



3-YEAR SPILL PREVENTION EQUIPMENT (SPILL BUCKET) TEST FORM

UST FACILITY INFORMATION

FACILITY NAME: _____
STREET ADDRESS: _____
CITY: _____ **STATE:** _____ **ZIP CODE:** _____
COUNTY: _____ **FACILITY ID #:** _____

UST OWNER INFORMATION

OWNER NAME: _____
STREET ADDRESS: _____
CITY: _____ **STATE:** _____ **ZIP CODE:** _____
PHONE NUMBER: _____

TESTING CONTRACTOR INFORMATION

TESTER NAME: _____
TESTER COMPANY: _____
CONTRACTOR LICENSE #: _____ **PHONE NUMBER:** _____

I certify under penalty of law that the testing data provided on this form is true, accurate, and complete.

TESTER SIGNATURE: _____
SIGNATURE DATE: _____

INSTRUCTIONS

1. Testing may be done in accordance with a nationally recognized code of practice (PEI-1200 or equivalent) or the manufacturer's instructions.
2. A separate form should be used for each facility. If there are more than five spill buckets at this facility, make additional copies of this page.
3. The last test record must be maintained at the UST site or must be readily available during an inspection. Keep a copy of this form for three years.
4. If any test fails, a report must be submitted to DEQ within twenty-four hours as a suspected release.

	TANK #				
Product stored:					
Test method used:	<input type="checkbox"/> Vacuum <input type="checkbox"/> Pressure <input type="checkbox"/> Hydrostatic <input type="checkbox"/> Manufacturer's Instructions	<input type="checkbox"/> Vacuum <input type="checkbox"/> Pressure <input type="checkbox"/> Hydrostatic <input type="checkbox"/> Manufacturer's Instructions	<input type="checkbox"/> Vacuum <input type="checkbox"/> Pressure <input type="checkbox"/> Hydrostatic <input type="checkbox"/> Manufacturer's Instructions	<input type="checkbox"/> Vacuum <input type="checkbox"/> Pressure <input type="checkbox"/> Hydrostatic <input type="checkbox"/> Manufacturer's Instructions	<input type="checkbox"/> Vacuum <input type="checkbox"/> Pressure <input type="checkbox"/> Hydrostatic <input type="checkbox"/> Manufacturer's Instructions
Is the basin free of cracks or holes?	<input type="checkbox"/> Yes <input type="checkbox"/> No				

	TANK #				
Was water, fuel, trash, and debris removed from the basin prior to testing?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A				
Drain Valve operate and seal properly?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A				
Fill pipe cap seals properly?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A				
Hydrostatic testing only: Was enough water added to completely fill the basin?	<input type="checkbox"/> Yes <input type="checkbox"/> No				
Begin/End Test time:	____ : ____	____ : ____	____ : ____	____ : ____	____ : ____
Begin/End Reading:	____ : ____	____ : ____	____ : ____	____ : ____	____ : ____
Measured water level drop in inches accurate to 1/16 inch:					
Results of test?	<input type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> Inconclusive				
Tester's initials:					
Date tested:					

TANK REPAIRS

REPAIRS NEEDED	DATE OF REPAIR	DESCRIPTION OF REPAIRS