

1. For hydrostatic testing, attach documentation of proper disposal of the test fluids to this form. Describe level measurement methods in Section IX. Comments.
2. Designate each device tested, numerically or by code, on the site drawing in Section X.
3. If model cannot be determined, describe device construction (Single-walled/Double-walled, Fiberglass, HDPE, etc.)
4. Failed visual inspections may constitute a suspected release. Certified Individuals must report confirmed or suspected contamination to the Department within 48 hours of observing it. Facility owners/operators must investigate suspected releases within 7 days. If a release is observed, it must be reported to the Department by telephone within 24 hours and in writing within 15 days. Do not conduct additional testing if the device fails visual inspection.

Facility ID #: _____ Facility Name: _____ Test Date: _____

VI. TESTING INFORMATION

Tank Number					
Product Stored					
Containment Number ⁵					
Portion Tested ⁶					
Test Start Time					
Test Start Level					
Test End Time					
Test End Level					
Test Period					
Level Change					
Pass/Fail Threshold					

VII. TEST RESULT⁷ Pass Fail Pass Fail Pass Fail Pass Fail Pass Fail

Test Failure Reported to DOEE? **Date** **Time**

5. Designate each device tested, numerically or by code, on the site drawing in Section X.
6. If the entire depth of the device was not tested, specify how much was tested. The start level for hydrostatic testing must be within 1.5" of the top of a spill bucket and at least 4" above the highest penetration in a containment sump.
7. Failed test results may constitute a suspected release. Certified Individuals must report confirmed or suspected contamination to the Department within 48 hours of observing it. Facility owners/operators must investigate suspected releases within 7 days. If a release is observed, it must be reported to the Department by telephone within 24 hours.

VIII. FAILURE DESCRIPTION

If any device fails visual inspection or testing, describe the reason for the failure and the location of the failure for each failed device (i.e. "Cracked entry boot 4" from the bottom of dispenser sump #A1" or "Hole in bottom of Tank 002 fill spill bucket")

- Hydrostatic and vacuum test failures must be reported to DOEE immediately and within 2 hours of the test.
- A liquid level drop of 1/8 inch or greater in 1 hour is considered a test failure.

IX. COMMENTS

The comments section should be used to note additional information discovered or actions taken during integrity testing that affect compliance at the facility. For example, include comments concerning any observations made by the tester that would affect the test results.

Include actions taken to repair or replace failed devices. **Repairs to containment sumps and spill buckets require the use of a department certified individual.**

Attach documentation/manifest of proper disposal of hydrostatic test fluids at an offsite treatment/disposal facility, not to be reused on other DC sites.

If additional comment sheets are needed, label each sheet with the report header information and attach the sheet(s) to this form.

HYDROSTATIC TEST LEVEL MEASUREMENT

If devices were tested using a hydrostatic test, describe how level measurements were taken (i.e., from the bottom up, from the top down, from a mark on the sump wall)

X. SITE DRAWING

Provide a detailed site drawing of the applicable UST(s), product piping, fill lines, and containment device layout in the space below (or attach a detailed site drawing prepared on a separate sheet). In addition, clearly indicate which devices were tested. Label each device tested with a unique number or code, used in Sections IV and VI, above. Any other pertinent information should also be included.

VII. OWNER'S REPRESENTATIVE CERTIFICATION

I have reviewed this report. I certify under penalty of law (relating to unsworn falsification to authorities), that the information provided by me is true, accurate, and complete to the best of my knowledge and belief.

Signature:

Date Signed:

VIII. TESTER CERTIFICATION

By signing this document as the Tester, I certify under penalty of law (relating to unsworn falsification to authorities), that the information provided by me is true, accurate, and complete to the best of my knowledge and belief.

Tester's Signature:

Date Signed:

Copy of the test report must be maintained by the owner/operator for a period of 10 years and made available to the Department upon request and during UST inspections.