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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
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:	County:	Municipality:
II. TESTER INFORMATION		
Tester Name:	Tester Cert. #:	Tester Telephone:
Company Name:	Company Cert. #:	Test Date:

III. TEST METHOD

Method Used ☐ Hydrostatic[1] ☐ Vacuum ☐ Pressure
☐ Other _____

Method Developer ☐ Manufacturer ☐ Industry Standard _____ ☐ Other _____

IV. VISUAL INSPECTION INFORMATION

Tank Number					
Product Stored					
Containment Number[2]					
Containment Type	☐ Dispenser ☐ Tank Top Sump ☐ Fill Spill Bucket ☐ Transition	☐ Dispenser ☐ Tank Top Sump ☐ Fill Spill Bucket ☐ Transition	☐ Dispenser ☐ Tank Top Sump ☐ Fill Spill Bucket ☐ Transition	☐ Dispenser ☐ Tank Top Sump ☐ Fill Spill Bucket ☐ Transition	☐ Dispenser ☐ Tank Top Sump ☐ Fill Spill Bucket ☐ Transition
Manufacturer					
Model[3]					
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?	☐ Yes ☐ No ☐ N/A	☐ Yes ☐ No ☐ N/A	☐ Yes ☐ No ☐ N/A	☐ Yes ☐ No ☐ N/A	☐ Yes ☐ No ☐ N/A
V. VISUAL RESULT[4]	☐ **Pass** ☐ **Fail**	☐ **Pass** ☐ **Fail**	☐ **Pass** ☐ **Fail**	☐ **Pass** ☐ **Fail**	☐ **Pass** ☐ **Fail**

1. 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 DEP 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 DEP by telephone within 24 hours and in writing within 15 days.

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

VI. TESTING INFORMATION					
Tank Number					
Product Stored					
Containment Number[1]					
Test Start Time					
Test Start Level					
Test End Time					
Test End Level					
Test Period					
Level Change					
Pass/Fail Threshold					
VII. TEST RESULT[2]	☐ **Pass** ☐ **Fail**	☐ **Pass** ☐ **Fail**	☐ **Pass** ☐ **Fail**	☐ **Pass** ☐ **Fail**	☐ **Pass** ☐ **Fail**

1. Designate each device tested, numerically or by code, on the site drawing in Section X.
2. Failed test results constitute a suspected release. Certified Individuals must report confirmed or suspected contamination to DEP within 48 hours of observing it. This form must be submitted to the appropriate regional office with the notification of contamination form. Facility owners/operators must investigate suspected releases within 7 days. If a release is observed, it must be reported to DEP by telephone within 24 hours and in writing within 15 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 prevention equipment require the use of a DEP certified individual.**

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 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: _____