

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 (in)				
Depth (ft)				
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 (total time)				
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	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 20%; border-bottom: 1px dotted black; text-align: center;"><i>Printed</i></td> <td style="border-bottom: 1px dotted black;"></td> <td style="width: 10%;"></td> <td style="width: 10%;"></td> <td style="width: 10%;"></td> <td style="width: 10%;"></td> </tr> <tr> <td style="border-bottom: 1px dotted black; text-align: center;"><i>Signature</i></td> <td style="border-bottom: 1px dotted black;"></td> <td style="border-bottom: 1px dotted black; text-align: center;">Date</td> <td style="border-bottom: 1px dotted black; text-align: center;">/</td> <td style="border-bottom: 1px dotted black; text-align: center;">/</td> <td style="border-bottom: 1px dotted black;"></td> </tr> </table>	<i>Printed</i>						<i>Signature</i>		Date	/	/	
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<i>Signature</i>		Date	/	/									
License	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; border-bottom: 1px dotted black;">Number: _____</td> <td style="width: 50%; border-bottom: 1px dotted black;">Expiration Date: / /</td> </tr> </table>	Number: _____	Expiration Date: / /										
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	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; border-bottom: 1px dotted black;">Phone: () - _____</td> <td style="width: 50%; border-bottom: 1px dotted black;">Email: _____</td> </tr> </table>	Phone: () - _____	Email: _____										
Phone: () - _____	Email: _____												
Company Name													
<p>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 https://eec.ky.gov/Environmental-Protection/Waste/underground-storage-tank. For copies of facility records please visit https://eec.ky.gov/Pages/Open-Records.aspx or email EEC.KORA@ky.gov.</p>													