

JANUARY 2019

MAINTENANCE CHECKLIST FOR STAGE I SYSTEMS

STAGE I VAPOR RECOVERY – Underground Storage Tanks
Fill Side (Dual Point & Coaxial)
<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
Additional Coaxial Fill Side (Coaxial only)
<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
Vapor Side (Dual Point only)
<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

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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
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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

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FEBRUARY 2019

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					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
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MONTHLY MAINTENANCE RECORDS

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MARCH 2019

MAINTENANCE CHECKLIST FOR STAGE I SYSTEMS

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

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APRIL 2019

MAINTENANCE CHECKLIST FOR STAGE I SYSTEMS

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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				

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MAY 2019

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			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
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MONTHLY MAINTENANCE RECORDS

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JUNE 2019

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Sun.	Mon.	Tue.	Wed.	Thu.	Fri.	Sat.
30 <input type="checkbox"/> OK <input type="checkbox"/> NR						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
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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
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JULY 2019

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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			

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AUGUST 2019

MAINTENANCE CHECKLIST FOR STAGE I SYSTEMS

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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
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MONTHLY MAINTENANCE RECORDS

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

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SEPTEMBER 2019

MAINTENANCE CHECKLIST FOR STAGE I SYSTEMS

STAGE I VAPOR RECOVERY – Underground Storage Tanks
Fill Side (Dual Point & Coaxial)
<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
Additional Coaxial Fill Side (Coaxial only)
<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
Vapor Side (Dual Point only)
<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.
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MONTHLY MAINTENANCE RECORDS

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

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OCTOBER 2019

MAINTENANCE CHECKLIST FOR STAGE I SYSTEMS

STAGE I VAPOR RECOVERY – Underground Storage Tanks	
Fill Side (Dual Point & Coaxial)	
<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
Additional Coaxial Fill Side (Coaxial only)	
<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
Vapor Side (Dual Point only)	
<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

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MONTHLY MAINTENANCE RECORDS

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

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NOVEMBER 2019

MAINTENANCE CHECKLIST FOR STAGE I SYSTEMS

STAGE I VAPOR RECOVERY – Underground Storage Tanks
Fill Side (Dual Point & Coaxial)
<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
Additional Coaxial Fill Side (Coaxial only)
<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
Vapor Side (Dual Point only)
<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

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MONTHLY MAINTENANCE RECORDS

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

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DECEMBER 2019

MAINTENANCE CHECKLIST FOR STAGE I SYSTEMS

STAGE I VAPOR RECOVERY – Underground Storage Tanks
Fill Side (Dual Point & Coaxial)
<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
Additional Coaxial Fill Side (Coaxial only)
<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
Vapor Side (Dual Point only)
<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

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MONTHLY MAINTENANCE RECORDS

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

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