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Form

pennsylvania
DEPARTMENT OF ENVIRONMENTAL PROTECTION

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF ENVIRONMENTAL PROTECTION
BUREAU OF ENVIRONMENTAL CLEANUP AND BROWNFIELDS

UNDERGROUND STORAGE TANK
GROUNDWATER / VAPOR MONITORING SYSTEM FUNCTIONALITY TESTING FORM

I. FACILITY INFORMATION – Type or print (in ink) all items.		
Facility ID #:	Facility Name:	
Facility Street Address:		
Facility Telephone:	County:	Municipality:
II. TESTER INFORMATION		
Tester Name:	Tester Cert. #:	Tester Telephone:
Company Name:	Company Cert. #:	Test Date:
III. TEST PROCEDURE – Briefly describe procedure(s) used to evaluate/test the groundwater or vapor monitoring system.		

IV. GROUNDWATER/VAPOR MONITORING SYSTEM TESTING INFORMATION					
Tank Number					
Product Stored					

Site evaluated by a licensed professional under the Engineer, Land Surveyor and Geologist Law to ensure compliance with 25 Pa. Code Chapter 245.444 and to establish the number and positioning of monitoring wells that will detect releases within the excavation zone from any portion of the tank that routinely contains product. ☐ Yes ☐ No		
Written site evaluation readily available at the facility: ☐ Yes ☐ No	Date of site evaluation:	
Name of licensed professional:	License number:	
Wells are installed in accordance with the site evaluation:		☐ Yes ☐ No
☐ **A. GROUNDWATER MONITORING**		
Product detection devices can detect 1/8-inch or less of leaked product on top of the groundwater:		☐ Yes ☐ No
Electronic sampling equipment tested and operating properly:		☐ Yes ☐ No ☐ N/A
Date sampling equipment was last calibrated:		
☐ **B. VAPOR MONITORING**		
Monitoring devices are capable of detecting increases in concentrations of stored regulated substances:		☐ Yes ☐ No
Electronic sampling equipment tested and operating properly:		☐ Yes ☐ No
Date sampling equipment was last calibrated:		

V. TEST RESULT ☐ **Pass** ☐ **Fail**

Any "No" answer in Section IV. Indicates the Groundwater or Vapor monitoring system fails. Failure of a release detection method 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 reportable release is confirmed, it must be reported to the Department by telephone within 24 hours and in writing within 15 days. requires immediate repair or replacement.

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

VI. COMMENTS

The comments section should be used to note additional information discovered or actions taken during 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 monitoring well locations (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 as provided in 18 PA C.S.A. Section 4904(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 as provided in 18 PA C.S.A. Section 4904(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: