

GA EPD USTMP 3 YEAR SPILL PREVENTION EQUIPMENT 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. Double walled spill prevention equipment does not require testing, if periodically monitored.
2. Testing must be performed in accordance with a nationally recognized code of practice (such as PEI RP-1200 or equivalent) or the manufacturer's instructions.
3. Keep a record copy of this testing for 3 years.

Code of Practice or Manufacturer's Instructions used:

Tank #	Product Stored	Test Method used	Basin free of cracks or holes?	Liquid & debris have been removed?	Drain valve operational and seals properly?	Fill riser cap seals properly?
		<input type="checkbox"/> vacuum pressure <input type="checkbox"/> hydrostatic man. instructions	<input type="checkbox"/> pass <input type="checkbox"/> fail	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> n/a <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no
		<input type="checkbox"/> vacuum pressure <input type="checkbox"/> hydrostatic man. instructions	<input type="checkbox"/> pass <input type="checkbox"/> fail	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> n/a <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no
		<input type="checkbox"/> vacuum pressure <input type="checkbox"/> hydrostatic man. instructions	<input type="checkbox"/> pass <input type="checkbox"/> fail	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> n/a <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no
		<input type="checkbox"/> vacuum pressure <input type="checkbox"/> hydrostatic man. instructions	<input type="checkbox"/> pass <input type="checkbox"/> fail	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> n/a <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no
		<input type="checkbox"/> vacuum pressure <input type="checkbox"/> hydrostatic man. instructions	<input type="checkbox"/> pass <input type="checkbox"/> fail	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> n/a <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no
Hydrostatic	Was enough water added to completely fill the basin?	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> pass <input type="checkbox"/> fail	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> n/a <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no
	Measured water level drop (in) accurate to 1/16 inch (fail if drop is ≥1/8")					
	Vacuum drop in inches water column (Vacuum test)					
Dri-Sump	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	Requirements C > O V ≥ O C > V	<u>Comments</u>
	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

*Vacuum test fails if cannot maintain 30 inches water column or if vacuum drops more than 4 inches water column.

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: _____