

GA EPD USTMP 3 YEAR CONTAINMENT SUMP INTEGRITY TEST REPORT (LOW LEVEL METHOD)

Facility Name:		Owner:	
Address:		Address:	
City, County, Zip:		City, State, Zip:	
Facility I.D. #:		Phone #:	
Tester Name:	Tester Company:	Tester Phone #:	

Instructions

1. Double walled containment sumps do not require testing, if monitored monthly.
2. Single and double walled containment sumps must also be checked annually in accordance with the Walkthrough Inspection requirements. See GA EPD UST *Annual Walkthrough Inspection Checklist Log* which can be found on the GA EPD website at <https://epd.georgia.gov/underground-storage-tank-regulatory-compliance-forms>.
3. Testing must be performed in accordance with GA EPD *Low Level Hydrostatic Integrity Test Procedure for UST Containment Sumps* which can be found on the GA EPD website at <https://epd.georgia.gov/underground-storage-tank-regulatory-compliance-forms>.
4. Keep test records for 3 years.

Tank/Dispenser #					
Product Stored (N/A for dispenser)					
Type of sump tested	<input type="checkbox"/> STP intermediate dispenser	<input type="checkbox"/> STP intermediate dispenser	<input type="checkbox"/> STP intermediate dispenser	<input type="checkbox"/> STP intermediate dispenser	<input type="checkbox"/> STP intermediate dispenser
Liquid and debris have been removed?	<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
Sump free of cracks, holes, and compromised boots?	<input type="checkbox"/> yes (pass) <input type="checkbox"/> no (fail)	<input type="checkbox"/> yes (pass) <input type="checkbox"/> no (fail)	<input type="checkbox"/> yes (pass) <input type="checkbox"/> no (fail)	<input type="checkbox"/> yes (pass) <input type="checkbox"/> no (fail)	<input type="checkbox"/> yes (pass) <input type="checkbox"/> no (fail)
Sensor is positioned at the lowest point in the sump?	<input type="checkbox"/> yes (pass) <input type="checkbox"/> no (fail)	<input type="checkbox"/> yes (pass) <input type="checkbox"/> no (fail)	<input type="checkbox"/> yes (pass) <input type="checkbox"/> no (fail)	<input type="checkbox"/> yes (pass) <input type="checkbox"/> no (fail)	<input type="checkbox"/> yes (pass) <input type="checkbox"/> no (fail)
Does sump sensor alarm?	<input type="checkbox"/> yes (pass) <input type="checkbox"/> no (fail)	<input type="checkbox"/> yes (pass) <input type="checkbox"/> no (fail)	<input type="checkbox"/> yes (pass) <input type="checkbox"/> no (fail)	<input type="checkbox"/> yes (pass) <input type="checkbox"/> no (fail)	<input type="checkbox"/> yes (pass) <input type="checkbox"/> no (fail)
Does sump sensor activation shut off sub pump?	<input type="checkbox"/> yes (pass) <input type="checkbox"/> no (fail)	<input type="checkbox"/> yes (pass) <input type="checkbox"/> no (fail)	<input type="checkbox"/> yes (pass) <input type="checkbox"/> no (fail)	<input type="checkbox"/> yes (pass) <input type="checkbox"/> no (fail)	<input type="checkbox"/> yes (pass) <input type="checkbox"/> no (fail)
Level above bottom of sump where sensor activates and shuts pump off (in)?					
Starting test level above bottom of sump (in)? (should be ≥ 4 inches above point where sensor activates)					
Level above bottom of sump to lowest penetration (in)?					
Test start time	_____	_____	_____	_____	_____
Test end time	_____	_____	_____	_____	_____
Measured water level drop (in) accurate to 1/16" (Fail if drop is ≥ 1/8")					
Test Results	<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

Comments/Repairs Needed (use additional pages if necessary)

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: _____