

GA EPD-UNDERGROUND STORAGE TANK MANAGEMENT PROGRAM

3 YEAR SPILL PREVENTION EQUIPMENT (SPILL BUCKET)

INTEGRITY TEST REPORT (HYDROSTATIC AND VACUUM METHOD)

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

Instructions

1. Double walled spill prevention equipment does not require testing.
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? (if no, it fails without testing)	Water, fuel, trash & debris removed from basin prior to test? (dispose of properly)	Drain valve operational and seals properly? (where applicable)	Water, fuel, trash & debris removed from basin prior to test? (dispose of properly)	Fill pipe cap seals properly?	Was enough water added to completely fill the basin? (Hydrostatic test only)	Test start time Test end time (hydrostatic test - minimum 1 hour)	Measured water level drop in inches accurate to 1/16 inch (Hydrostatic test) Vacuum drop in inches water column (vacuum test)	Results of test (Hydrostatic test fails if level drops 1/8 inch or more.) (Vacuum test fails if cannot maintain 30 inches water column or if vacuum drops more than 4 inches water column.)	Tester's initials and date tested
		<input type="checkbox"/> vacuum <input type="checkbox"/> pressure <input type="checkbox"/> hydrostatic <input type="checkbox"/> manufacturer's instructions	<input type="checkbox"/> yes <input type="checkbox"/> no	<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	_____:_____ _____:_____ (hydrostatic test - minimum 1 hour)	_____ _____ (Hydrostatic test) _____ _____ (vacuum test)	<input type="checkbox"/> pass <input type="checkbox"/> fail <input type="checkbox"/> inconclusive	____/____/____ ____/____/____
		<input type="checkbox"/> vacuum <input type="checkbox"/> pressure <input type="checkbox"/> hydrostatic <input type="checkbox"/> manufacturer's instructions	<input type="checkbox"/> yes <input type="checkbox"/> no	<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	_____:_____ _____:_____ (hydrostatic test - minimum 1 hour)	_____ _____ (Hydrostatic test) _____ _____ (vacuum test)	<input type="checkbox"/> pass <input type="checkbox"/> fail <input type="checkbox"/> inconclusive	____/____/____ ____/____/____
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		<input type="checkbox"/> vacuum <input type="checkbox"/> pressure <input type="checkbox"/> hydrostatic <input type="checkbox"/> manufacturer's instructions	<input type="checkbox"/> yes <input type="checkbox"/> no	<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	_____:_____ _____:_____ (hydrostatic test - minimum 1 hour)	_____ _____ (Hydrostatic test) _____ _____ (vacuum test)	<input type="checkbox"/> pass <input type="checkbox"/> fail <input type="checkbox"/> inconclusive	____/____/____ ____/____/____
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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: _____