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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. | | | | | | | | |
| 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’s  instructions | | 🞎 vacuum  🞎 pressure  🞎 hydrostatic  🞎 manufacturer’s  instructions | | 🞎 vacuum  🞎 pressure  🞎 hydrostatic  🞎 manufacturer’s  instructions | | 🞎 vacuum  🞎 pressure  🞎 hydrostatic  🞎 manufacturer’s  instructions | 🞎 vacuum  🞎 pressure  🞎 hydrostatic  🞎 manufacturer’s  instructions |
| 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 time  Test 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: | | | | | | | | |