

Kentucky Department for Environmental Protection
Division of Waste Management
Underground Storage Tank Branch
300 Sower Boulevard, Second Floor – Frankfort KY 40601
(502) 564-5981

FOR OFFICIAL USE ONLY –
DO NOT WRITE IN THIS SPACE

UST Containment Device Test

1. UST Facility Information

Agency Interest Number (AI)			
UST Facility Name			
UST Facility Physical Address	Street Address:		
	City:	County:	Zip Code: -

2. Test Information

Reason for Test <i>(indicate UST system for all that apply)</i>	<input type="checkbox"/> Required Periodic Test	<input type="checkbox"/> New Installation	<input type="checkbox"/> DEP Directed
	<input type="checkbox"/> Suspected Release	<input type="checkbox"/> Repair	<input type="checkbox"/> Other <i>(specify):</i>
Test Equipment			
Test Method	<input type="checkbox"/> Vacuum <i>(must attach test equipment manufacturer's data sheet)</i>		
	<input type="checkbox"/> Hydrostatic <i>(only for single walled devices)</i> <input type="checkbox"/> Other <i>(specify):</i>		

3. Testing Data and Results

(List tank information for up to four (4) spill containment devices; attach additional pages as necessary)

Test Date	/ /			
Tank ID Number / Product Type				
Dispenser Number <i>(e.g., 1/2, 3/4, etc.)</i>				
Containment Device Type	<input type="checkbox"/> Spill Bucket	<input type="checkbox"/> Spill Bucket	<input type="checkbox"/> Spill Bucket	<input type="checkbox"/> Spill Bucket
	<input type="checkbox"/> Catch Basin	<input type="checkbox"/> Catch Basin	<input type="checkbox"/> Catch Basin	<input type="checkbox"/> Catch Basin
	<input type="checkbox"/> UDC	<input type="checkbox"/> UDC	<input type="checkbox"/> UDC	<input type="checkbox"/> UDC
	<input type="checkbox"/> Sump	<input type="checkbox"/> Sump	<input type="checkbox"/> Sump	<input type="checkbox"/> Sump
Installation Type	<input type="checkbox"/> Direct Bury	<input type="checkbox"/> Direct Bury	<input type="checkbox"/> Direct Bury	<input type="checkbox"/> Direct Bury
	<input type="checkbox"/> Contained in a Sump	<input type="checkbox"/> Contained in a Sump	<input type="checkbox"/> Contained in a Sump	<input type="checkbox"/> Contained in a Sump
Construction Type	<input type="checkbox"/> Double Wall	<input type="checkbox"/> Double Wall	<input type="checkbox"/> Double Wall	<input type="checkbox"/> Double Wall
	<input type="checkbox"/> Single Wall	<input type="checkbox"/> Single Wall	<input type="checkbox"/> Single Wall	<input type="checkbox"/> Single Wall
Diameter <i>(in)</i>				
Depth <i>(ft)</i>				
Height at the top of the Highest Penetration Point <i>(UDCs and Sumps)</i>				
Wait Time				
Test Start Time				
Initial Reading				
Test End Time				
Final Reading				
Test Period <i>(total time)</i>				
Reading Change				
Test Results	<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
Recommendations	Repairs/Retest <input type="checkbox"/> Y <input type="checkbox"/> N	Release Report Required <input type="checkbox"/> Y <input type="checkbox"/> N	Next Test Date / /	

AI _____

Comments	
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4. Certification

I certify that all the information provided on this document is true, accurate, and complete.

Tester Certification	<i>Printed</i>	Date	/ /
	<i>Signature</i>		
License	Number: _____	Expiration Date: / /	
Certification Type <i>(mark all that apply)</i>	<input type="checkbox"/> Tank Manufacturer <input type="checkbox"/> Test Equipment Manufacturer <input type="checkbox"/> Other <i>(specify):</i> _____		
Contact Information	Phone: () - _____	Email: _____	
Company Name	_____		

If you have questions on how to fill out this form please contact the cabinet at (502) 564-5981 or visit our web site at <http://waste.ky.gov/ust>. For copies of UST facility records please visit <http://eec.ky.gov/pages/openrecords.aspx> or email EEC.KORA@ky.gov.