|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Virginia Department of Environmental Quality Logo | | **Triennial UST Spill Bucket Integrity Testing**  **(Hydrostatic/Vacuum Test)** | | | | | | | | | | | | | | | | |  | | | |
| * The primary containment and interstitial space of the spill bucket shall be tested in accordance with the manufacturer’s written guidelines or PEI/RP1200 “Recommended Practices for the Testing and Verification of Spill, Overfill, Leak Detection and Secondary Containment Equipment at UST Facilities.” * The primary and secondary walls are both considered to be tested at the same time if vacuum is used to test the interstice. | | | | | | | | | | | | | | | | | | | | | | |
| **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 the applicable national industry standards listed in 9VAC25-580-82. | | | | | | | | | | | | | | | | | | | |  | |
|  |  | | | |  | |  |  | | | | | |  | |  |  | | | | |  |
| Print Name of person conducting test | | | | Signature of person conducting test | | | | | | Test Date | | | | |
|  | | |  | | | | | | | | | | | | | | | | | | | |
| Identify Spill Bucket *(By Tank Number, Stored Product, etc.)* | | | **Tank #** | | | **Tank #** | | | **Tank #** | | | **Tank #** | | | | | | **Tank #** | | | | |
| **Tank Size** | | |  | | |  | | |  | | |  | | | | | |  | | | | |
| **Product** | | |  | | |  | | |  | | |  | | | | | |  | | | | |
| **Indicate units for all measurements** | | | | | | | | | | | | | | | | | | | | | | |
| Bucket Manufacturer/Model | | |  | | |  | | |  | | |  | | | | | |  | | | | |
| Bucket Depth | | |  | | |  | | |  | | |  | | | | | |  | | | | |
| Construction | | | SW  DW | | | SW  DW | | | SW  DW | | | SW  DW | | | | | | SW  DW | | | | |
| Bucket Installation Type | | | Direct Bury  Direct Bury w/Liner  Containment sump | | | Direct Bury  Direct Bury w/Liner  Containment sump | | | Direct Bury  Direct Bury w/Liner  Containment sump | | | Direct Bury  Direct Bury w/Liner  Containment sump | | | | | | Direct Bury  Direct Bury w/Liner  Containment sump | | | | |
| Test Type | | | Hydrostatic  Vacuum | | | Hydrostatic  Vacuum | | | Hydrostatic  Vacuum | | | Hydrostatic  Vacuum | | | | | | Hydrostatic  Vacuum | | | | |
| Liquid and debris removed from spill bucket? | | | Yes  No | | | Yes  No | | | Yes  No | | | Yes  No | | | | | | Yes  No | | | | |
| Visual inspection (No cracks, loose parts or separation of the bucket from fill pipe.) | | | Pass  Fail | | | Pass  Fail | | | Pass  Fail | | | Pass  Fail | | | | | | Pass  Fail | | | | |
| Tank riser cap included in test? | | | Yes  No  N/A | | | Yes  No  N/A | | | Yes  No  N/A | | | Yes  No  N/A | | | | | | Yes  No  N/A | | | | |
| Drain valve included in test? | | | Yes  No  N/A | | | Yes  No  N/A | | | Yes  No  N/A | | | Yes  No  N/A | | | | | | Yes  No  N/A | | | | |
| Wait time between applying water and start of test (if applicable) | | |  | | |  | | |  | | |  | | | | | |  | | | | |
| **Primary Section Test Hydrostatic: Water level must be within 1.5 inches of top of bucket Vacuum: Apply vacuum of 30 inches WC** | | | | | | | | | | | | | | | | | | | | | | |
| Begin I End Test Time | | | I | | | I | | | I | | | I | | | | | | I | | | | |
| Begin I End Reading | | | I | | | I | | | I | | | I | | | | | | I | | | | |
| **Secondary Interstice Test Vacuum: Apply vacuum of 15 inches WC** | | | | | | | | | | Gauge range (with units): | | | | | | | | | | | | |
| Begin I End Test Time | | | I | | | I | | | I | | | I | | | | | | I | | | | |
| Begin I End Reading | | | I | | | I | | | I | | | I | | | | | | I | | | | |
| Pass/fail criteria: Must pass visual inspection. Pass if: Hydrostatic: Water level drop of less than 1/8 inch in 1 hour; Vacuum single-walled only: Maintain at least 26 inches water column for 1 minute; Vacuum double-walled: Maintain at least 12 inches water column for 1 minute | | | | | | | | | | | | | | | | | | | | | | |
| **Test Results** | | | 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 Spill Bucket 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 | | |

/