

SB989



Secondary Containment Testing Report Form

This form is intended for use by contractors performing periodic testing of UST secondary containment systems. Use the appropriate pages of this form to report results for all components tested. The completed form, written test procedures, and printouts from tests (if applicable), should be provided to the facility owner/operator for submittal to the local regulatory agency.

1. FACILITY INFORMATION

Facility Name:	GGP Cardlock-Rinehart Oil	Date of Testing:	09/01/2011
Facility Address:	1107 5th Street, Oakland, CA 94607		
Facility Contact:	Joan Bosrock	Phone:	510-836-0774
Date Local Agency Was Notified of Testing :	8/23/2011		
Name of Local Agency Inspector (if present during testing):			

2. TESTING CONTRACTOR INFORMATION

Company Name: EPIC Compliance Systems Inc.		
Technician Conducting Test: Keith Huston		
Credentials:	<input checked="" type="checkbox"/> CSLB Licensed Contractor	<input type="checkbox"/> SWRCB Licensed Tank Tester
License Type:	A	License Number: 956593
Manufacturer Training		
Manufacturer	Component(s)	Date Training Expires

3. SUMMARY OF TEST RESULTS

Component	Pass	Fail	Not Tested	Repairs Made	Component	Pass	Fail	Not Tested	Repairs Made
Diesel Tank Annular	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	CL - Diesel 5 UDC	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Gas Tank Annular	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	CL Gas 6 / 7 UDC	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Diesel Secondary Piping	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	GGP 1 / 2 UDC	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
87 Secondary Piping	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	GGP 3 / 4 UDC	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
91 Secondary Piping	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	GGP 5 / 6 UDC	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Diesel Sump	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	GGP 7 / 8 UDC	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
87 Sump	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
91 Sump	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
CL - Diesel 1 UDC	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
CL - Diesel 2 UDC	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
CL - Diesel 3 UDC	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
CL - Diesel 4 UDC	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

If hydrostatic testing was performed, describe what was done with the water after completion of tests:

Returned to trailer

CERTIFICATION OF TECHNICIAN RESPONSIBLE FOR CONDUCTING THIS TESTING

To the best of my knowledge, the facts stated in this document are accurate and in full compliance with legal requirements

Technician's Signature: *Keith Huston*

Date: 9/1/2011







6. PIPING SUMP TESTING

Test Method Developed By:	<input type="checkbox"/> Sump Manufacturer	<input type="checkbox"/> Industry Standard	<input type="checkbox"/> Professional Engineer	
	<input type="checkbox"/> Other (Specify)			
Test Method Used:	<input type="checkbox"/> Pressure	<input type="checkbox"/> Vacuum	<input type="checkbox"/> Hydrostatic	
	<input type="checkbox"/> Other (Specify)			
Test Equipment Used:		Equipment Resolution:		
	Sump # 1	Sump # 2	Sump # 3	
Sump Diameter:	48"	48"	48"	
Sump Depth:	64"	60"	65"	
Sump Material:	FG	FG	FG	
Height from Tank Top to Top of Highest Piping Penetration:	18"	20"	14"	
Height from Tank Top to Lowest Electrical Penetration:	22"	22"	22"	
Condition of sump prior to testing:	Dry	Dry	Dry	
Portion of Sump Tested <sup>1</sup>	2" over prod. piping			
Does turbine shut down when sump sensor detects liquid (both product and water)?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
Turbine shutdown response time	—	—	—	
Is system programmed for fail-safe shutdown?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
Was fail-safe verified to be operational?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
Wait time between applying pressure/vacuum/water and starting test:	5 min	5 min	5 min	
Test Start Time:	1:00	1:00	1:00	
Initial Reading (R <sub>i</sub> ):	0.0025	0.0025	0.0025	
Test End Time:	2:00	2:00	2:00	
Final Reading (R <sub>f</sub> ):	0.0025	0.0025	0.0025	
Test Duration:	1 hr	1 hr	1 hr	
Change in Reading (R <sub>f</sub> -R <sub>i</sub> ):	0	0	0	
Pass/Fail Threshold or Criteria:	<sup>1</sup> /16" in an hour	<sup>1</sup> /16" in an hour	<sup>1</sup> /16" in an hour	
Test Result:	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail	<input type="checkbox"/> Pass <input type="checkbox"/> Fail
Was sensor removed for testing?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
Was sensor properly replaced after testing?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA

Comments – (include information on repairs made prior to testing, and recommended follow-up for failed tests)

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<sup>1</sup> If the entire depth of the sump is not tested, specify how much was tested. If the answer to any of the questions indicated with an asterisk (\*) is "NO" or "NA", the entire sump must be tested. (See SWRCB LG-160)



7. UNDER-DISPENSER CONTAINMENT (UDC) TESTING

Test Method Developed By:	<input type="checkbox"/> UDC Manufacturer	<input checked="" type="checkbox"/> Industry Standard	<input type="checkbox"/> Professional Engineer	
	<input type="checkbox"/> Other (Specify)			
Test Method Used:	<input type="checkbox"/> Pressure	<input type="checkbox"/> Vacuum	<input checked="" type="checkbox"/> Hydrostatic	
	<input type="checkbox"/> Other (Specify)			
Test Equipment Used:		Equipment Resolution:		
	CL UDC # D-1	CL UDC # D-2	CL UDC # D-3	CL UDC # D-4
UDC Manufacturer:	UK	UK	UK	UK
UDC Material:	Blue Plastic	Blue Plastic	Blue Plastic	Blue Plastic
UDC Depth:	32"	32"	32"	32"
Height from UDC Bottom to Top of Highest Piping Penetration:	4"	6"	6"	6"
Height from UDC Bottom to Lowest Electrical Penetration:	20"	20"	20"	20"
Condition of UDC prior to testing:	C & D	C & D	C & D	C & D
Portion of UDC Tested <sup>1</sup>	2" over product piping penetration			
Does turbine shut down when UDC sensor detects liquid (both product and water)?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA
Turbine shutdown response time	—	—	—	—
Is system programmed for fail-safe shutdown?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA
Was fail-safe verified to be operational?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA
Wait time between applying pressure/vacuum/water and starting test	5 min	5 min	5 min	5 min
Test Start Time:	1:30	1:40	1:30	1:30
Initial Reading (R <sub>i</sub> ):	8 1/8"	8 1/2"	8 1/2"	8 7/8"
Test End Time:	2:30	2:40	2:30	2:30
Final Reading (R <sub>f</sub> ):	8 1/8"	8 1/2"	8 1/2"	8 7/8"
Test Duration:	1 hr	1 hr	1 hr	1 hr
Change in Reading (R <sub>f</sub> -R <sub>i</sub> ):	0	0	0	0
Pass/Fail Threshold or Criteria:	0	0	0	0
Test Result:	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail
Was sensor removed for testing?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
Was sensor properly replaced after testing?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA

Comments – (include information on repairs made prior to testing, and recommended follow-up for failed tests)

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<sup>1</sup> If the entire depth of the UDC is not tested, specify how much was tested. If the answer to any of the questions indicated with an asterisk (\*) is "NO" or "NA", the entire UDC must be tested. (See SWRCB LG-160)



8. UNDER-DISPENSER CONTAINMENT (UDC) TESTING

Test Method Developed By:	<input type="checkbox"/> UDC Manufacturer	<input checked="" type="checkbox"/> Industry Standard	<input type="checkbox"/> Professional Engineer	
		<input type="checkbox"/> Other (Specify)		
Test Method Used:	<input type="checkbox"/> Pressure	<input type="checkbox"/> Vacuum	<input checked="" type="checkbox"/> Hydrostatic	
		<input type="checkbox"/> Other (Specify)		
Test Equipment Used:			Equipment Resolution:	
	CL UDC # D-5	CL UDC # 6 / 7	UDC #	UDC #
UDC Manufacturer:	UK	UK		
UDC Material:	Blue Plastic	Blue Plastic		
UDC Depth:	32"	32"		
Height from UDC Bottom to Top of Highest Piping Penetration:	6"	6"		
Height from UDC Bottom to Lowest Electrical Penetration:	20"	20"		
Condition of UDC prior to testing:	C & D	C & D		
Portion of UDC Tested <sup>1</sup>	2" over product piping			
Does turbine shut down when UDC sensor detects liquid (both product and water)?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA
Turbine shutdown response time	—	—	—	—
Is system programmed for fail-safe shutdown?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA
Was fail-safe verified to be operational?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA
Wait time between applying pressure/vacuum/water and starting test	5 min	5 min		
Test Start Time:	1:30	1:30		
Initial Reading (R <sub>i</sub> ):	8 1/4"	8 1/2"		
Test End Time:	2:30	2:30		
Final Reading (R <sub>f</sub> ):	8 1/4"	8 1/2"		
Test Duration:	1 hr	1 hr		
Change in Reading (R <sub>f</sub> -R <sub>i</sub> ):	0	0		
Pass/Fail Threshold or Criteria:	0	0		
Test Result:	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail	<input type="checkbox"/> Pass <input type="checkbox"/> Fail	<input type="checkbox"/> Pass <input type="checkbox"/> Fail
Was sensor removed for testing?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
Was sensor properly replaced after testing?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA

Comments – (include information on repairs made prior to testing, and recommended follow-up for failed tests)

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<sup>1</sup> If the entire depth of the UDC is not tested, specify how much was tested. If the answer to any of the questions indicated with an asterisk (\*) is "NO" or "NA", the entire UDC must be tested. (See SWRCB LG-160)



**9. UNDER-DISPENSER CONTAINMENT (UDC) TESTING**

Test Method Developed By:	<input type="checkbox"/> UDC Manufacturer	<input type="checkbox"/> Industry Standard	<input type="checkbox"/> Professional Engineer	
	<input type="checkbox"/> Other (Specify)			
Test Method Used:	<input type="checkbox"/> Pressure	<input type="checkbox"/> Vacuum	<input type="checkbox"/> Hydrostatic	
	<input type="checkbox"/> Other (Specify)			
Test Equipment Used:			Equipment Resolution:	
	GGP-UDC # 1 / 2	GGP-UDC # 3 / 4	GGP-UDC # 5 / 6	GGP-UDC # 7 / 8
UDC Manufacturer:	UK	UK	UK	UK
UDC Material:	FG	FG	FG	FG
UDC Depth:	32"	32"	32"	32"
Height from UDC Bottom to Top of Highest Piping Penetration:	6"	6"	6"	6"
Height from UDC Bottom to Lowest Electrical Penetration:	20"	20"	20"	20"
Condition of UDC prior to testing:	Dry	Dry	Dry	Dry
Portion of UDC Tested <sup>1</sup>	2" over product piping penetration			
Does turbine shut down when UDC sensor detects liquid (both product and water)?*	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA
Turbine shutdown response time	—	—	—	—
Is system programmed for fail-safe shutdown?*	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA
Was fail-safe verified to be operational?*	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA
Wait time between applying pressure/vacuum/water and starting test	5 min	5 min	5 min	5 min
Test Start Time:	2:45 PM	2:45 PM	2:45 PM	2:45 PM
Initial Reading (R <sub>i</sub> ):	8 <sup>1</sup> / <sub>4</sub> "	8 <sup>3</sup> / <sub>8</sub> "	8 <sup>1</sup> / <sub>4</sub> "	8 <sup>3</sup> / <sub>4</sub> "
Test End Time:	3:45 PM	3:45 PM	3:45 PM	3:45 PM
Final Reading (R <sub>f</sub> ):	8 <sup>1</sup> / <sub>4</sub> "	8 <sup>3</sup> / <sub>8</sub> "	8 <sup>1</sup> / <sub>4</sub> "	8 <sup>3</sup> / <sub>4</sub> "
Test Duration:	1 hr	1 hr	1 hr	1 hr
Change in Reading (R <sub>f</sub> -R <sub>i</sub> ):	0	0	0	0
Pass/Fail Threshold or Criteria:	0	0	0	0
Test Result:	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail
Was sensor removed for testing?*	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
Was sensor properly replaced after testing?*	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA

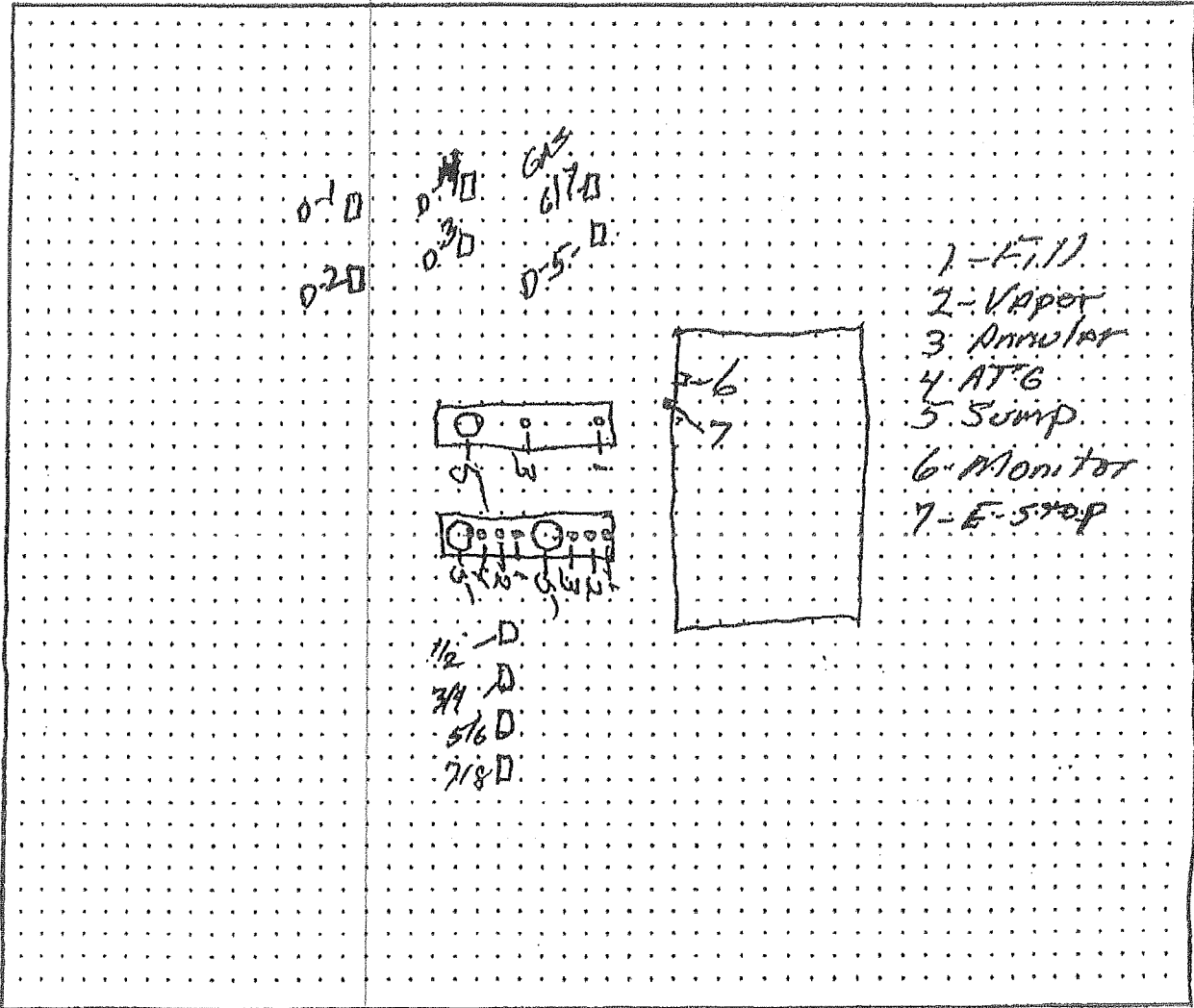
Comments – (include information on repairs made prior to testing, and recommended follow-up for failed tests)

<sup>1</sup> If the entire depth of the UDC is not tested, specify how much was tested. If the answer to any of the questions indicated with an asterisk (\*) is "NO" or "NA", the entire UDC must be tested. (See SWRCB LG-160)

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**UST Monitoring Site Plan**



Site Address: GGP Cardlock-Rinehart Oil 1107 5th Street, Oakland, CA 94607



Date map was drawn: 9/1/2011

**Instructions**

If you already have a diagram that shows all required information, you may include it, rather than this page, with your Monitoring System Certification. On your site plan, show the general layout of tanks and piping. Clearly identify locations of the following equipment, if installed: monitoring system control panels; sensors monitoring tank annular spaces, sumps, dispenser pans, spill containers, or other secondary containment areas; mechanical or electronic line leak detectors; and in-tank liquid level probes (if used for leak detection). In the space provided, note the date this Site Plan was prepared.