

GOVERNMENT OF THE DISTRICT OF COLUMBIA DEPARTMENT OF ENERGY AND ENVIRONMENT UNDERGROUND STORAGE TANKS BRANCH 1200 FIRST STREET, NE, 5<sup>TH</sup> FLOOR, Washington, D.C. 20002-3315 Phone: (202) 535-2600 FAX: (202) 535-1383

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\* \* \* DEPARTMENT

OF ENERGY &

ENVIRONMENT

 $Website: \underline{http://doee.dc.gov}, Email: UST.DOEE@dc.gov\\$ 

## UNDERGROUND STORAGE TANK SPILL PREVENTION EQUIPMENT/CONTAINMENT SUMP INTEGRITY TESTING FORM

I. FACILITY INFORMA	TION — Type or prir	nt (in ink) all item	ıs.							
Facility ID #:		Facility Name:								
Facility Street Address:										
Facility Telephone:	Facility Ema	ail:		,	Ward:					
II. TESTER INFORMAT	TION									
Tester Name:	Tester Cert. #:				Tester Telephone:					
Company Name:	Company Cert. #:				Test Date:					
III. TEST METHOD										
Test Method	]Hydrostatic <sup>1</sup>		□Vacuum				Pressure			
	☐Other									
Method Developer	Manufacturer									
IV. VISUAL INSPECTION INFORMATION										
Tank Number										
Product Stored										
Containment Number <sup>2</sup>										
Containment Type	☐ Dispenser ☐ Tank Top ☐ Spill Bucket ☐ Transition ☐ Vent Riser ☐ STP Sump	☐ Tank ☐ Spill I ☐ Trans ☐ Vent	☐ Dispenser ☐ Tank Top ☐ Spill Bucket ☐ Transition ☐ Vent Riser ☐ STP Sump		☐ Dispenser ☐ Tank Top ☐ Spill Bucket ☐ Transition ☐ Vent Riser ☐ STP Sump		Dispenser  Dispenser  Tank Top Spill Bucket Transition Vent Riser STP Sump		☐ Dispenser ☐ Tank Top ☐ Spill Bucket ☐ Transition ☐ Vent Riser ☐ STP Sump	
Containment Capacity										
Manufacturer										
Model <sup>3</sup>										
Were There Visible Cracks, Holes or Other Failures in the Containment?	□Yes □No	□Yes	□No	□Yes	□No	□Yes	□No	□Yes	□No	
Was There Product in the Containment Prior to Testing?	□Yes □No	yes	□No	□Yes	□No	□Yes	□No	□Yes	□No	
Was Product and Debris Removed from the Containment Prior to Testing?  V. VISUAL RESULT <sup>4</sup>	☐Yes ☐No ☐N/A ☐Pass ☐Fa	☐Yes ☐No ☐N/A		□Yes □No □N/A □Pass □Fail		□Yes □No □N/A □Pass □Fail		□Yes □No □N/A □Pass □Fail		
V. VISUAL RESULT	∟_гаээ ∟_га			r ass				rass		

- 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 <sup>5</sup>										
Portion Tested <sup>6</sup>										
Test Start Time										
Test Start Level										
Test End Time										
Test End Level										
Test Period										
Level Change										
Pass/Fail Threshold										
VII. TEST RESULT <sup>7</sup>	□Pass	∏Fail	□Pass	∏Fail	□Pass	∏Fail	□Pass	□Fail	Pass	∏Fail
Test Failure										
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 du facility. For example, include comments concerning any observations made by the tester that would	
Include actions taken to repair or replace failed devices. Repairs to containment sumps and spil individual.	I buckets require the use of a department certified
Attach documentation/manifest of proper disposal of hydrostatic test fluids at an offsite trea DC sites.	tment/disposal facility, not to be reused on other
If additional comment sheets are needed, label each sheet with the report header information and a	ttach 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 mark on the sump wall)	i.e., from the bottom up, from the top down, from a
X. SITE DRAWING	
Provide a detailed site drawing of the applicable UST(s), product piping, fill lines, and containment d	evice layout in the space below (or attach a detailed
site drawing prepared on a separate sheet). In addition, clearly indicate which devices were tested. code, used in Sections IV and VI, above. Any other pertinent information should also be included.	Label each device tested with a unique number or
VII. OWNER'S REPRESENTATIVE CERTIFICATION	
I have reviewed this report. I certify under penalty of law (relating to unsworn falsification me is true, accurate, and complete to the best of my knowledge and belief.	to authorities), that the information provided by
Signature:	Date Signed:
VIII. TESTER CERTIFICATION	
By signing this document as the Tester, I certify under penalty of law (relating to unsworn provided by me is true, accurate, and complete to the best of my knowledge and belief.	falsification to authorities), that the information
Tester's Signature:	Date Signed:
	. 1 610
Copy of the test report must be maintained by the owner/operator for a pe	eriod of 10 years and made available to