



GEORGIA
DEPARTMENT OF NATURAL RESOURCES

**GA EPD USTMP
3 YEAR BALL FLOAT INSPECTION REPORT**

ENVIRONMENTAL PROTECTION DIVISION

Facility Name:	Owner:
Address:	Address:
City, County, Zip:	City, State, Zip:
Facility ID#:	Phone #:
Tester Company and Phone #:	Test Date:
Tester Name and Phone #:	Overfill Model:
Tank Material:	

Instructions

1. Tank Charts are located at: <http://containmentsolutions.com/calibration-charts.html>
2. Keep a record copy of this inspection for 3 years.
3. If using a flapper/overfill valve and a ball float in one tank, flapper/overfill valve should be located at 90%. Tank Volume and ball float should be located at 95% Tank Volume.

Measurements

Tank ID (product stored)				
Has overfill device been removed from tank?				
A Actual Tank Capacity (gallons) USE CHART				A
B Tank Diameter (inches) USE CHART				B
C Height (inches) from top of threaded tank bung fitting to tank top				C

Calculations

OR	E 90% BF*: Actual Tank Capacity A X 0.9 = 90% Tank Volume					E
	E 30 Minute BF* if A ≤ 6000 g: A - 308 Gallons = 30 Minute Tank Volume					E
	E 30 Minute BF* if A > 6000 g: A X 0.95 = 30 Minute Tank Volume					E
	F Height (inches) of 90% or 30 Min. Tank Volume E USE CHART					F
	G Tank Diameter B - Max. Tank Height F = Active Upper Tube in Tank					G
	H G + C - 0.25" = Minimum Ball Float Length (inches)					H
J Actual Measured Ball Float Length (inches)					J	OR

Device Certification Criteria

1. Does overfill prevention device meet the manufacturer's requirement?(Is J ≥ H?) If YES, then PASS.				
2. Is ball cage free of debris and damage?				
3. Does ball move freely in cage and is free of damage?				
4. Are tank top fittings vapor tight and free of leaks?				
5. Is vent hole in pipe open and near the top of the tank?				

Device Certification (PASS/FAIL)

Technician certifies that the device is operationally compliant and that Criteria 1 though 5 are YES.				
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Comments

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I hereby certify that all the information contained in this report is true, accurate and in full compliance with legal requirements.

Tester's Signature: _____

Date: _____

Ball Float Diagram

