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| **GA EPD USTMP****3 YEAR CONTAINMENT SUMP INTEGRITY TEST REPORT (High Level)** |
| Facility Name: | Owner: |
| Address: | Address: |
| City, County, Zip: | City, State, Zip: |
| Facility I.D. #: | Phone #: |
| Tester Name: | Tester Company: | Tester Phone #: |
| **Instructions** |
| 1. **If a low level test is to be performed, do not use this form. Instead, use 3 Year Containment Sump Integrity Test Report (Low Level Method) form to document the results which can be found on the EPD website at** [**https://epd.georgia.gov/underground-storage-tank-forms**](https://epd.georgia.gov/underground-storage-tank-forms)
2. **Use this form for new installs.**
3. This form allows you to record up to 5 Tank Numbers.
4. Double walled containment sumps do not require testing, if periodically monitored.
5. 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.
6. Keep records of this testing for 3 years.
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| Code of Practice or Manufacturer’s Instructions used: |
| **Tank #****or Owner’s Dispenser #** |  |  |  |  |  |
| **Product Stored****(N/A for dispenser)** |  |  |  |  |  |
| Type of sump tested |  🞎 sub pump 🞎 intermediate 🞎 dispenser |  🞎 sub pump 🞎 intermediate 🞎 dispenser |  🞎 sub pump 🞎 intermediate 🞎 dispenser |  🞎 sub pump 🞎 intermediate 🞎 dispenser |  🞎 sub pump 🞎 intermediate 🞎 dispenser |
| Test method used |  🞎 vacuum 🞎 pressure 🞎 hydrostatic 🞎 manufacturer’sinstructions |  🞎 vacuum 🞎 pressure 🞎 hydrostatic 🞎 manufacturer’sinstructions |  🞎 vacuum 🞎 pressure 🞎 hydrostatic 🞎 manufacturer’sinstructions |  🞎 vacuum 🞎 pressure 🞎 hydrostatic 🞎 manufacturer’sinstructions |  🞎 vacuum 🞎 pressure 🞎 hydrostatic 🞎 manufacturer’sinstructions |
| Sump free of cracks, holes, and compromised boots?(if no, it fails without testing) |  🞎 yes 🞎 no |  🞎 yes 🞎 no |  🞎 yes 🞎 no |  🞎 yes 🞎 no |  🞎 yes 🞎 no |
| Water, fuel, trash & debris removed from basin prior to test?(dispose of properly) |  🞎 yes 🞎 no |  🞎 yes 🞎 no |  🞎 yes 🞎 no |  🞎 yes 🞎 no |  🞎 yes 🞎 no |
| Height from bottom of sump to highest penetration or sump sidewall seam, whichever is higher in inches?(hydrostatic test only) |  |  |  |  |  |
| Starting test level above bottom of sump in inches?(hydrostatic test only) |  |  |  |  |  |
| Test start timeTest end time | \_\_\_\_\_:\_\_\_\_\_\_\_\_\_\_:\_\_\_\_\_  | \_\_\_\_\_:\_\_\_\_\_\_\_\_\_\_:\_\_\_\_\_  | \_\_\_\_\_:\_\_\_\_\_\_\_\_\_\_:\_\_\_\_\_  | \_\_\_\_\_:\_\_\_\_\_ \_\_\_\_\_:\_\_\_\_\_  | \_\_\_\_\_:\_\_\_\_\_ \_\_\_\_\_:\_\_\_\_\_  |
| Measured water level drop in inches accurate to 1/16 inch(hydrostatic test only) |  |  |  |  |  |
| Result of test(Hydrostatic test fails if level drops 1/8 inch or more.) |  🞎 pass  🞎 fail |  🞎 pass  🞎 fail |  🞎 pass  🞎 fail |  🞎 pass  🞎 fail |  🞎 pass  🞎 fail |
| Tester’s initials and date tested |  / / |  / / |  / / |  / / |  / / |
| **Repairs Needed** | **Date of Repair** | **Description of any Repairs** |
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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:  |