Spill and Overfill Testing Report Form

The applicable portions of this form must be completed and provided to the facility owner/operator within 30 days of the test date, along with written test procedures, data collection logs, and printouts from test equipment (if applicable). Facility must keep this page along with pages 2-3 as applicable on record for submittal to the WVDEP upon request. Each page must identify the facility and contain the WVDEP certified worker's signature and WVDEP certified worker must be onsite during testing.

A. Facility Information WVDEP FA				ACILITY ID#:										
Facility Name:				Site Address:										
Facility Contact:				Phone: Date of Tes					Cesting:					
B. Testing Contractor I	nformation													
To the best of my knowled		ts stated	in this docur	nent are ac	ccurat	te and in	full co	mplia	nce w	ith leg	gal re	guireme	nts.	
			ne of Tester:		WVDEP Certification		Tester's Signature:						Date:	
Address:			City:		Pho	Phone number:		Email address:			5 S :			
C. Testing of Spill Buckets (Required every three years)														
Test Method Bucket Manufacturer Industry Standard Other Test Equipment Used: Developed By: (Specify Method Here):										nt Used:				
Test Method Used: Pressure	ssure Vacuum Hydrostatic Other (Specify): Equipment Precision:													
	Bucket #	Buc	cket #	Bucket # Buck		Bucket #	t # Bucl		icket #		Bucket #]	Bucket #
Bucket depth:														
Wait time between applying pressure/vacuum/water & starting test:														
Test start time:														
Initial reading:														
Test end time:														
Final reading:														
Change in reading:														
Pass/Fail Criteria Follow a recommended code of practice or manufacturer's recommendations.														
Test Result:	☐ Pass ☐	Fail 🔲 P	ass 🗌 Fail	Pass	Fail	Pass	☐ Fail	Pa:	ss 🗌	Fail	□ P	ass 🗌 Fa	ail [Pass Fail
D. Overfill Prevention Evaluation (Required every three years)														
	Tank # Tank #		Tank #	Tank #			Tank #		Tank #		#	Ta		nk #
Tank Capacity														
Tank Diameter									İ					
Product Stored		_												
			<u> </u>											<u> </u>

Spill and Overfill Testing Report	t Form - Page 2 of 3	3											
Facility Name:		Fac	Facility ID:					Tester Signature:					
Overfill Manufacturer													
Overfill Model													
Test Method	Overfill Manuf	acturer	Industr	y Standard	d Othe	er(Specify	Metho	od Here):					
Product delivery method	☐ Pressurized		essurized Pressu		-					☐ Pressurized	☐ Pressurized		
, , , , , , , , , , , , , , , , , , , ,	Gravity Gra							☐ Gravity		Gravity	☐ Gravity		
			all Float ☐ Ball Flo op Tube ☐ Drop Tu					☐ Ball Float ☐ Drop Tube		☐ Ball Float	☐ Ball Float		
Overfill Type			Shutoff Shutof					Shutoff		☐ Drop Tube Shutoff	☐ Drop Tube Shutoff		
	☐ Alarm ☐ Ala					☐ Alarm		Alarm		Alarm	☐ Alarm		
Ball Float Verification	Tank #		Tank #		Tank #			Tank #	T	ank #	Tank #		
Test Method	☐ Manufact	ırer 🗌	Industry S	tandard [Other(Specify Me	ethod l	Here):					
Tank top fittings vapor tight and lefree?	eak Yes N	0	☐ Yes ☐ No		☐ Yes	Yes No		☐ Yes ☐ No		Yes No	☐ Yes ☐ No		
Ball float cage free of debris?	☐ Yes ☐ N	0	☐ Yes ☐ No		☐ Yes	☐ Yes ☐ No		☐ Yes ☐ No		Yes No	☐ Yes ☐ No		
Ball free of holes and cracks and moves freely in cage?	☐ Yes ☐ N	0	☐ Yes ☐ No		☐ Yes	☐ Yes ☐ No		☐ Yes ☐ No		Yes No	☐ Yes ☐ No		
Vent hole in pipe open and near to tank?	op of Yes N	0	☐ Yes ☐ No		☐ Yes	☐ Yes ☐ No		☐ Yes ☐ No		Yes No	☐ Yes ☐ No		
Is this a suction-piping system?*	☐ Yes ☐ N	0	☐ Yes ☐ No		☐ Yes	☐ Yes ☐ No		☐ Yes ☐ No		Yes No	☐ Yes ☐ No		
Tank capacity % when flow is restricted? Not greater than 90%													
Test Result**:	Pass	Fail	Pass Fail		☐ Pa	☐ Pass ☐ Fail		☐ Pass ☐ Fail		Pass Fail	Pass Fail		
* If "Yes," Ball floats must be replaced v	vith another type of ove	rfill preven	ntion equipme	nt. **If Ball	l Float fails,	it must be r	eplaced	d with another type o	f overfill	prevention equipment			
Drop Tube Shut Off Device	ce Tank#		Tank #		Tank #			Tank #	T	ank #	Tank #		
Test Method	☐ Manufacturer		☐ Industry Standard		Other(Specify Meth			od Here):					
Drop tube removed from tank?	☐ Yes ☐ N	о [Yes	No	☐ Yes	☐ No		☐ Yes ☐ No		Yes No	☐ Yes ☐ No		
Drop Tube and Float free of debri	s? Yes N	o [Yes	No	☐ Yes	☐ No		☐ Yes ☐ No		Yes No	☐ Yes ☐ No		
Float and Poppet move freely?	☐ Yes ☐ N	o [Yes	No	☐ Yes	□ No		☐ Yes ☐ No		Yes No	☐ Yes ☐ No		
Poppet enters flow path when floa engaged?	□ Yes □ N			No	☐ Yes			☐ Yes ☐ No		Yes No	☐ Yes ☐ No		
Bypass Valve in the drop tube is cand free of blockage (if present)?	open Yes N/A	o	☐ Yes ☐ No ☐ N/A			Yes No		☐ Yes ☐ No ☐ N/A		Yes No N/A	Yes No		
Tank Canacity % when flow is				-				<u> </u>					

Pass Fail

☐ Pass ☐ Fail

☐ Pass ☐ Fail

☐ Pass ☐ Fail

stopped? (not greater than 95%

☐ Pass ☐ Fail

☐ Pass ☐ Fail

Test Result:

Spill and Overfill Testing Report Form - Page 3 of 3

Facility Name:	Fac	ality ID #:				
Overfill Alarm	Tank #	Tank #	Tank #	Tank #	Tank #	Tank #
Test Method	☐ Manufacturer [Industry Standard	Other(Specify Method	Here):		
Visible or Audible to delivery driver?	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Probe and Float in good condition?	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Float moves freely?	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Does simulated overfill trigger alarm?	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Tank Capacity when alarm is triggered? %						
Test Result:	☐ Pass ☐ Fail	☐ Pass ☐ Fail	☐ Pass ☐ Fail	Pass Fail	☐ Pass ☐ Fail	☐ Pass ☐ Fail
Tester		Print			Phone:	
Signature:	Dat	te: Name	:		Contact:	