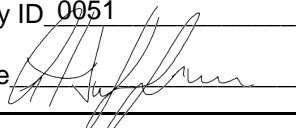


Overfill Prevention Inspection Report

Submit to: **Kansas Department of Health and Environment**
Bureau of Environmental Remediation
Storage Tank Section
1000 SW Jackson, Suite 410
Topeka, KS 66612-1367

Phone: 785 296-1678
Fax: 785 559-4260

Date of Test	<u>8/12/22</u>
Tester ID	<u>1192</u>
Company ID	<u>0051</u>
Signature	

Please Print Clearly or Type

Facility Information

A. Facility Name: Pittsburg State University

B. Facility Address: 300 E Lindburg St Pittsburg, KS 66762
(Street) (City) (State) (Zip)

Only fill out the portion of the form pertaining to type of equipment inspected for each tank

Tank Number	U008	U007	U006	U005	U004
Product Stored	UNLD	DYE DSL	DYE DSL	DYE DSL	DYE DSL
Was Overfill Device Removed	Yes No	Yes No	Yes No	Yes No	Yes No

Automatic Shutoff Device Inspection (Circle "Yes" or "No")

Drop tube and float free of debris?	Yes No	Yes No	Yes No	Yes No	Yes No
Float moves freely and poppet valve moves into path of flow?	Yes No	Yes No	Yes No	Yes No	Yes No
Bypass valve free of blockage? (If applies)	Yes No	Yes No	Yes No	Yes No	Yes No
Flapper adjusted to shut off flow at 95% capacity	Yes No	Yes No	Yes No	Yes No	Yes No

High Level Alarm Inspection (Audio Overfill) (Circle "Yes" or "No")

Overfill alarm activates in test mode at Console?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Alarm can be heard or seen from where the tank is filled?	Yes <input checked="" type="checkbox"/> No	Yes <input checked="" type="checkbox"/> No	Yes <input checked="" type="checkbox"/> No	Yes <input checked="" type="checkbox"/> No	Yes <input checked="" type="checkbox"/> No
All associated floats move freely?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Alarm Activates at 90% capacity?	Yes <input checked="" type="checkbox"/> No	Yes <input checked="" type="checkbox"/> No	Yes <input checked="" type="checkbox"/> No	Yes <input checked="" type="checkbox"/> No	Yes <input checked="" type="checkbox"/> No

Ball Float Valve Inspection (Circle "Yes" or "No")

Ball float cage free of debris?	Yes No	Yes No	Yes No	Yes No	Yes No
Ball moves freely in cage and is free of damage?	Yes No	Yes No	Yes No	Yes No	Yes No
Vent hole in pipe is open and near the top of the tank?	Yes No	Yes No	Yes No	Yes No	Yes No
Ball float is proper length to activate at 90% capacity?	Yes No	Yes No	Yes No	Yes No	Yes No
Tank top fittings are vapor tight and free of leaks?	Yes No	Yes No	Yes No	Yes No	Yes No

Inspection Results for Automatic Shutoff Device or High-Level Alarm (Audio Overfill) or Ball Float Valve

Results of Inspection ("No" answer or Unanswered items indicate inspection failure)	Pass <input checked="" type="checkbox"/> Fail	Pass <input checked="" type="checkbox"/> Fail	Pass <input checked="" type="checkbox"/> Fail	Pass <input checked="" type="checkbox"/> Fail	Pass <input checked="" type="checkbox"/> Fail
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Inspection must be performed in accordance with a nationally recognized code of practice (ex: PEI RP 1200-17 or Equivalent) or the manufacturer's recommendations.

NOTE: UST SYSTEM OWNER/OPERATOR ARE REQUIRED TO MAINTAIN A COPY OF THIS FORM FOR THREE (3) YEARS.