



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

I. FACILITY INFORMATION – Type or print (in ink) all items.					
Facility ID #:		Facility Name:			
Facility Street Address:					
Facility Telephone:		Facility Email:		Ward:	
II. TESTER INFORMATION					
Tester Name:		Tester Cert. #:		Tester Telephone:	
Company Name:		Company Cert. #:		Test Date:	
III. TEST METHOD					
Method Used <input type="checkbox"/> Hydrostatic <sup>1</sup> <input type="checkbox"/> Vacuum <input type="checkbox"/> Pressure					
<input type="checkbox"/> Other _____					
Method Developer <input type="checkbox"/> Manufacturer <input type="checkbox"/> Industry Standard _____ <input type="checkbox"/> Other _____					
IV. VISUAL INSPECTION INFORMATION					
Tank Number					
Product Stored					
Containment Number <sup>2</sup>					
Containment Type	<input type="checkbox"/> Dispenser <input type="checkbox"/> Tank Top Sump <input type="checkbox"/> Fill Spill Bucket <input type="checkbox"/> Transition	<input type="checkbox"/> Dispenser <input type="checkbox"/> Tank Top Sump <input type="checkbox"/> Fill Spill Bucket <input type="checkbox"/> Transition	<input type="checkbox"/> Dispenser <input type="checkbox"/> Tank Top Sump <input type="checkbox"/> Fill Spill Bucket <input type="checkbox"/> Transition	<input type="checkbox"/> Dispenser <input type="checkbox"/> Tank Top Sump <input type="checkbox"/> Fill Spill Bucket <input type="checkbox"/> Transition	<input type="checkbox"/> Dispenser <input type="checkbox"/> Tank Top Sump <input type="checkbox"/> Fill Spill Bucket <input type="checkbox"/> Transition
Containment Capacity					
Manufacturer					
Model <sup>3</sup>					
Were There Visible Cracks, Holes or Other Failures in the Containment?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Was There Product in the Containment Prior to Testing?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Was Product and Debris Removed from the Containment Prior to Testing?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
V. VISUAL RESULT <sup>4</sup>					
<input type="checkbox"/> Pass <input type="checkbox"/> Fail		<input type="checkbox"/> Pass <input type="checkbox"/> Fail		<input type="checkbox"/> Pass <input type="checkbox"/> Fail	
<input type="checkbox"/> Pass <input type="checkbox"/> Fail		<input type="checkbox"/> Pass <input type="checkbox"/> Fail		<input type="checkbox"/> Pass <input type="checkbox"/> Fail	

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 24 hours of observing it. Facility owners/operators must investigate suspected releases within 7 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

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 24 hours of observing it. Facility owners/operators must investigate suspected releases within 7 days.

**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")

Facility ID #: \_\_\_\_\_

Facility Name: \_\_\_\_\_

Test Date: \_\_\_\_\_

**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 that the information provided by me is true, accurate, and complete to the best of my knowledge and belief. Pursuant to D.C. Official Code § 22-2405, the making of a false statement in writing to any instrumentality of the District of Columbia government is a criminal offense punishable by criminal penalties.

Signature:

Date Signed:

**VIII. TESTER CERTIFICATION**

By signing this document as the Tester, I certify under penalty of law that the information provided by me is true, accurate, and complete to the best of my knowledge and belief. Pursuant to D.C. Official Code § 22-2405, the making of a false statement in writing to any instrumentality of the District of Columbia government is a criminal offense punishable by criminal penalties.

Tester's Signature:

Date Signed: