

GA EPD USTMP 3 YEAR CONTAINMENT SUMP INTEGRITY TEST REPORT

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

Instructions

1. For low level testing, do not use this form. Instead, use Containment Sump Low Level Test form: <https://epd.georgia.gov/underground-storage-tank-regulatory-compliance-forms>
2. Use this form for new installations.
3. Double walled containment sumps do not require testing, if periodically monitored.
4. Testing must be performed in accordance with a nationally recognized code of practice or the manufacturer's instructions.
5. Keep test records for 3 years.

Code of Practice or Manufacturer's Instructions used:

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								
Test Method	<input type="checkbox"/> vacuum pressure hydrostatic man. instruction	<input type="checkbox"/> vacuum pressure hydrostatic man. instruction	<input type="checkbox"/> vacuum pressure hydrostatic man. instruction	<input type="checkbox"/> vacuum pressure hydrostatic man. instruction	<input type="checkbox"/> vacuum pressure hydrostatic man. instruction								
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"/> 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								
Hydrostatic Only	Height from bottom of sump to highest penetration or sump sidewall seam, whichever is higher (in)												
	Starting test level above bottom of sump (in)												
	Measured water level drop (in) accurate to 1/16" (fail if drop is ≥1/8")												
Dri-Sump Only	GW level from top of water surface to grade surface (if applicable)												
	Communication (in/WC)	Close: _____ Open: _____	VST: _____	Closed Hose = C Open Hose = O VST Connect = V	<table border="1" style="font-size: small;"> <tr> <th style="text-align: left;">Requirements</th> <th style="text-align: left;">Comments</th> </tr> <tr> <td>C > O</td> <td></td> </tr> <tr> <td>V ≥ O</td> <td></td> </tr> <tr> <td>C > V</td> <td></td> </tr> </table>	Requirements	Comments	C > O		V ≥ O		C > V	
	Requirements	Comments											
C > O													
V ≥ O													
C > V													
Laser Verification	<input type="checkbox"/> dot (pass) <input type="checkbox"/> line (fail)	<input type="checkbox"/> dot (pass) <input type="checkbox"/> line (fail)	<input type="checkbox"/> dot (pass) <input type="checkbox"/> line (fail)	<input type="checkbox"/> dot (pass) <input type="checkbox"/> line (fail)	<input type="checkbox"/> dot (pass) <input type="checkbox"/> line (fail)								
Test start time Test end time	_____ _____	_____ _____	_____ _____	_____ _____	_____ _____								
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 (attach additional pages if needed)

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: _____