

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 Overfill Prevention 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

Test Date	/ /
Reason for Test (mark only one)	<input type="checkbox"/> New Install (within 30 days of bringing into service) <input type="checkbox"/> Routine (every 36 months) <input type="checkbox"/> Repair (within 30 days)

3. Test Details

(Attach additional pages as necessary)

Tank Number / Product Type						
Overfill Prevention Device Type Automatic Shut-Off Device – ASD High-Level Alarm – HLA Ball Float Valve – BFV	<input type="checkbox"/> ASD <input type="checkbox"/> HLA <input type="checkbox"/> BFV	<input type="checkbox"/> ASD <input type="checkbox"/> HLA <input type="checkbox"/> BFV	<input type="checkbox"/> ASD <input type="checkbox"/> HLA <input type="checkbox"/> BFV	<input type="checkbox"/> ASD <input type="checkbox"/> HLA <input type="checkbox"/> BFV	<input type="checkbox"/> ASD <input type="checkbox"/> HLA <input type="checkbox"/> BFV	<input type="checkbox"/> ASD <input type="checkbox"/> HLA <input type="checkbox"/> BFV
Tank Capacity (gallons)						
Tank Diameter (inches)						
1. Device Removed	<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
2. No Damage Present	<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
3. Clean & Free of Debris	<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
4. Activation Mechanism Moves Freely	<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
5. Device Activation Level Measured	<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
6. Activation Level is At or Below Regulatory Limit	<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
Activation Level of Device (%)	%	%	%	%	%	%

Criteria: If "No" was answered in any one of the items (1 through 6) above, the test indicates a fail.

Device 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	<input type="checkbox"/> Pass <input type="checkbox"/> Fail	<input type="checkbox"/> Pass <input type="checkbox"/> Fail
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4. Attachments

I have attached photographs documenting the overfill device was removed and set to activate at the appropriate level.

Comments	
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AI _____

5. 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"/> Test Equipment Manufacturer <input type="checkbox"/> Recommended Practice <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 .			