024

## MAINTENANCE CHECKLIST FOR STAGE 1 SYSTEMS

<b>STAGE 1 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 fuller 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, follow all permit requirements, including maintenance. Below is a maintenance schedule. Check "OK" or "Needs Repair (NR)" and initial the day equipment is checked. Add details in the table below.

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

## MONTHLY MAINTENANCE RECORDS

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 at 509-477-4727 if you need assistance.

# FEBRUARY 2024

## MAINTENANCE CHECKLIST FOR STAGE 1 SYSTEMS

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

## MONTHLY MAINTENANCE RECORDS

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

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# MARCH 2024

## MAINTENANCE CHECKLIST FOR STAGE 1 SYSTEMS

<b>STAGE 1 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 fuller 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, follow all permit requirements, including maintenance. Below is a maintenance schedule. Check "OK" or "Needs Repair (NR)" and initial the day equipment is checked. Add details in the table below.

Sun.	Mon.	Tue.	Wed.	Thu.	Fri.	Sat.
31 <input type="checkbox"/> OK <input type="checkbox"/> NR	Notes:				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

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

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# APRIL 2024

## MAINTENANCE CHECKLIST FOR STAGE 1 SYSTEMS

<b>STAGE 1 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 fuller 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
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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	Notes:			

## MONTHLY MAINTENANCE RECORDS

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

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# MAY 2024

## MAINTENANCE CHECKLIST FOR STAGE 1 SYSTEMS

<b>STAGE 1 VAPOR RECOVERY – Underground Storage Tanks</b>
<b>Fill Side (Dual Point &amp; Coaxial)</b>
<input type="checkbox"/> Spill buckets clean and dry
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<input type="checkbox"/> Fill tube no fuller than 6 inches from bottom of tank to upper cut of tube
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Sun.	Mon.	Tue.	Wed.	Thu.	Fri.	Sat.
Notes:			1	2	3	4
			<input type="checkbox"/> OK <input type="checkbox"/> NR	<input type="checkbox"/> OK <input type="checkbox"/> NR	<input type="checkbox"/> OK <input type="checkbox"/> NR	<input type="checkbox"/> OK <input type="checkbox"/> NR
5	6	7	8	9	10	11
<input type="checkbox"/> OK <input type="checkbox"/> NR	<input type="checkbox"/> OK <input type="checkbox"/> NR	<input type="checkbox"/> OK <input type="checkbox"/> NR	<input type="checkbox"/> OK <input type="checkbox"/> NR	<input type="checkbox"/> OK <input type="checkbox"/> NR	<input type="checkbox"/> OK <input type="checkbox"/> NR	<input type="checkbox"/> OK <input type="checkbox"/> NR
12	13	14	15	16	17	18
<input type="checkbox"/> OK <input type="checkbox"/> NR	<input type="checkbox"/> OK <input type="checkbox"/> NR	<input type="checkbox"/> OK <input type="checkbox"/> NR	<input type="checkbox"/> OK <input type="checkbox"/> NR	<input type="checkbox"/> OK <input type="checkbox"/> NR	<input type="checkbox"/> OK <input type="checkbox"/> NR	<input type="checkbox"/> OK <input type="checkbox"/> NR
19	20	21	22	23	24	25
<input type="checkbox"/> OK <input type="checkbox"/> NR	<input type="checkbox"/> OK <input type="checkbox"/> NR	<input type="checkbox"/> OK <input type="checkbox"/> NR	<input type="checkbox"/> OK <input type="checkbox"/> NR	<input type="checkbox"/> OK <input type="checkbox"/> NR	<input type="checkbox"/> OK <input type="checkbox"/> NR	<input type="checkbox"/> OK <input type="checkbox"/> NR
26	27	28	29	30	31	
<input type="checkbox"/> OK <input type="checkbox"/> NR	<input type="checkbox"/> OK <input type="checkbox"/> NR	<input type="checkbox"/> OK <input type="checkbox"/> NR	<input type="checkbox"/> OK <input type="checkbox"/> NR	<input type="checkbox"/> OK <input type="checkbox"/> NR	<input type="checkbox"/> OK <input type="checkbox"/> NR	

## MONTHLY MAINTENANCE RECORDS

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

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# JUNE 2024

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<b>STAGE 1 VAPOR RECOVERY – Underground Storage Tanks</b>
<b>Fill Side (Dual Point &amp; Coaxial)</b>
<input type="checkbox"/> Spill buckets clean and dry
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Sun.	Mon.	Tue.	Wed.	Thu.	Fri.	Sat.
30	Notes:					1
						<input type="checkbox"/> OK <input type="checkbox"/> NR
2	3	4	5	6	7	8
<input type="checkbox"/> OK <input type="checkbox"/> NR	<input type="checkbox"/> OK <input type="checkbox"/> NR	<input type="checkbox"/> OK <input type="checkbox"/> NR	<input type="checkbox"/> OK <input type="checkbox"/> NR	<input type="checkbox"/> OK <input type="checkbox"/> NR	<input type="checkbox"/> OK <input type="checkbox"/> NR	<input type="checkbox"/> OK <input type="checkbox"/> NR
9	10	11	12	13	14	15
<input type="checkbox"/> OK <input type="checkbox"/> NR	<input type="checkbox"/> OK <input type="checkbox"/> NR	<input type="checkbox"/> OK <input type="checkbox"/> NR	<input type="checkbox"/> OK <input type="checkbox"/> NR	<input type="checkbox"/> OK <input type="checkbox"/> NR	<input type="checkbox"/> OK <input type="checkbox"/> NR	<input type="checkbox"/> OK <input type="checkbox"/> NR
16	17	18	19	20	21	22
<input type="checkbox"/> OK <input type="checkbox"/> NR	<input type="checkbox"/> OK <input type="checkbox"/> NR	<input type="checkbox"/> OK <input type="checkbox"/> NR	<input type="checkbox"/> OK <input type="checkbox"/> NR	<input type="checkbox"/> OK <input type="checkbox"/> NR	<input type="checkbox"/> OK <input type="checkbox"/> NR	<input type="checkbox"/> OK <input type="checkbox"/> NR
23	24	25	26	27	28	29
<input type="checkbox"/> OK <input type="checkbox"/> NR	<input type="checkbox"/> OK <input type="checkbox"/> NR	<input type="checkbox"/> OK <input type="checkbox"/> NR	<input type="checkbox"/> OK <input type="checkbox"/> NR	<input type="checkbox"/> OK <input type="checkbox"/> NR	<input type="checkbox"/> OK <input type="checkbox"/> NR	<input type="checkbox"/> OK <input type="checkbox"/> NR

## MONTHLY MAINTENANCE RECORDS

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# JULY 2024

## MAINTENANCE CHECKLIST FOR STAGE 1 SYSTEMS

<b>STAGE 1 VAPOR RECOVERY – Underground Storage Tanks</b>
<b>Fill Side (Dual Point &amp; Coaxial)</b>
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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	Notes:		

## MONTHLY MAINTENANCE RECORDS

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

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# AUGUST 2024

## MAINTENANCE CHECKLIST FOR STAGE 1 SYSTEMS

<b>STAGE 1 VAPOR RECOVERY – Underground Storage Tanks</b>
<b>Fill Side (Dual Point &amp; Coaxial)</b>
<input type="checkbox"/> Spill buckets clean and dry
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<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 fuller 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, follow all permit requirements, including maintenance. Below is a maintenance schedule. Check "OK" or "Needs Repair (NR)" and initial the day equipment is checked. Add details in the table below.

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

## MONTHLY MAINTENANCE RECORDS

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

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# SEPTEMBER 2024

## MAINTENANCE CHECKLIST FOR STAGE 1 SYSTEMS

<b>STAGE 1 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 fuller 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, follow all permit requirements, including maintenance. Below is a maintenance schedule. Check "OK" or "Needs Repair (NR)" and initial the day 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	Notes:				

## MONTHLY MAINTENANCE RECORDS

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

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# OCTOBER 2024

## MAINTENANCE CHECKLIST FOR STAGE 1 SYSTEMS

<b>STAGE 1 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 fuller 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, follow all permit requirements, including maintenance. Below is a maintenance schedule. Check "OK" or "Needs Repair (NR)" and initial the day equipment is checked. Add details in the table below.

Sun.	Mon.	Tue.	Wed.	Thu.	Fri.	Sat.
Notes:		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	Notes:	

## MONTHLY MAINTENANCE RECORDS

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

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# NOVEMBER 2024

## MAINTENANCE CHECKLIST FOR STAGE 1 SYSTEMS

<b>STAGE 1 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 fuller 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, follow all permit requirements, including maintenance. Below is a maintenance schedule. Check "OK" or "Needs Repair (NR)" and initial the day equipment is checked. Add details in the table below.

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

## MONTHLY MAINTENANCE RECORDS

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

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# DECEMBER 2024

## MAINTENANCE CHECKLIST FOR STAGE 1 SYSTEMS

<b>STAGE 1 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 fuller 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, follow all permit requirements, including maintenance. Below is a maintenance schedule. Check "OK" or "Needs Repair (NR)" and initial the day 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
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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	Notes:			

## MONTHLY MAINTENANCE RECORDS

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

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