


## SPILL CONTAINMENT DEVICE TEST

	<b>KENTUCKY DEPARTMENT FOR ENVIRONMENTAL PROTECTION</b>	<i>Mail completed form to:</i> <b>DIVISION OF WASTE MANAGEMENT UNDERGROUND STORAGE TANK BRANCH 200 FAIR OAKS LANE, SECOND FLOOR FRANKFORT, KENTUCKY 40601 (502) 564-5981 <a href="http://waste.ky.gov/ust">http://waste.ky.gov/ust</a></b>	<b>FOR STATE USE ONLY</b>
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UST FACILITY INFORMATION	TESTER INFORMATION
Agency Interest (AI) Number:	Tester Name:
UST Facility Name:	Certification/License #: _____ Expires: _____
Physical Address:	Tester Certified By: <input type="checkbox"/> Tank Manufacturer <input type="checkbox"/> Test Equipment Manufacturer <input type="checkbox"/> Other(specify): _____ <i>[Mark all that apply]</i>
City, County, Zip:	Company Name:
UST Owner:	Phone Number:
Owner Phone Number:	Tester e-mail address:

### SPILL CONTAINMENT DEVICE TESTING INFORMATION

<b>Reason(s) for Test:</b> <input type="checkbox"/> Required Periodic Test <input type="checkbox"/> Suspected Release <input type="checkbox"/> New Installation <input type="checkbox"/> Repair <input type="checkbox"/> DEP Directed <input type="checkbox"/> Other
<b>Date of Test:</b> _____ <b>Test Equipment Used:</b> _____
<b>Test Method Used:</b> <input type="checkbox"/> Hydrostatic (use the test procedures and data table below) <input type="checkbox"/> Vacuum (attach test equipment manufacturer's data sheet and test protocol to this form) <input type="checkbox"/> Other (specify): _____

#### HYDROSTATIC TEST PROCEDURES

1. Clean out and properly dispose of all debris, soil and/or fluids from the spill containment device.
2. Visually examine the spill containment device for cracks, holes, deformations or deteriorated seals.
3. Fill with water and let stand for at least 15 minutes to allow water to reach ambient temperature.
4. After 15 minutes, carefully measure the depth of the water to the nearest 1/16<sup>th</sup> inch.
5. Leave the spill containment device undisturbed for at least one hour and compare the starting and ending levels.
6. If the fluid level is the same or has changed 1/8<sup>th</sup> inch or less, the spill containment device passes the test.
7. If the fluid level has changed more than 1/8<sup>th</sup> inch, the spill containment device fails the test.
8. Any spill containment device that fails shall be repaired or replaced in accordance with 401 KAR 42:020.
9. Properly dispose of all test fluids at the conclusion of testing.

Insert tank information for up to 4 spill containment devices. Attach additional pages as necessary.	TANK ID/PRODUCT	TANK ID/PRODUCT	TANK ID/PRODUCT	TANK ID/PRODUCT
Spill Containment Installation Type	<input type="checkbox"/> Direct Bury <input type="checkbox"/> Contained in a Sump	<input type="checkbox"/> Direct Bury <input type="checkbox"/> Contained in a Sump	<input type="checkbox"/> Direct Bury <input type="checkbox"/> Contained in a Sump	<input type="checkbox"/> Direct Bury <input type="checkbox"/> Contained in a Sump
Spill Containment Diameter				
Spill Containment Depth				
Wait Time (between applying vacuum/water and starting test)				
Test Start Time [T <sub>1</sub> ]				
Initial Reading [R <sub>1</sub> ]				
Test End Time [T <sub>2</sub> ]				
Final Reading [R <sub>2</sub> ]				
<b>TEST RESULTS:</b>	<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

<b>Repairs &amp; Retest Required:</b> <input type="checkbox"/> YES <input type="checkbox"/> NO <b>Release Reporting Required:</b> <input type="checkbox"/> YES <input type="checkbox"/> NO <b>Next Test Due:</b> _____
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<b>COMMENTS:</b>  
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#### CERTIFICATION OF TESTER

*I hereby certify that all the information contained in this report is true and accurate and in full compliance with legal requirements.*

Tester's Signature: \_\_\_\_\_

Date: \_\_\_\_\_

If you have questions on how to fill out this form or to request a review of UST facility records, please contact the UST Branch at (502) 564-5981 or visit our website at <http://waste.ky.gov/ust>.

**UST SYSTEM OWNER SHALL RETAIN A COPY OF THIS FORM**