



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  
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## UNDERGROUND STORAGE TANK AUTOMATIC TANK GAUGE FUNCTIONALITY 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. AUTOMATIC TANK GAUGE**       Pass     Fail

ATG Manufacturer:	ATG Model:
Detected leak will trigger an alarm? <input type="checkbox"/> Yes <input type="checkbox"/> No	Battery Backup Functional? <input type="checkbox"/> Yes <input type="checkbox"/> No
ATG software properly programmed? <input type="checkbox"/> Yes <input type="checkbox"/> No	Is the ATG equipped with CITLDS? <input type="checkbox"/> Yes <input type="checkbox"/> No

**III. TEST PROCEDURE** – Briefly describe procedure(s) used to test the probes (i.e. PEI/RP1200, manufacturer's testing procedure, etc.)

**IV. PROBE AND TESTING INFORMATION**

Tank Number					
Product Stored					
Manufacturer					
Model					
Measured Product Level (in.)					
ATG Product Level (in.)					
Measured Water Level (in.)					
ATG Water Level (in.)					
Measured product and water levels match ATG values?	<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
Is the probe in a good state of repair?	<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
Is the ATG console clear of alarms?	<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
Float(s) move freely	<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

**V. TEST RESULT<sup>1</sup>**     Pass     Fail     Pass     Fail     Pass     Fail     Pass     Fail     Pass     Fail

1. Any "No" answer in a required row indicates the probe fails. Failed probes and ATGs must be repaired or replaced immediately.

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

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

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

**VI. COMMENTS**

The comments section should be used to note additional information discovered or actions taken during functionality 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.

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

**VII. SITE DRAWING**

Provide a detailed site drawing of the applicable UST(s), product piping, and containment structure layout in the space below (or attach a detailed site drawing prepared on a separate sheet). 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: