

DRAFT ADEM**3 YEAR SPILL PREVENTION EQUIPMENT (SPILL BUCKET)
INTEGRITY TEST REPORT (HYDROSTATIC AND VACUUM METHOD)**

Questions on how to complete this form should be directed to the Groundwater Branch, UST Compliance Section at (334) 270-5655

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| Facility Name: | | Owner: | | | |
| Address: | | Address: | | | |
| City, County, Zip: | | City, State, Zip: | | | |
| Facility I.D. #: | | Phone #: | | | |
| Tester Name: | | | Tester Phone #: | | |
| Tester Company: | | | | | |
| Instructions | | | | | |
| 1. Submit a completed copy of this form within 30 days of performing the test to: Groundwater Branch, PO Box 301463 Montgomery, AL 36130-1463, or fax to: (334) 270-5631 or email to: USTcompliance@adem.alabama.gov . 2. This form allows you to record up to 5 ADEM Unique Tank Numbers, assuming that the Facility ID Number and test method remain the same. 3. Double walled spill prevention equipment does not require testing. 4. Single and double walled spill prevention equipment must also be checked every 30 days in accordance with the Walkthrough Inspection requirements. See <i>ADEM 30 day Walkthrough Inspection Checklist Log</i> which can be found on the ADEM website at www.adem.alabama.gov/programs/water/groundwater.cnt . 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 a record copy of this testing for 3 years. | | | | | |
| Code of Practice or Manufacturer's Instructions used: | | | | | |
| ADEM Unique Tank # | | | | | |
| Product Stored | | | | | |
| Test method used | <input type="checkbox"/> vacuum <input type="checkbox"/> pressure <input type="checkbox"/> hydrostatic <input type="checkbox"/> manufacturer's instructions | <input type="checkbox"/> vacuum <input type="checkbox"/> pressure <input type="checkbox"/> hydrostatic <input type="checkbox"/> manufacturer's instructions | <input type="checkbox"/> vacuum <input type="checkbox"/> pressure <input type="checkbox"/> hydrostatic <input type="checkbox"/> manufacturer's instructions | <input type="checkbox"/> vacuum <input type="checkbox"/> pressure <input type="checkbox"/> hydrostatic <input type="checkbox"/> manufacturer's instructions | <input type="checkbox"/> vacuum <input type="checkbox"/> pressure <input type="checkbox"/> hydrostatic <input type="checkbox"/> manufacturer's instructions |
| Basin free of cracks or holes? (if no, it fails without testing) | <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 |
| Water, fuel, trash & debris removed from basin prior to test? (dispose of properly) | <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 |
| Drain valve operational and seals properly? (where applicable) | <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 |
| Water, fuel, trash & debris removed from basin prior to test? (dispose of properly) | <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 |
| Fill pipe cap seals properly? | <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 |
| Was enough water added to completely fill the basin? (Hydrostatic test only) | <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 |
| 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.) | <input type="checkbox"/> pass <input type="checkbox"/> fail <input type="checkbox"/> inconclusive | <input type="checkbox"/> pass <input type="checkbox"/> fail <input type="checkbox"/> inconclusive | <input type="checkbox"/> pass <input type="checkbox"/> fail <input type="checkbox"/> inconclusive | <input type="checkbox"/> pass <input type="checkbox"/> fail <input type="checkbox"/> inconclusive | <input type="checkbox"/> pass <input type="checkbox"/> fail <input type="checkbox"/> inconclusive |
| Tester's initials and date tested | / / | / / | / / | / / | / / |
| Repairs Needed | Date of Repair | Description of any Repairs | | | |
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