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| Virginia Department of Environmental Quality Logo | | **Triennial UST Containment Sump / UDC Integrity Testing**  **(Full height hydrostatic or vacuum test)** | | | | | | | | | | | | | | | | |  | | | |
| * Containment sumps installed on or after 9/15/2010 that are not monitored continuously for releases using vacuum, pressure, or hydrostatic interstitial monitoring methods and all other containment sumps installed prior to 9/15/2010 that are used for interstitial monitoring shall be tightness tested at installation and every three (3) years thereafter in accordance with the manufacturer’s written guidelines, and/or PEI/RP1200 “Recommended Practices for the Testing and Verification of Spill, Overfill, Leak Detection and Secondary Containment Equipment at UST Facilities.” * If a UDC / containment sump fails a periodic tightness test, the sump must be replaced or repaired. | | | | | | | | | | | | | | | | | | | | | | |
| **UST FACILITY** | | | | | | | | | | | | | | | | | | | | | | |
| Owner / Operator Name | | | | | Facility Name | | | | | | | | | | Facility ID#: | | | | | | | |
| Facility Street Address | | | | | Facility City | | | | | | | | | | County | | | | | | | |
| **TESTING CONTRACTOR INFORMATION** | | | | | | | | | | | | | | | | | | | | | | |
| Company Name | | | | | | | | Phone | | | | E-mail Address | | | | | | | | | | |
|  | I certify, under penalty of law, that the testing data provided on this form documents the UST system equipment was tested in accordance with the manufacturer’s guidelines and/or the applicable national industry standards listed in 9VAC25-580-82. | | | | | | | | | | | | | | | | | | | |  | |
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|  | Print Name of person conducting test | | | | |  |  | | Signature of person conducting test | | | | | |  |  | Test Date | | | | |  |
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| Identify UDC/sump *(By Dispenser No. or Tank Number, Tank Size, Stored Product; e.g. #1 10k Regular STP, Disp 1/2, etc.)* | | | **Dispenser**  **Tank**  #: | **Dispenser**  **Tank**  #: | | | | | | **Dispenser**  **Tank**  #: | **Dispenser**  **Tank**  #: | | | **Dispenser**  **Tank**  #: | | | | **Dispenser**  **Tank**  #: | | | | |
| **Transition sumps should be listed above as “TS-XX” (with XX= sump ID#)** | | | | | | | | | | | | | | | | | | | | | | |
| Sump Material | | | FRP  Plastic | FRP  Plastic | | | | | | FRP  Plastic | FRP  Plastic | | | FRP  Plastic | | | | FRP  Plastic | | | | |
| Test Type | | | Hydrostatic  Vacuum | Hydrostatic  Vacuum | | | | | | Hydrostatic  Vacuum | Hydrostatic  Vacuum | | | Hydrostatic  Vacuum | | | | Hydrostatic  Vacuum | | | | |
| **Indicate units for all measurements** | | | | | | | | | | | | | | | | | | | | | | |
| Liquid and debris removed from sump? | | | Yes  No | Yes  No | | | | | | Yes  No | Yes  No | | | Yes  No | | | | Yes  No | | | | |
| Visual inspection (No cracks, loose parts or separation of the containment sump) | | | Pass  Fail | Pass  Fail | | | | | | Pass  Fail | Pass  Fail | | | Pass  Fail | | | | Pass  Fail | | | | |
| Sump Depth in inches | | |  |  | | | | | |  |  | | |  | | | |  | | | | |
| Height from sump bottom to top of highest penetration or sump sidewall seam in inches | | |  |  | | | | | |  |  | | |  | | | |  | | | | |
| Wait time between applying vacuum/water and start of test | | |  |  | | | | | |  |  | | |  | | | |  | | | | |
| Begin / End Test Time  (minimum test time: 1 hour) | | | / | / | | | | | | / | / | | | / | | | | / | | | | |
| Begin / End values (inches) | | | / | / | | | | | | / | / | | | / | | | | / | | | | |
| Pass/Fail criteria: Must pass visual inspection. Hydrostatic: Water level drop of 1/8 inch or more fails the test, Water level **must be 4 or more inches** above highest penetration or side wall seam or test is invalid; Vacuum: No change in vacuum | | | | | | | | | | | | | | | | | | | | | | |
| **Test Result** | | | Pass  Fail | Pass  Fail | | | | | | Pass  Fail | Pass  Fail | | | Pass  Fail | | | | Pass  Fail | | | | |
| **Comments –** *(include information on repairs made prior to testing, and recommended follow-up for failed tests)* | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | |
| **Date next Containment Sump/UDC integrity test due** (required every 3 years) | | | | | | | | | | | | |  | | | | | | | | | |
| VIRGINIA DEPARTMENT OF ENVIRONMENTAL QUALITY, 1111 E. MAIN ST., SUITE 1400, RICHMOND, VA 23219  PHONE: (804) 698-4010, WEBSITE: <https://www.deq.virginia.gov/land-waste/petroleum-tanks> | | | | | | | | | | | | | | | | | | | | 3/2023 | | |

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| Virginia Department of Environmental Quality Logo | | **Triennial UST Containment Sump / UDC Integrity Testing**  **(Low Liquid Level Test)** | | | | | | | | | | | | | | | | | **Page 2** | | | |
| * Containment sumps installed on or after 9/15/2010 that are not monitored continuously for releases using vacuum, pressure, or hydrostatic interstitial monitoring methods and all other containment sumps installed prior to 9/15/2010 that are used for interstitial monitoring can be tightness tested every three (3) years in accordance with the VA DEQ Low Level Hydrostatic Integrity Test Procedures which can be found on the UST section website at <https://www.deq.virginia.gov/land-waste/petroleum-tanks/underground-storage-tanks/inspections-and-compliance> in Appendix A of the 2021 UST Requirements guidance * This method cannot be used for the installation testing of containment sumps. * If a UDC / containment sump fails a periodic tightness test, the sump must be replaced or repaired by the manufacturer. * Attach all setup reports (e.g. Veeder-Root: Output Relay Setup, Incon: Main console setup) for the sensor alarms positive shut-down to this form. If the dispenser has a standalone sensor to shut-down the dispenser then annotate on the test form in the comments section. | | | | | | | | | | | | | | | | | | | | | | |
| **UST FACILITY** | | | | | | | | | | | | | | | | | | | | | | |
| Owner / Operator Name | | | | | Facility Name | | | | | | | | | | Facility ID#: | | | | | | | |
| Facility Street Address | | | | | Facility City | | | | | | | | | | County | | | | | | | |
| **TESTING CONTRACTOR INFORMATION** | | | | | | | | | | | | | | | | | | | | | | |
| Company Name | | | | | | | | Phone | | | | E-mail Address | | | | | | | | | | |
|  | I certify, under penalty of law, that the testing data provided on this form documents the UST system equipment was tested in accordance with the manufacturer’s guidelines, the applicable national industry standards listed in 9VAC25-580-82, or another method approved by DEQ. | | | | | | | | | | | | | | | | | | | |  | |
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|  | Print Name of person conducting test | | | | |  |  | | Signature of person conducting test | | | | | |  |  | Test Date | | | | |  |
|  | | |  | | | | | | | | | | | | | | | | | | | |
| Identify UDC/sump *(By Dispenser No. or Tank Number, Tank Size, Stored Product; e.g. #1 10k Regular STP, Disp 1/2, etc.)* | | | **Dispenser**  **Tank**  #: | **Dispenser**  **Tank**  #: | | | | | | **Dispenser**  **Tank**  #: | **Dispenser**  **Tank**  #: | | | **Dispenser**  **Tank**  #: | | | | **Dispenser**  **Tank**  #: | | | | |
| **Transition sumps should be listed above as “TS-XX” (with XX= sump ID#)** | | | | | | | | | | | | | | | | | | | | | | |
| Sump Material | | | FRP  Plastic | FRP  Plastic | | | | | | FRP  Plastic | FRP  Plastic | | | FRP  Plastic | | | | FRP  Plastic | | | | |
| **Indicate units for all measurements** | | | | | | | | | | | | | | | | | | | | | | |
| Liquid and debris removed from sump? | | | Yes  No | Yes  No | | | | | | Yes  No | Yes  No | | | Yes  No | | | | Yes  No | | | | |
| Is sensor placed at the lowest portion of sump bottom? | | | Yes  No | Yes  No | | | | | | Yes  No | Yes  No | | | Yes  No | | | | Yes  No | | | | |
| Visual inspection (No cracks, loose parts or separation of the containment sump) | | | Pass  Fail | Pass  Fail | | | | | | Pass  Fail | Pass  Fail | | | Pass  Fail | | | | Pass  Fail | | | | |
| Did sensor alarm when tested? | | | Yes  No | Yes  No | | | | | | Yes  No | Yes  No | | | Yes  No | | | | Yes  No | | | | |
| If sensor alarms, did the STP and/or dispenser shut-off (if applicable) | | | Yes  No | Yes  No | | | | | | Yes  No | Yes  No | | | Yes  No | | | | Yes  No | | | | |
| Level above bottom of sump where sensor alarms. (inches) | | |  |  | | | | | |  |  | | |  | | | |  | | | | |
| Wait time between applying water and start of test | | |  |  | | | | | |  |  | | |  | | | |  | | | | |
| Begin / End Test Time  (minimum test time: 1 hour) | | | / | / | | | | | | / | / | | | / | | | | / | | | | |
| Begin / End values (inches) | | | / | / | | | | | | / | / | | | / | | | | / | | | | |
| Pass/Fail criteria: Any No or Fail in the above, the sump fails the test . Hydrostatic: Water level drop of 1/8 inch or more fails the test. | | | | | | | | | | | | | | | | | | | | | | |
| **Test Result** | | | Pass  Fail | Pass  Fail | | | | | | Pass  Fail | Pass  Fail | | | Pass  Fail | | | | Pass  Fail | | | | |
| **Comments –** *(include information on repairs made prior to testing, and recommended follow-up for failed tests)* | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | |
| **Date next Containment Sump/UDC integrity test due** (required every 3 years) | | | | | | | | | | | | |  | | | | | | | | | |
| VIRGINIA DEPARTMENT OF ENVIRONMENTAL QUALITY, 1111 E. MAIN ST., SUITE 1400, RICHMOND, VA 23219  PHONE: (804) 698-4010, WEBSITE: <https://www.deq.virginia.gov/land-waste/petroleum-tanks> | | | | | | | | | | | | | | | | | | | | 3/2023 | | |