

Monthly AST Inspection

Facility Registration #: 9-600511

Tank ID#: 005

Date of Inspection: _____

Results of Inspection: _____

Item	Symbol	Comment
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Discoloration	Y N	
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Corrosion	Y N	
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Cracks	Y N	
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Bulging	Y N	
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All openings liquid tight	Y N	
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Tank Labels	S U	
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Leaks From Pipes	Y N	
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Stained Soils	Y N	
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Symbols Y: Yes N: No S: Satisfactory U: Unsatisfactory

I, _____, certify that the inspection has been performed in a manner consistent with requirements of Section 613.6, Aboveground Storage Facilities – Inspections, 613.6 (a) Monthly Inspections and 613.6 (c) Inspection reports.

Facility Address: Aim NationalLease

25 Dingens Street

Buffalo, NY 14206

Signature of Inspector: _____