

Miscellaneous 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 2-4 as applicable on record for submittal to the WVDEP upon request. Each page must identify the facility and contain the technician's signature.

When pressure/vacuum testing, any loss in pressure/vacuum during the test shall be considered a failed test, regardless of the manufacturer's criteria for declaring a passed test.

A. Facility Information

WVDEP FACILITY ID#:

Facility Name:	Site Address:	
Facility Contact:	Phone:	Date of Testing:

B. Testing Contractor Information

To the best of my knowledge, the facts stated in this document are accurate and in full compliance with legal requirements.				
Company:	Print Name of Tester:	Certification #:	Tester's Signature:	Date:

C. Testing of Spill Buckets

Spill bucket(s) not tested

Test Method <input type="checkbox"/> Bucket Manufacturer <input type="checkbox"/> Industry Standard <input type="checkbox"/> Other	Test Equipment Used:
Developed By: <i>(Specify Method Here):</i>	
Test Method Used: <input type="checkbox"/> Pressure <input type="checkbox"/> Vacuum <input type="checkbox"/> Hydrostatic <input type="checkbox"/> Other <i>(Specify):</i>	Equipment Precision:

	Bucket #	Bucket #	Bucket #	Bucket #	Bucket #	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 threshold/criteria:							
Test Result:	<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	<input type="checkbox"/> Pass <input type="checkbox"/> Fail	<input type="checkbox"/> Pass <input type="checkbox"/> Fail

D. Ball Float Verification

N/A (system has fill shut off or alarm)

	Tank #	Tank #	Tank #	Tank #	Tank #	Tank #
Ball float visually verified?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Tank top caps/fittings appear air-tight:	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
**Does system have remote fills?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
**Is this a suction-piping system?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
**Product delivered without a tight fill or with pressure drops?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

**** If "Yes,"
Ball floats must be replaced with another type of overflow prevention equipment.**

Miscellaneous Testing Report Form - Page 2 of 4

Test Result:	<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	<input type="checkbox"/> Pass <input type="checkbox"/> Fail	<input type="checkbox"/> Pass <input type="checkbox"/> Fail
---------------------	---	---	---	---	---	---	---

Facility Name:	Location:	Facility ID#:
----------------	-----------	---------------

E. Testing of Sumps and Under-Dispenser Containment (UDC)

N/A (No sumps/UDC)

If not using one of the test methods listed below, containment sumps being hydrostatically tested must be filled to at least 6 inches above the highest penetration, fitting or joint and allowed to stand at least 15 minutes before beginning the test. The test must last at least one hour. A liquid level change of 1/8" or more indicates a failure.

Test Method Developed By: <input type="checkbox"/> UDC Manufacturer; <input type="checkbox"/> Industry Standard <input type="checkbox"/> Other (<i>Specify</i>):	Test Equipment Used:
Test Method Used: <input type="checkbox"/> Pressure <input type="checkbox"/> Vacuum <input type="checkbox"/> Hydrostatic <input type="checkbox"/> Other (<i>Specify</i>):	Equipment Precision:
Reason for Test: <input type="checkbox"/> Required Routine 3-year Test <input type="checkbox"/> Suspected Release <input type="checkbox"/> Other (<i>Specify</i>):	

Dispenser #s, product, Tank #	ID:	ID:	ID:	ID:	ID:	ID:	ID:
STP/UDC/Other sump	<input type="checkbox"/> STP <input type="checkbox"/> UDC <input type="checkbox"/> OTHER	<input type="checkbox"/> STP <input type="checkbox"/> UDC <input type="checkbox"/> OTHER	<input type="checkbox"/> STP <input type="checkbox"/> UDC <input type="checkbox"/> OTHER	<input type="checkbox"/> STP <input type="checkbox"/> UDC <input type="checkbox"/> OTHER	<input type="checkbox"/> STP <input type="checkbox"/> UDC <input type="checkbox"/> OTHER	<input type="checkbox"/> STP <input type="checkbox"/> UDC <input type="checkbox"/> OTHER	<input type="checkbox"/> STP <input type="checkbox"/> UDC <input type="checkbox"/> OTHER
Installed after 6/30/08?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Sump depth (inches):							
Height from sump bottom to top of highest sump penetration:							
Portion of sump tested ¹ :							
Wait time between applying pressure/vacuum/water and starting test	minutes	minutes	minutes	minutes	minutes	minutes	minutes
Test start date/time:							
Initial reading:							
Test end date/time:							
Final reading:							
Change in reading:							
Pass/Fail threshold or criteria:							
Test Result:	<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	<input type="checkbox"/> Pass <input type="checkbox"/> Fail	<input type="checkbox"/> Pass <input type="checkbox"/> Fail
Were sensors properly replaced and verified as functional after testing?	<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 <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

COMMENTS:

¹. If the entire depth of the sump is not tested, specify how much was tested.

Miscellaneous Testing Report Form - Page 3 of 4

Tester
Signature:

Date: Print
Name:

Phone:
Contact:

Facility Name:

Location:

Facility ID#:

F. Testing of Interstitial Spaces

N/A (No secondary containment)

Test Method Developed By: <input type="checkbox"/> Manufacturer <input type="checkbox"/> Industry Standard <input type="checkbox"/> Other (<i>Specify</i>):	Test Equipment Used:
Test Method Used: <input type="checkbox"/> Pressure <input type="checkbox"/> Vacuum <input type="checkbox"/> Hydrostatic <input type="checkbox"/> Other (<i>Specify</i>):	Equipment Precision:
Reason for Test: <input type="checkbox"/> Required Routine 3-year Test <input type="checkbox"/> Suspected Release <input type="checkbox"/> Other (<i>Specify</i>):	

	ID:	ID:	ID:	ID:	ID:	ID:	ID:
Installed after 6/30/08?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Tank capacity (gallons):							
Product/Grade stored:							
Tank/Piping	<input type="checkbox"/> Tank <input type="checkbox"/> Piping	<input type="checkbox"/> Tank <input type="checkbox"/> Piping	<input type="checkbox"/> Tank <input type="checkbox"/> Piping	<input type="checkbox"/> Tank <input type="checkbox"/> Piping	<input type="checkbox"/> Tank <input type="checkbox"/> Piping	<input type="checkbox"/> Tank <input type="checkbox"/> Piping	<input type="checkbox"/> Tank <input type="checkbox"/> Piping
Manufacturer:							
Model:							
Wait time (min.) between applying pressure/vacuum/water & starting test:							
Test start time:							
Initial reading:							
Test end time:							
Final reading:							
Change in reading:							
Pass/Fail threshold or criteria:							
Test Result:	<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	<input type="checkbox"/> Pass <input type="checkbox"/> Fail	<input type="checkbox"/> Pass <input type="checkbox"/> Fail

G. Additional Information

	1. Were any secondary containment systems unable to be tested?	2. Were any repairs made prior to testing?	3. Is any follow-up action recommended?	4. Was any cleaning of secondary containment systems done? (describe management of wastewater in "Comments")	5. Was hydrostatic testing performed? (describe in "Comments" what was done with the water after completion of testing)
If any answer is "yes," describe in Comments	<input type="checkbox"/> Yes; <input type="checkbox"/> No	<input type="checkbox"/> Yes; <input type="checkbox"/> No	<input type="checkbox"/> Yes; <input type="checkbox"/> No	<input type="checkbox"/> Yes; <input type="checkbox"/> No	<input type="checkbox"/> Yes; <input type="checkbox"/> No

COMMENTS:

Miscellaneous Testing Report Form - Page 4 of 4

Tester
Signature: _____ Date: _____ Print
Name: _____ Phone:
Contact: _____
