



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

FOR DEP USE ONLY	
Reviewer	_____
Date	_____
Entered by	_____
Date	_____

## ABOVEGROUND STORAGE TANK LINING INSPECTION SUMMARY

<p><b>I. Facility Information</b></p> <p>Facility I.D. Number _____</p> <p>Facility Name _____</p> <p>Facility Address _____</p> <p>_____</p> <p>Municipality _____</p> <p>GPS Location Lat: _____ Long: _____</p>	<p><b>II. Inspector Information</b></p> <p>Name _____</p> <p>Certification number _____</p> <p>Phone _____</p> <p>E-mail _____</p> <p>Employer _____</p> <p>Employer certification number _____</p>
<p><b>III. Tank Identification</b></p> <p>DEP Tank ID number ____A</p> <p>Owner's Tank ID Number _____</p> <p>Nominal Capacity (<b>gallons</b>) _____</p> <p>Size: diameter _____(ft) length/height _____(ft)</p> <p>Substance stored _____</p> <p>Original construction code _____</p> <p>Installation Date _____</p>	<p><b>IV. Inspection Date(s)</b></p> <p>Completion of this inspection _____</p> <p>Lining system installed _____</p> <p>Last lining inspection _____</p> <p>Next lining inspection due _____</p> <p><input type="checkbox"/> Next inspection date to be determined after repairs and before tank is returned to service.</p> <p><input type="checkbox"/> Horizontal Saddle Tank                      <input type="checkbox"/> Shop Built</p> <p><input type="checkbox"/> Vertical Tank    <input type="checkbox"/> Field Built</p> <p><input type="checkbox"/> Elevated Vertical Tank</p>
<p><b>V. Lining System Design/Installation Information</b></p> <p>Lining System Manufacturer Name: _____</p> <p>Lining System Material: _____</p> <p>Original design/installation specifications were available? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>Lining System Product Name: _____</p> <p>Lining Standard Used: _____</p> <p>Lining installed by "TL" certified installer <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>"TL" Name: _____</p> <p>Certification number: _____</p>
<p><b>VI. Certified Inspector</b> I, the DEP Certified Inspector, have inspected the entire lining in the above referenced tank system. Based on my observation of the lining, review of examination and test results and information provided by the owner, 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. I also certify that this tank system <input type="checkbox"/> <b>can</b> <input type="checkbox"/> <b>cannot</b> be returned to service without additional evaluation or modification.</p> <p style="text-align: center;">_____</p> <p style="text-align: center;">Certified Inspector's Signature <span style="float: right;">Date</span></p>	
<p><b>VII. Owner or Owner's Representative</b> I have reviewed the completed inspection report. I certify under penalty of law as provided in 18 PA C.S.A. Section 4904 (relating to unsworn falsification to authorities), the information provided by me is true, accurate, and complete to the best of my knowledge and belief.</p> <p style="text-align: center;">_____</p> <p style="text-align: center;">Name (Please Print) <span style="margin-left: 150px;">Title</span> <span style="float: right;">Phone Number</span></p> <p style="text-align: center;">_____</p> <p style="text-align: center;">Signature <span style="float: right;">Date</span></p>	

Facility ID \_\_\_\_\_ — \_\_\_\_\_

DEP Tank ID \_\_\_\_\_ A

Inspection Date \_\_\_\_\_

**VIII. Lining System Evaluation**

Evaluation Method(s):

- |   |   |
|---|---|
| <input type="checkbox"/> Visual               | <input type="checkbox"/> Low-Voltage Holiday Testing  |
| <input type="checkbox"/> Adhesion Measurement | <input type="checkbox"/> High-Voltage Holiday Testing |
| <input type="checkbox"/> Audible Testing      | <input type="checkbox"/> Other _____                  |

**IX. Lining System Evaluation Results** Describe the results of the evaluation method(s), including, where applicable, observed lining deficiencies, numeric results, and number and location of holidays, etc.

**X. Comments** Describe any lining system deficiencies. Include any steps taken to correct lining system deficiencies. Please note additional information discovered during the inspection.



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## ABOVEGROUND STORAGE TANK LINING INSPECTION SUMMARY INSTRUCTIONS

Information provided on the form should be typewritten or printed in a legible manner.

- I. **FACILITY INFORMATION:** Enter the facility information as it appears on the blue registration certificate. Include facility or tank GPS coordinates.
- II. **INSPECTOR INFORMATION:** Complete all information in this section. If self-employed, enter self employed or your name in the Employer space and leave the Company Certification Number blank. NOTE: When conducting an inspection of internal linings in aboveground field constructed metallic storage tanks, the DEP certified inspector must also possess current API Std 653 inspector certification, in accordance with §245.113(f).
- III. **TANK IDENTIFICATION:** Enter the tank information as it appears on the blue registration certificate, including the tank ID (sequence) number, capacity, and substance. Describe the tank dimensions and, if known, indicate which industry code or standard was followed during tank construction. Check the appropriate boxes to indicate the configuration of the tank (Horizontal, Vertical or Elevated Vertical Tank) and where the tank was constructed (Shop Built or Field Built). If the tank information on the registration form is incorrect, provide the correct information in Section X and advise the owner to submit an amended Registration/Permitting form.
- IV. **INSPECTION DATE(S):** Enter the date that you, the inspector, completed the lining inspection. Provide the date the lining was installed, the date of the last lining inspection, and the date by which the next lining inspection is due. Enter "NONE" if no previous lining inspections were performed.
- V. **LINING SYSTEM DESIGN/INSTALLATION INFORMATION:** Provide specific information regarding the lining system installed in the inspected tank system and the installer of the lining system, as it is available. Check boxes in this section as appropriate.
- VI. **CERTIFIED INSPECTOR:** As the DEP Certified inspector, sign and date the form in this area. Check the appropriate box indicating whether the tank system can or cannot be returned to service. Fully explain the reason why additional evaluation or modification is needed and any activities completed to correct the deficiencies in Section X.
- VII. **OWNER OR OWNER'S REPRESENTATIVE:** Enter the name, title, and phone number of the person providing the tank information. Have the owner or designated representative sign and date the form. If the owner or representative refused to sign this section, please, explain the situation in Section X. A copy of a certified mail receipt may be used as evidence that the report has been provided to the owner.
- VIII. **LINING SYSTEM EVALUATION:** Check the appropriate box(es) for the method(s) used to evaluate the internal lining in the tank system that was inspected.
- IX. **LINING SYSTEM EVALUATION RESULTS:** Describe, in detail, the results of the evaluation method(s) used to inspect the internal lining, including, where applicable any observed lining deficiencies, numeric results, and the number and location(s) of any holidays, blisters, or other failures of the lining.
- X. **COMMENTS:** Describe, in detail, any tank system deficiencies and note additional information discovered during the inspection. If additional comment sheets are needed, label each sheet with facility and tank identification numbers, the inspection date, and the page number.

Completed inspection summaries must be **submitted to DEP** by the certified inspector **within 60 days** of conducting the inspection activities.

- Original to the appropriate DEP regional office
- Copy to DEP central office
- Copy to the tank owner
- Copy for tank inspector's files

**Central Office**

Pennsylvania DEP, Central Office  
 Division of Storage Tanks  
 PO Box 8762  
 Harrisburg, PA 17105-8762

<p><b>Northwest Region</b>                  230 Chestnut Street                  Meadville, PA 16335-3481                  814-332-6648</p> <p>Counties: Butler, Clarion, Crawford, Elk, Erie, Forest, Jefferson, Lawrence, McKean, Mercer, Venango and Warren</p>	<p><b>Northcentral Region</b>                  208 West Third Street, Ste. 101                  Williamsport, PA 17701                  570-321-6525</p> <p>Counties: Bradford, Cameron, Centre, Clearfield, Clinton, Columbia, Lycoming, Montour, Northumberland, Potter, Snyder, Sullivan, Tioga and Union</p>	<p><b>Northeast Region</b>                  2 Public Square                  Wilkes-Barre, PA 18701-1915                  570-826-2511</p> <p>Counties: Carbon, Lackawanna, Lehigh, Luzerne, Monroe, Northampton, Pike, Schuylkill, Susquehanna, Wayne and Wyoming</p>
<p><b>Southwest Region</b>                  400 Waterfront Drive                  Pittsburgh, PA 15222-4745                  412-442-4000</p> <p>Counties: Allegheny, Armstrong, Beaver, Cambria, Fayette, Greene, Indiana, Somerset, Washington and Westmoreland</p>	<p><b>Southcentral Region</b>                  909 Elmerton Avenue                  Harrisburg, PA 17110                  717-705-4705</p> <p>Counties: Adams, Bedford, Berks, Blair, Cumberland, Dauphin, Franklin, Fulton, Huntingdon, Juniata, Lancaster, Lebanon, Mifflin, Perry and York</p>	<p><b>Southeast Region</b>                  2 East Main Street                  Norristown, PA 19401-4915                  484-250-5900</p> <p>Counties: Bucks, Chester, Delaware, Montgomery and Philadelphia</p>

FORM



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

## UNDERGROUND STORAGE TANK AUTOMATIC TANK GAUGE FUNCTIONALITY TESTING FORM

<b>I. FACILITY INFORMATION</b> – Type or print (in ink) all items.									
Facility ID #:			Facility Name:						
Facility Street Address:									
Facility Telephone:			County:			Municipality:			
<b>II. TESTER INFORMATION</b>									
Tester Name:			Tester Cert. #:			Tester Telephone:			
Company Name:			Company Cert. #:			Test Date:			
<b>III. AUTOMATIC TANK GAUGE</b> <input type="checkbox"/> Pass <input type="checkbox"/> 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				
<b>III. TEST PROCEDURE</b> – Briefly describe procedure(s) used to test the probes (i.e. PEI/RP1200, manufacturer's testing procedure, etc.)									
<b>IV. PROBE AND TESTING INFORMATION</b> – When more than five probes are tested at a facility, use additional testing forms									
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	<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	<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	<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	<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
<b>V. TEST RESULT<sup>1</sup></b>	<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	<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. 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 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:

FORM



COMMONWEALTH OF PENNSYLVANIA  
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BUREAU OF ENVIRONMENTAL CLEANUP AND BROWNFIELDS

## UNDERGROUND STORAGE TANK GROUNDWATER/VAPOR MONITORING SYSTEM FUNCTIONALITY TESTING FORM

<b>I. FACILITY INFORMATION</b> – Type or print (in ink) all items.					
Facility ID #:		Facility Name:			
Facility Street Address:					
Facility Telephone:		County:		Municipality:	
<b>II. TESTER INFORMATION</b>					
Tester Name:		Tester Cert. #:		Tester Telephone:	
Company Name:		Company Cert. #:		Test Date:	
<b>III. TEST PROCEDURE</b> – Briefly describe procedure(s) used to evaluate/test the groundwater or vapor monitoring system.					
<b>IV. GROUNDWATER/VAPOR MONITORING SYSTEM TESTING INFORMATION</b>					
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. <input type="checkbox"/> Yes <input type="checkbox"/> No					
Written site evaluation readily available at the facility: <input type="checkbox"/> Yes <input type="checkbox"/> No				Date of site evaluation:	
Name of licensed professional:				License number:	
Wells are installed in accordance with the site evaluation:				<input type="checkbox"/> Yes <input type="checkbox"/> No	
<input type="checkbox"/> <b>A. GROUNDWATER MONITORING</b>					
Product detection devices can detect 1/8-inch or less of leaked product on top of the groundwater:				<input type="checkbox"/> Yes <input type="checkbox"/> No	
Electronic sampling equipment tested and operating properly:				<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
Date sampling equipment was last calibrated:					
<input type="checkbox"/> <b>B. VAPOR MONITORING</b>					
Monitoring devices are capable of detecting increases in concentrations of stored regulated substances:				<input type="checkbox"/> Yes <input type="checkbox"/> No	
Electronic sampling equipment tested and operating properly:				<input type="checkbox"/> Yes <input type="checkbox"/> No	
Date sampling equipment was last calibrated:					
<b>V. TEST RESULT</b> <input type="checkbox"/> Pass <input type="checkbox"/> 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: \_\_\_\_\_



FORM



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BUREAU OF ENVIRONMENTAL CLEANUP AND BROWNFIELDS

## UNDERGROUND STORAGE TANK AUTOMATIC LINE LEAK DETECTOR FUNCTIONALITY TESTING FORM

<b>I. FACILITY INFORMATION</b> – Type or print (in ink) all items.					
Facility ID #:		Facility Name:			
Facility Street Address:					
Facility Telephone:		County:		Municipality:	
<b>II. TESTER INFORMATION</b>					
Tester Name:		Tester Cert. #:		Tester Telephone:	
Company Name:		Company Cert. #:		Test Date:	
<b>III. TEST PROCEDURE</b> – Briefly describe procedure(s) used to test the probes (i.e. PEI/RP1200, manufacturer’s testing procedure, etc.)					
<b>IV. LINE LEAK DETECTOR TESTING INFORMATION</b> – When more than five LLDs are tested at a facility, use additional testing forms					
Tank Number					
Product Stored					
Line Number <sup>1</sup>					
Manufacturer					
Model					
Leak Detector Type	<input type="checkbox"/> Electronic <input type="checkbox"/> Mechanical	<input type="checkbox"/> Electronic <input type="checkbox"/> Mechanical	<input type="checkbox"/> Electronic <input type="checkbox"/> Mechanical	<input type="checkbox"/> Electronic <input type="checkbox"/> Mechanical	<input type="checkbox"/> Electronic <input type="checkbox"/> Mechanical
STP Operating Pressure					
<b>A. MECHANICAL LINE LEAK DETECTORS</b>					
Check Valve Holding Pressure					
Metering Pressure					
Opening Time					
Simulated leak causes slow-flow	<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
Leak detector resets when line pressure is bled off to zero	<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
<b>B. ELECTRONIC LINE LEAK DETECTORS</b>					
Simulated leak causes an alarm	<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
Simulated leak disables the STP <sup>2</sup>	<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
<b>V. TEST RESULT<sup>3</sup></b>	<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
<ol style="list-style-type: none"> <li>Designate each product line, on which a line leak detector was tested, numerically or by code on the site drawing.</li> <li>Required for pressurized piping systems installed after November 10, 2007, using LLD for 3gph piping release detection.</li> <li>Any “No” answer in a required row indicates the line leak detector fails. Failed line leak detectors must be repaired or replaced immediately.</li> </ol>					

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 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:



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## UNDERGROUND STORAGE TANK OVERFILL PREVENTION EVALUATION FORM

<b>I. FACILITY INFORMATION – Type or print (in ink) all items.</b>										
Facility ID #:				Facility Name:						
Facility Street Address:										
Facility Telephone:				County:				Municipality:		
<b>II. TESTER INFORMATION</b>										
Tester Name:				Tester Cert. #:				Tester Telephone:		
Company Name:				Company Cert. #:				Test Date:		
<b>III. TANK AND DEVICE INFORMATION</b> – When more than five devices are tested at a facility, use additional testing forms										
Tank Number										
Tank Capacity										
Tank Diameter										
Product Stored										
Overfill Manufacturer										
Overfill Model										
Product Delivery Method		<input type="checkbox"/> Pressurized <input type="checkbox"/> Gravity	<input type="checkbox"/> Pressurized <input type="checkbox"/> Gravity	<input type="checkbox"/> Pressurized <input type="checkbox"/> Gravity	<input type="checkbox"/> Pressurized <input type="checkbox"/> Gravity	<input type="checkbox"/> Pressurized <input type="checkbox"/> Gravity	<input type="checkbox"/> Pressurized <input type="checkbox"/> Gravity	<input type="checkbox"/> Pressurized <input type="checkbox"/> Gravity	<input type="checkbox"/> Pressurized <input type="checkbox"/> Gravity	<input type="checkbox"/> Pressurized <input type="checkbox"/> Gravity
Overfill Type		<input type="checkbox"/> Drop Tube Shutoff <input type="checkbox"/> Alarm <input type="checkbox"/> Ball Float <input type="checkbox"/> Whistle Vent	<input type="checkbox"/> Drop Tube Shutoff <input type="checkbox"/> Alarm <input type="checkbox"/> Ball Float <input type="checkbox"/> Whistle Vent	<input type="checkbox"/> Drop Tube Shutoff <input type="checkbox"/> Alarm <input type="checkbox"/> Ball Float <input type="checkbox"/> Whistle Vent	<input type="checkbox"/> Drop Tube Shutoff <input type="checkbox"/> Alarm <input type="checkbox"/> Ball Float <input type="checkbox"/> Whistle Vent	<input type="checkbox"/> Drop Tube Shutoff <input type="checkbox"/> Alarm <input type="checkbox"/> Ball Float <input type="checkbox"/> Whistle Vent	<input type="checkbox"/> Drop Tube Shutoff <input type="checkbox"/> Alarm <input type="checkbox"/> Ball Float <input type="checkbox"/> Whistle Vent	<input type="checkbox"/> Drop Tube Shutoff <input type="checkbox"/> Alarm <input type="checkbox"/> Ball Float <input type="checkbox"/> Whistle Vent	<input type="checkbox"/> Drop Tube Shutoff <input type="checkbox"/> Alarm <input type="checkbox"/> Ball Float <input type="checkbox"/> Whistle Vent	<input type="checkbox"/> Drop Tube Shutoff <input type="checkbox"/> Alarm <input type="checkbox"/> Ball Float <input type="checkbox"/> Whistle Vent
<b>IV. TEST INFORMATION (Complete all applicable overfill types)</b>										
<b>A. DROP TUBE SHUTOFF DEVICE</b>										
Drop tube and float free of debris?		<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	<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 and poppet 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	<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
Poppet enters flow path when float is engaged?		<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	<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
Tank capacity when flow is stopped (%)										
<b>B. OVERFILL ALARM</b>										
Visible or audible to delivery driver?		<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	<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
Probe and float in good condition?		<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	<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 moves 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	<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
Does simulated overfill trigger alarm?		<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	<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
Tank capacity when alarm is triggered (%)										

Facility ID #: \_\_\_\_\_ Facility Name: \_\_\_\_\_ Test Date: \_\_\_\_\_

C. BALL FLOAT VALVE										
Straight drop tube installed?	<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 only fill present a direct fill?	<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
Ball and cage present and in good condition?	<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
Ball moves freely in cage?	<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 vent hole unobstructed?	<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
Tank capacity when flow is restricted (%)										

D. WHISTLE VENT ALARM										
Permanently Installed?	<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
Audible to delivery driver?	<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
Tank capacity when whistle stops (%)										

V. TEST RESULTS										
Any "No" answer in Section IV. Indicates the overfill device fails. Failure of any overfill prevention device requires immediate repair or replacement. Underground Storage Tanks may not receive product deliveries without functional overfill prevention.										
	<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

VI. COMMENTS										
<p>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.</p> <p>Include actions taken to repair or replace failed devices. <b>Installation, repair and removal of overfill prevention devices requires the use of a Department certified individual.</b> Failed ball float valves may not be repaired or replaced; an alternate form of overfill prevention must be installed.</p> <p>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.</p>										

**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:
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**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:
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FORM



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

## UNDERGROUND STORAGE TANK PRESSURE/VACUUM MONITORING FUNCTIONALITY TESTING FORM

<b>I. FACILITY INFORMATION</b> – Type or print (in ink) all items.							
Facility ID #:		Facility Name:					
Facility Street Address:							
Facility Telephone:			County:			Municipality:	
<b>II. TESTER INFORMATION</b>							
Tester Name:		Tester Cert. #:			Tester Telephone:		
Company Name:		Company Cert. #:			Test Date:		
<b>III. TEST PROCEDURE</b> – Briefly describe procedure(s) used to test the probes (i.e. PEI/RP1200, manufacturer's testing procedure, etc.)							
<b>IV. PRESSURE/VACUUM MONITORING</b> – When more than four systems are tested at a facility, use additional testing forms							
Tank Number							
Product Stored							
Line Number <sup>1</sup>	<input type="checkbox"/> N/A	<input type="checkbox"/> N/A	<input type="checkbox"/> N/A	<input type="checkbox"/> N/A	<input type="checkbox"/> N/A	<input type="checkbox"/> N/A	<input type="checkbox"/> N/A
ATG Manufacturer							
ATG Model							
P/V Monitoring System Manufacturer							
P/V Monitoring System Model							
P/V Monitoring System is functional	<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	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Manufacturer's test method followed	<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	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Interstice is air tight	<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	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Leak in interstice triggers alarm	<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	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Leak in piping interstice disables STP <sup>2</sup>	<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	<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
<b>V. TEST RESULT<sup>3</sup></b>	<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	<input type="checkbox"/> Pass <input type="checkbox"/> Fail
<ol style="list-style-type: none"> <li>1. Designate each product line that has its interstice under pressure or vacuum by P/V system numerically or by code on the site drawing.</li> <li>2. Required for pressurized piping systems installed after November 10, 2007, using P/V monitoring for 3gph piping release detection.</li> <li>3. Any "No" answer in a required row indicates the P/V system fails. Failed leak detection systems must be repaired or replaced immediately.</li> </ol>							

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 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:

FORM



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

**UNDERGROUND STORAGE TANK  
SENSOR 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 test the sensors (i.e. PEI/RP1200, manufacturer's testing procedure, etc.)

--

**IV. SENSOR AND TESTING INFORMATION** – When more than five sensors are tested at a facility, use additional testing forms

Sensor Location					
Sensor Number <sup>1</sup>					
Manufacturer					
Model					
Sensor Type	<input type="checkbox"/> Discriminating <input type="checkbox"/> Non-Discriminating	<input type="checkbox"/> Discriminating <input type="checkbox"/> Non-Discriminating	<input type="checkbox"/> Discriminating <input type="checkbox"/> Non-Discriminating	<input type="checkbox"/> Discriminating <input type="checkbox"/> Non-Discriminating	<input type="checkbox"/> Discriminating <input type="checkbox"/> Non-Discriminating
Test Liquid	<input type="checkbox"/> Water <input type="checkbox"/> Product	<input type="checkbox"/> Water <input type="checkbox"/> Product	<input type="checkbox"/> Water <input type="checkbox"/> Product	<input type="checkbox"/> Water <input type="checkbox"/> Product	<input type="checkbox"/> Water <input type="checkbox"/> Product
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
Is the sensor properly positioned?	<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 sensor 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
Does the sensor trigger an alarm when placed in the test liquid?	<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 sensor correctly identified on the ATG?	<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
Does a sensor alarm automatically disable the pump? <sup>2</sup>	<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
<b>V. TEST RESULT<sup>3</sup></b>	<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. Designate each sensor tested numerically or by code on the site drawing.
2. Required for pressurized piping systems installed after November 10, 2007, using sensors for 3 gph piping release detection.
3. Failed sensors 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). In addition, clearly indicate which sensors were tested. Label each sensor with a unique number or code, used in section V, 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.

Signature:

Date Signed:



FORM



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<sup>1</sup>  Vacuum  Pressure  
 Other \_\_\_\_\_

Method Developer  Manufacturer  Industry Standard \_\_\_\_\_  Other \_\_\_\_\_

**IV. VISUAL INSPECTION INFORMATION** – When more than five containment structures are tested at a facility, use additional testing forms

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
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
<b>V. VISUAL RESULT<sup>4</sup></b>	<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. Describe level measurement methods in Section IX. Comments. Refer to DEP Guidance #263-####-### regarding proper use, reuse, and disposal of test liquids.  
 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>					
Test Start Time					
Test Start Level					
Test End Time					
Test End Level					
Test Period					
Level Change					
Pass/Fail Threshold					

**VII. TEST RESULT<sup>6</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. 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 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")

DRAFT

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.**

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:
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**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:
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