# ABOVEGROUND STORAGE TANK LINING INSPECTION SUMMARY

## I. Facility Information
- **Facility I.D. Number**: 
- **Facility Name**: 
- **Facility Address**: 
- **Municipality**: 
- **GPS Location**: Lat: __ Long: __

## II. Inspector Information
- **Name**: 
- **Certification number**: 
- **Phone**: 
- **E-mail**: 
- **Employer**: 
- **Employer certification number**: 

## III. Tank Identification
- **DEP Tank ID number**: A
- **Owner’s Tank ID Number**: 
- **Nominal Capacity (gallons)**: 
- **Size: diameter** (ft) **length/height** (ft)
- **Substance stored**: 
- **Original construction code**: 
- **Installation Date**: 

## IV. Inspection Date(s)
- **Completion of this inspection**: 
- **Lining system installed**: 
- **Last lining inspection**: 
- **Next lining inspection due**: 
- **Next inspection date to be determined after repairs and before tank is returned to service**: 

## V. Lining System Design/Installation Information
- **Lining System Manufacturer Name**: 
- **Lining System Material**: 
- **Lining Standard Used**: 
- **Lining installed by “TL” certified installer**: Yes No 
- **“TL” Name**: 
- **Certification number**: 

## VI. Certified Inspector
I, the DEP Certified Inspector, have inspected the entire lining in the above referenced tank system. Based on my observation of the lining, review of examination and test results and information provided by the owner, I certify under penalty of law as provided in 18 Pa. C.S.A. Section 4904 (relating to unsworn falsification to authorities), that the information provided by me is true, accurate, and complete to the best of my knowledge and belief. I also certify that this tank system ☐ can ☐ cannot be returned to service without additional evaluation or modification.

Certified Inspector’s Signature: ___________________________ Date: __________

## VII. Owner or Owner’s Representative
I have reviewed the completed inspection report. I certify under penalty of law as provided in 18 PA C.S.A. Section 4904 (relating to unsworn falsification to authorities), the information provided by me is true, accurate, and complete to the best of my knowledge and belief.

Name (Print): ___________________________ Title: ___________________________ Phone Number: ___________________________

Signature: ___________________________ Date: __________
<table>
<thead>
<tr>
<th>Facility ID</th>
<th>DEP Tank ID</th>
<th>Inspection Date</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>A</td>
<td></td>
</tr>
</tbody>
</table>

**VIII. Lining System Evaluation**

Evaluation Method(s):
- Visual
- Adhesion Measurement
- Audible Testing
- Low-Voltage Holiday Testing
- High-Voltage Holiday Testing
- Other

**IX. Lining System Evaluation Results**

Describe the results of the evaluation method(s), including, where applicable, observed lining deficiencies, numeric results, and number and location of holidays, etc.

**X. Comments**

Describe any lining system deficiencies. Include any steps taken to correct lining system deficiencies. Please note additional information discovered during the inspection.
ABOVEGROUND STORAGE TANK LINING INSPECTION SUMMARY

INSTRUCTIONS

Information provided on the form should be typewritten or printed in a legible manner.

I. FACILITY INFORMATION: Enter the facility information as it appears on the blue registration certificate. Include facility or tank GPS coordinates.

II. INSPECTOR INFORMATION: Complete all information in this section. If self-employed, enter self employed or your name in the Employer space and leave the Company Certification Number blank. NOTE: When conducting an inspection of internal linings in aboveground field constructed metallic storage tanks, the DEP certified inspector must also possess current API Std 653 inspector certification, in accordance with §245.113(f).

III. TANK IDENTIFICATION: Enter the tank information as it appears on the blue registration certificate, including the tank ID (sequence) number, capacity, and substance. Describe the tank dimensions and, if known, indicate which industry code or standard was followed during tank construction. Check the appropriate boxes to indicate the configuration of the tank (Horizontal, Vertical or Elevated Vertical Tank) and where the tank was constructed (Shop Built or Field Built). If the tank information on the registration form is incorrect, provide the correct information in Section X and advise the owner to submit an amended Registration/Permitting form.

IV. INSPECTION DATE(S): Enter the date that you, the inspector, completed the lining inspection. Provide the date the lining was installed, the date of the last lining inspection, and the date by which the next lining inspection is due. Enter “NONE” if no previous lining inspections were performed.

V. LINING SYSTEM DESIGN/INSTALLATION INFORMATION: Provide specific information regarding the lining system installed in the inspected tank system and the installer of the lining system, as it is available. Check boxes in this section as appropriate.

VI. CERTIFIED INSPECTOR: As the DEP Certified inspector, sign and date the form in this area. Check the appropriate box indicating whether the tank system can or cannot be returned to service. Fully explain the reason why additional evaluation or modification is needed and any activities completed to correct the deficiencies in Section X.

VII. OWNER OR OWNER’S REPRESENTATIVE: Enter the name, title, and phone number of the person providing the tank information. Have the owner or designated representative sign and date the form. If the owner or representative refused to sign this section, please, explain the situation in Section X. A copy of a certified mail receipt may be used as evidence that the report has been provided to the owner.

VIII. LINING SYSTEM EVALUATION: Check the appropriate box(es) for the method(s) used to evaluate the internal lining in the tank system that was inspected.

IX. LINING SYSTEM EVALUATION RESULTS: Describe, in detail, the results of the evaluation method(s) used to inspect the internal lining, including, where applicable any observed lining deficiencies, numeric results, and the number and location(s) of any holidays, blisters, or other failures of the lining.

X. COMMENTS: Describe, in detail, any tank system deficiencies and note additional information discovered during the inspection. If additional comment sheets are needed, label each sheet with facility and tank identification numbers, the inspection date, and the page number.
INSTRUCTIONS

Completed inspection summaries must be submitted to DEP by the certified inspector within 60 days of conducting the inspection activities.

- Original to the appropriate DEP regional office
- Copy to DEP central office
- Copy to the tank owner
- Copy for tank inspector’s files

Central Office
Pennsylvania DEP, Central Office
Division of Storage Tanks
PO Box 8762
Harrisburg, PA 17105-8762

<table>
<thead>
<tr>
<th>Northwest Region</th>
<th>Northcentral Region</th>
<th>Northeast Region</th>
</tr>
</thead>
</table>
| 230 Chestnut Street  
Meadville, PA 16335-3481  
814-332-6648  
Counties: Butler, Clarion, Crawford, Elk, Erie, Forest, Jefferson, Lawrence, McKean, Mercer, Venango and Warren | 208 West Third Street, Ste. 101  
Williamsport, PA 17701  
570-321-6525  
Counties: Bradford, Cameron, Centre, Clearfield, Clinton, Columbia, Lycoming, Montour, Northumberland, Potter, Snyder, Sullivan, Tioga and Union | 2 Public Square  
Wilkes-Barre, PA 18701-1915  
570-826-2511  
Counties: Carbon, Lackawanna, Lehigh, Luzerne, Monroe, Northampton, Pike, Schuylkill, Susquehanna, Wayne and Wyoming |

<table>
<thead>
<tr>
<th>Southwest Region</th>
<th>Southcentral Region</th>
<th>Southeast Region</th>
</tr>
</thead>
</table>
| 400 Waterfront Drive  
Pittsburgh, PA 15222-4745  
412-442-4000  
Counties: Allegheny, Armstrong, Beaver, Cambria, Fayette, Greene, Indiana, Somerset, Washington and Westmoreland | 909 Elmerton Avenue  
Harrisburg, PA 17110  
717-705-4705  
Counties: Adams, Bedford, Berks, Blair, Cumberland, Dauphin, Franklin, Fulton, Huntingdon, Juniata, Lancaster, Lebanon, Mifflin, Perry and York | 2 East Main Street  
Norristown, PA 19401-4915  
484-250-5900  
Counties: Bucks, Chester, Delaware, Montgomery and Philadelphia |
UNDERGROUND STORAGE TANK
AUTOMATIC TANK GAUGE FUNCTIONALITY TESTING FORM

I. FACILITY INFORMATION – Type or print (in ink) all items.
- Facility ID #:
- Facility Name:
- Facility Street Address:
- Facility Telephone:
- County:
- Municipality:

II. TESTER INFORMATION
- Tester Name:
- Tester Cert. #:
- Tester Telephone:
- Company Name:
- Company Cert. #:
- Test Date:

III. AUTOMATIC TANK GAUGE
- Pass
- Fail
- ATG Manufacturer:
- ATG Model:
- Detected leak will trigger an alarm? □Yes □No
- Battery Backup Functional? □Yes □No
- ATG software properly programmed? □Yes □No
- Is the ATG equipped with CITLDS? □Yes □No

III. TEST PROCEDURE – Briefly describe procedure(s) used to test the probes (i.e. PEI/RP1200, manufacturer’s testing procedure, etc.)

IV. PROBE AND TESTING INFORMATION – When more than five probes are tested at a facility, use additional testing forms

<table>
<thead>
<tr>
<th>Tank Number</th>
<th>Product Stored</th>
<th>Manufacturer</th>
<th>Model</th>
<th>Measured Product Level (in.)</th>
<th>ATG Product Level (in.)</th>
<th>Measured Water Level (in.)</th>
<th>ATG Water Level (in.)</th>
<th>Measured product and water levels match ATG values?</th>
<th>□Yes □No □Yes □No □Yes □No □Yes □No □Yes □No</th>
</tr>
</thead>
</table>

- Is the probe in a good state of repair? □Yes □No □Yes □No □Yes □No □Yes □No □Yes □No □Yes □No
- Is the ATG console clear of alarms? □Yes □No □Yes □No □Yes □No □Yes □No □Yes □No □Yes □No
- Float(s) move freely □Yes □No □Yes □No □Yes □No □Yes □No □Yes □No □Yes □No

V. TEST RESULT
- Pass
- Fail

1. Any "No" answer in a required row indicates the probe fails. Failed probes and ATGs must be repaired or replaced immediately.
Facility ID #: _____  Facility Name: _____  Test Date: _____

### VI. COMMENTS

The comments section should be used to note additional information discovered or actions taken during functionality testing that affect compliance at the facility. For example, include comments concerning any observations made by the tester that would affect the test results.

Include actions taken to repair or replace failed devices.

If additional comment sheets are needed, label each sheet with the report header information and attach the sheet(s) to the back of this form.

### VII. SITE DRAWING

Provide a detailed site drawing of the applicable UST(s), product piping, and containment structure layout in the space below (or attach a detailed site drawing prepared on a separate sheet). Any other pertinent information should also be included.

### VII. OWNER'S REPRESENTATIVE CERTIFICATION

I have reviewed this report. I certify under penalty of law as provided in 18 PA C.S.A. Section 4904 (relating to unsworn falsification to authorities), that the information provided by me is true, accurate, and complete to the best of my knowledge and belief.

Signature: [Signature]  Date Signed: [Date]

### VIII. TESTER CERTIFICATION

By signing this document as the Tester, I certify under penalty of law as provided in 18 PA C.S.A. Section 4904 (relating to unsworn falsification to authorities), that the information provided by me is true, accurate, and complete to the best of my knowledge and belief.

Tester's Signature: [Signature]  Date Signed: [Date]
# UNDERGROUND STORAGE TANK

## GROUNDWATER/VAPOR MONITORING SYSTEM FUNCTIONALITY TESTING FORM

## I. FACILITY INFORMATION
- Type or print (in ink) all items.

<table>
<thead>
<tr>
<th>Facility ID #</th>
<th>Facility Name</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Facility Street Address</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Facility Telephone</th>
<th>County</th>
<th>Municipality</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

## II. TESTER INFORMATION

<table>
<thead>
<tr>
<th>Tester Name</th>
<th>Tester Cert. #</th>
<th>Tester Telephone</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Company Name</th>
<th>Company Cert. #</th>
<th>Test Date</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

## III. TEST PROCEDURE
- Briefly describe procedure(s) used to evaluate/test the groundwater or vapor monitoring system.

## IV. GROUNDWATER/VAPOR MONITORING SYSTEM TESTING INFORMATION

### Tank Number

### Product Stored

Site evaluated by a licensed professional under the Engineer, Land Surveyor and Geologist Law to ensure compliance with 25 Pa. Code Chapter 245.444 and to establish the number and positioning of monitoring wells that will detect releases within the excavation zone from any portion of the tank that routinely contains product.

- Yes
- No

Written site evaluation readily available at the facility:

- Yes
- No

Date of site evaluation:

<table>
<thead>
<tr>
<th>Name of licensed professional</th>
<th>License number</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Wells are installed in accordance with the site evaluation:

- Yes
- No

### A. GROUNDWATER MONITORING

- Product detection devices can detect 1/8-inch or less of leaked product on top of the groundwater:
  - Yes
  - No

- Electronic sampling equipment tested and operating properly:
  - Yes
  - No
  - N/A

- Date sampling equipment was last calibrated:

### B. VAPOR MONITORING

- Monitoring devices are capable of detecting increases in concentrations of stored regulated substances:
  - Yes
  - No

- Electronic sampling equipment tested and operating properly:
  - Yes
  - No

- Date sampling equipment was last calibrated:

## V. TEST RESULT

- Pass
- Fail

Any "No" answer in Section IV. Indicates the Groundwater or Vapor monitoring system fails. Failure of a release detection method may constitute a suspected release. Certified Individuals must report confirmed or suspected contamination to the Department within 48 hours of observing it. Facility owners/operators must investigate suspected releases within 7 days. If a reportable release is confirmed, it must be reported to the Department by telephone within 24 hours and in writing within 15 days. Requires immediate repair or replacement.
Facility ID #: _____  Facility Name: _____  Test Date: _____

### VI. COMMENTS

The comments section should be used to note additional information discovered or actions taken during testing that affect compliance at the facility. For example, include comments concerning any observations made by the tester that would affect the test results.

Include actions taken to repair or replace failed devices.

If additional comment sheets are needed, label each sheet with the report header information and attach the sheet(s) to the back of this form.

### VII. SITE DRAWING

Provide a detailed site drawing of the applicable UST(s), product piping, and monitoring well locations (or attach a detailed site drawing prepared on a separate sheet). Any other pertinent information should also be included.

### VII. OWNER’S REPRESENTATIVE CERTIFICATION

I have reviewed this report. I certify under penalty of law as provided in 18 PA C.S.A. Section 4904 (relating to unsworn falsification to authorities), that the information provided by me is true, accurate, and complete to the best of my knowledge and belief.

<table>
<thead>
<tr>
<th>Signature:</th>
<th>Date Signed:</th>
</tr>
</thead>
</table>

### VIII. TESTER CERTIFICATION

By signing this document as the Tester, I certify under penalty of law as provided in 18 PA C.S.A. Section 4904 (relating to unsworn falsification to authorities), that the information provided by me is true, accurate, and complete to the best of my knowledge and belief.

| Tester’s Signature: | Date Signed: |
# UNDERGROUND STORAGE TANK
## AUTOMATIC LINE LEAK DETECTOR FUNCTIONALITY TESTING FORM

### I. FACILITY INFORMATION
- **Facility ID #:**
- **Facility Name:**
- **Facility Street Address:**
- **Facility Telephone:**
- **County:**
- **Municipality:**

### II. TESTER INFORMATION
- **Tester Name:**
- **Tester Cert. #:**
- **Tester Telephone:**
- **Company Name:**
- **Company Cert. #:**
- **Test Date:**

### III. TEST PROCEDURE
Briefly describe procedure(s) used to test the probes (i.e. PEI/RP1200, manufacturer’s testing procedure, etc.)

### IV. LINE LEAK DETECTOR TESTING INFORMATION
When more than five LLDs are tested at a facility, use additional testing forms

<table>
<thead>
<tr>
<th>Tank Number</th>
<th>Product Stored</th>
<th>Line Number</th>
<th>Manufacturer</th>
<th>Model</th>
<th>Leak Detector Type</th>
<th>STP Operating Pressure</th>
<th>Check Valve Holding Pressure</th>
<th>Metering Pressure</th>
<th>Opening Time</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

#### A. MECHANICAL LINE LEAK DETECTORS
- Simulated leak causes slow-flow
  - Yes
  - No
- Leak detector resets when line pressure is bleed off to zero
  - Yes
  - No

#### B. ELECTRONIC LINE LEAK DETECTORS
- Simulated leak causes an alarm
  - Yes
  - No
- Simulated leak disables the STP
  - Yes
  - No

### V. TEST RESULT
- Pass
- Fail

---

1. Designate each product line, on which a line leak detector was tested, numerically or by code on the site drawing.
3. Any “No” answer in a required row indicates the line leak detector fails. Failed line leak detectors must be repaired or replaced immediately.
<table>
<thead>
<tr>
<th>Facility ID #: _____</th>
<th>Facility Name: _____</th>
<th>Test Date: _____</th>
</tr>
</thead>
</table>

**VI. COMMENTS**

The comments section should be used to note additional information discovered or actions taken during functionality testing that affect compliance at the facility. For example, include comments concerning any observations made by the tester that would affect the test results.

Include actions taken to repair or replace failed devices.

If additional comment sheets are needed, label each sheet with the report header information and attach the sheet(s) to the back of this form.

---

**VII. SITE DRAWING**

Provide a detailed site drawing of the applicable UST(s), product piping, and containment structure layout in the space below (or attach a detailed site drawing prepared on a separate sheet). Any other pertinent information should also be included.

---

**VII. OWNER'S REPRESENTATIVE CERTIFICATION**

I have reviewed this report. I certify under penalty of law as provided in 18 PA C.S.A. Section 4904 (relating to unsworn falsification to authorities), that the information provided by me is true, accurate, and complete to the best of my knowledge and belief.

Signature: ___________________________ Date Signed: __________

---

**VIII. TESTER CERTIFICATION**

By signing this document as the Tester, I certify under penalty of law as provided in 18 PA C.S.A. Section 4904 (relating to unsworn falsification to authorities), that the information provided by me is true, accurate, and complete to the best of my knowledge and belief.

Tester's Signature: ___________________________ Date Signed: __________
# UNDERGROUND STORAGE TANK
## OVERFILL PREVENTION EVALUATION FORM

### I. FACILITY INFORMATION
- **Facility ID #:**
- **Facility Name:**
- **Facility Street Address:**
- **Facility Telephone:**
- **County:**
- **Municipality:**

### II. TESTER INFORMATION
- **Tester Name:**
- **Tester Cert. #:**
- **Tester Telephone:**
- **Company Name:**
- **Company Cert. #:**
- **Test Date:**

### III. TANK AND DEVICE INFORMATION
When more than five devices are tested at a facility, use additional testing forms.

<table>
<thead>
<tr>
<th>Tank Number</th>
<th>Tank Capacity</th>
<th>Tank Diameter</th>
<th>Product Stored</th>
<th>Overfill Manufacturer</th>
<th>Overfill Model</th>
<th>Product Delivery Method</th>
<th>Overfill Type</th>
<th>Tank capacity when flow is stopped (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Pressurized Gravity</td>
<td>Drop Tube Shutoff</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Pressurized Gravity</td>
<td>Alarm</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Pressurized Gravity</td>
<td>Ball Float</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Pressurized Gravity</td>
<td>Whistle Vent</td>
<td></td>
</tr>
</tbody>
</table>

### IV. TEST INFORMATION (Complete all applicable overfill types)

#### A. DROP TUBE SHUTOFF DEVICE

- Drop tube and float free of debris? □ Yes □ No □ Yes □ No □ Yes □ No □ Yes □ No
- Float and poppet move freely? □ Yes □ No □ Yes □ No □ Yes □ No □ Yes □ No
- Poppet enters flow path when float is engaged? □ Yes □ No □ Yes □ No □ Yes □ No □ Yes □ No
- Tank capacity when flow is stopped (%)

#### B. OVERFILL ALARM

- Visible or audible to delivery driver? □ Yes □ No □ Yes □ No □ Yes □ No □ Yes □ No
- Probe and float in good condition? □ Yes □ No □ Yes □ No □ Yes □ No □ Yes □ No
- Float moves freely? □ Yes □ No □ Yes □ No □ Yes □ No □ Yes □ No
- Does simulated overfill trigger alarm? □ Yes □ No □ Yes □ No □ Yes □ No □ Yes □ No
- Tank capacity when alarm is triggered (%)
FORM

Facility ID #: _____ Facility Name: _____ Test Date: _____

C. BALL FLOAT VALVE

Straight drop tube installed? [ ] Yes [ ] No

Is the only fill present a direct fill? [ ] Yes [ ] No

Ball and cage present and in good condition? [ ] Yes [ ] No

Ball moves freely in cage? [ ] Yes [ ] No

Is the vent hole unobstructed? [ ] Yes [ ] No

Tank capacity when flow is restricted (%)

D. WHISTLE VENT ALARM

Permanently Installed? [ ] Yes [ ] No

Audible to delivery driver? [ ] Yes [ ] No

Tank capacity when whistle stops (%)

V. TEST RESULTS

Any “No” answer in Section IV. Indicates the overfill device fails. Failure of any overfill prevention device requires immediate repair or replacement. Underground Storage Tanks may not receive product deliveries without functional overfill prevention.

Pass [ ] Fail [ ]

VI. COMMENTS

The comments section should be used to note additional information discovered or actions taken during functionality testing that affect compliance at the facility. For example, include comments concerning any observations made by the tester that would affect the test results.

Include actions taken to repair or replace failed devices. Installation, repair and removal of overfill prevention devices requires the use of a Department certified individual. Failed ball float valves may not be repaired or replaced; an alternate form of overfill prevention must be installed.

If additional comment sheets are needed, label each sheet with the report header information and attach the sheet(s) to the back of this form.

VII. OWNER’S REPRESENTATIVE CERTIFICATION

I have reviewed this report. I certify under penalty of law as provided in 18 PA C.S.A. Section 4904 (relating to unsworn falsification to authorities), that the information provided by me is true, accurate, and complete to the best of my knowledge and belief.

Signature: Date Signed:

VIII. TESTER CERTIFICATION

By signing this document as the Tester, I certify under penalty of law as provided in 18 PA C.S.A. Section 4904 (relating to unsworn falsification to authorities), that the information provided by me is true, accurate, and complete to the best of my knowledge and belief.

Tester’s Signature: Date Signed:
## UNDERGROUND STORAGE TANK
### PRESSURE/VACUUM MONITORING FUNCTIONALITY TESTING FORM

### I. FACILITY INFORMATION
- **Facility ID #:**
- **Facility Name:**
- **Facility Street Address:**
- **Facility Telephone:**
- **County:**
- **Municipality:**

### II. TESTER INFORMATION
- **Tester Name:**
- **Tester Cert. #:**
- **Tester Telephone:**
- **Company Name:**
- **Company Cert. #:**
- **Test Date:**

### III. TEST PROCEDURE
Briefly describe procedure(s) used to test the probes (i.e. PEI/RP1200, manufacturer’s testing procedure, etc.)

### IV. PRESSURE/VACUUM MONITORING
When more than four systems are tested at a facility, use additional testing forms

<table>
<thead>
<tr>
<th>Tank Number</th>
<th>Product Stored</th>
<th>Line Number¹</th>
<th>ATG Manufacturer</th>
<th>ATG Model</th>
<th>P/V Monitoring System Manufacturer</th>
<th>P/V Monitoring System Model</th>
<th>P/V System is functional</th>
<th>Manufacturer’s test method followed</th>
<th>Interstice is air tight</th>
<th>Leak in interstice triggers alarm</th>
<th>Leak in piping interstice disables STP²</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>□ Yes □ No □ Yes □ No</td>
<td>□ Yes □ No □ Yes □ No</td>
<td>□ Yes □ No □ Yes □ No</td>
<td>□ Yes □ No □ Yes □ No</td>
<td>□ Yes □ No □ Yes □ No □ Yes □ No</td>
</tr>
</tbody>
</table>

### V. TEST RESULT

1. Designate each product line that has its interstice under pressure or vacuum by P/V system numerically or by code on the site drawing.
3. Any “No” answer in a required row indicates the P/V system fails. Failed leak detection systems must be repaired or replaced immediately.
Facility ID #: ______  Facility Name: ______  Test Date: ______

### VI. COMMENTS

The comments section should be used to note additional information discovered or actions taken during functionality testing that affect compliance at the facility. For example, include comments concerning any observations made by the tester that would affect the test results.

Include actions taken to repair or replace failed devices.

If additional comment sheets are needed, label each sheet with the report header information and attach the sheet(s) to the back of this form.

### VII. SITE DRAWING

Provide a detailed site drawing of the applicable UST(s), product piping, and containment structure layout in the space below (or attach a detailed site drawing prepared on a separate sheet). Any other pertinent information should also be included.

### VII. OWNER’S REPRESENTATIVE CERTIFICATION

I have reviewed this report. I certify under penalty of law as provided in 18 PA C.S.A. Section 4904 (relating to unsworn falsification to authorities), that the information provided by me is true, accurate, and complete to the best of my knowledge and belief.

<table>
<thead>
<tr>
<th>Signature:</th>
<th>Date Signed:</th>
</tr>
</thead>
</table>

### VIII. TESTER CERTIFICATION

By signing this document as the Tester, I certify under penalty of law as provided in 18 PA C.S.A. Section 4904 (relating to unsworn falsification to authorities), that the information provided by me is true, accurate, and complete to the best of my knowledge and belief.

<table>
<thead>
<tr>
<th>Tester's Signature:</th>
<th>Date Signed:</th>
</tr>
</thead>
</table>
## UNDERGROUND STORAGE TANK SENSOR FUNCTIONALITY TESTING FORM

### I. FACILITY INFORMATION
Type or print (in ink) all items.

<table>
<thead>
<tr>
<th>Facility ID #</th>
<th>Facility Name</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Facility Street Address</th>
<th>County</th>
<th>Municipality</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Facility Telephone</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### II. TESTER INFORMATION

<table>
<thead>
<tr>
<th>Tester Name</th>
<th>Tester Cert. #</th>
<th>Tester Telephone</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Company Name</th>
<th>Company Cert. #</th>
<th>Test Date</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### III. TEST PROCEDURE
Briefly describe procedure(s) used to test the sensors (i.e. PEI/RP1200, manufacturer’s testing procedure, etc.)

### IV. SENSOR AND TESTING INFORMATION
When more than five sensors are tested at a facility, use additional testing forms

<table>
<thead>
<tr>
<th>Sensor Location</th>
<th>Sensor Number</th>
<th>Manufacturer</th>
<th>Model</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Sensor Type</th>
<th>Discriminating</th>
<th>Non-Discriminating</th>
<th>Discriminating</th>
<th>Non-Discriminating</th>
<th>Discriminating</th>
<th>Non-Discriminating</th>
<th>Discriminating</th>
<th>Non-Discriminating</th>
</tr>
</thead>
<tbody>
<tr>
<td>Test Liquid</td>
<td>Water</td>
<td>Product</td>
<td>Water</td>
<td>Product</td>
<td>Water</td>
<td>Product</td>
<td>Water</td>
<td>Product</td>
</tr>
<tr>
<td>Is the ATG console clear of alarms?</td>
<td>Yes</td>
<td>No</td>
<td>Yes</td>
<td>No</td>
<td>Yes</td>
<td>No</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>Is the sensor properly positioned?</td>
<td>Yes</td>
<td>No</td>
<td>Yes</td>
<td>No</td>
<td>Yes</td>
<td>No</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>Is the sensor in a good state of repair?</td>
<td>Yes</td>
<td>No</td>
<td>Yes</td>
<td>No</td>
<td>Yes</td>
<td>No</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>Does the sensor trigger an alarm when placed in the test liquid?</td>
<td>Yes</td>
<td>No</td>
<td>Yes</td>
<td>No</td>
<td>Yes</td>
<td>No</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>Is the sensor correctly identified on the ATG?</td>
<td>Yes</td>
<td>No</td>
<td>Yes</td>
<td>No</td>
<td>Yes</td>
<td>No</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>Does a sensor alarm automatically disable the pump?</td>
<td>Yes</td>
<td>No</td>
<td>Yes</td>
<td>No</td>
<td>Yes</td>
<td>No</td>
<td>Yes</td>
<td>No</td>
</tr>
</tbody>
</table>

### V. TEST RESULT

<table>
<thead>
<tr>
<th>Pass</th>
<th>Fail</th>
<th>Pass</th>
<th>Fail</th>
<th>Pass</th>
<th>Fail</th>
<th>Pass</th>
<th>Fail</th>
<th>Pass</th>
<th>Fail</th>
</tr>
</thead>
</table>

1. Designate each sensor tested numerically or by code on the site drawing.
3. Failed sensors must be repaired or replaced immediately.
VI. COMMENTS
The comments section should be used to note additional information discovered or actions taken during functionality testing that affect compliance at the facility. For example, include comments concerning any observations made by the tester that would affect the test results. Include actions taken to repair or replace failed devices.
If additional comment sheets are needed, label each sheet with the report header information and attach the sheet(s) to the back of this form.

VII. SITE DRAWING
Provide a detailed site drawing of the applicable UST(s), product piping, and containment structure layout in the space below (or attach a detailed site drawing prepared on a separate sheet). In addition, clearly indicate which sensors were tested. Label each sensor with a unique number or code, used in section V, above. Any other pertinent information should also be included.

VII. OWNER’S REPRESENTATIVE CERTIFICATION
I have reviewed this report. I certify under penalty of law as provided in 18 PA C.S.A. Section 4904 (relating to unsworn falsification to authorities), that the information provided by me is true, accurate, and complete to the best of my knowledge and belief.

<table>
<thead>
<tr>
<th>Signature:</th>
<th>Date Signed:</th>
</tr>
</thead>
</table>

VIII. TESTER CERTIFICATION
By signing this document as the Tester, I certify under penalty of law as provided in 18 PA C.S.A. Section 4904 (relating to unsworn falsification to authorities), that the information provided by me is true, accurate, and complete to the best of my knowledge and belief.

| Signature: | Date Signed: |
**I. FACILITY INFORMATION** – Type or print (in ink) all items.

<table>
<thead>
<tr>
<th>Facility ID #</th>
<th>Facility Name</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Facility Street Address</th>
<th>Facility Telephone</th>
<th>County</th>
<th>Municipality</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**II. TESTER INFORMATION**

<table>
<thead>
<tr>
<th>Tester Name</th>
<th>Tester Cert. #</th>
<th>Tester Telephone</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Company Name</th>
<th>Company Cert. #</th>
<th>Test Date</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**III. TEST METHOD**

Method Used
- [ ] Hydrostatic
- [ ] Vacuum
- [ ] Pressure
- [ ] Other

Method Developer
- [ ] Manufacturer
- [ ] Industry Standard
- [ ] Other

**IV. VISUAL INSPECTION INFORMATION** – When more than five containment structures are tested at a facility, use additional testing forms

<table>
<thead>
<tr>
<th>Tank Number</th>
<th>Product Stored</th>
<th>Containment Number²</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Containment Type</th>
<th>Dispenser</th>
<th>Tank Top Sump</th>
<th>Sump</th>
<th>Fill Spill Bucket</th>
<th>Transition</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Manufacturer</th>
<th>Model³</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Were There Visible Cracks, Holes or Other Failures in the Containment?
- [ ] Yes
- [ ] No

Was There Product in the Containment Prior to Testing?
- [ ] Yes
- [ ] No

Was Product and Debris Removed from the Containment Prior to Testing?
- [ ] Yes
- [ ] No
- [ ] N/A

**V. VISUAL RESULT**

<table>
<thead>
<tr>
<th>Pass</th>
<th>Fail</th>
<th>Pass</th>
<th>Fail</th>
<th>Pass</th>
<th>Fail</th>
<th>Pass</th>
<th>Fail</th>
<th>Pass</th>
<th>Fail</th>
<th>Pass</th>
<th>Fail</th>
</tr>
</thead>
</table>

1. Describe level measurement methods in Section IX. Comments. Refer to DEP Guidance #263-####-#### regarding proper use, reuse, and disposal of test liquids.

2. Designate each device tested, numerically or by code, on the site drawing in Section X.

3. If model cannot be determined, describe device construction (Single-walled/Double-walled, Fiberglass, HDPE, etc.)

4. Failed visual inspections may constitute a suspected release. Certified Individuals must report confirmed or suspected contamination to the Department within 48 hours of observing it. Facility owners/operators must investigate suspected releases within 7 days. If a release is observed, it must be reported to the Department by telephone within 24 hours and in writing within 15 days. Do not conduct additional testing if the device fails visual inspection.
### VI. TESTING INFORMATION

<table>
<thead>
<tr>
<th>Tank Number</th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Product Stored</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Containment Number</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Test Start Time</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Test Start Level</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Test End Time</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Test End Level</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Test Period</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Level Change</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Pass/Fail Threshold</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### VII. TEST RESULT

<table>
<thead>
<tr>
<th>Pass</th>
<th>Fail</th>
<th>Pass</th>
<th>Fail</th>
<th>Pass</th>
<th>Fail</th>
<th>Pass</th>
<th>Fail</th>
<th>Pass</th>
<th>Fail</th>
</tr>
</thead>
</table>

5. Designate each device tested, numerically or by code, on the site drawing in Section X.
6. Failed test results may constitute a suspected release. Certified Individuals must report confirmed or suspected contamination to the Department within 48 hours of observing it. Facility owners/operators must investigate suspected releases within 7 days. If a release is observed, it must be reported to the Department by telephone within 24 hours and in writing within 15 days.

### VIII. FAILURE DESCRIPTION

If any device fails visual inspection or testing, describe the reason for the failure and the location of the failure for each failed device (i.e., “Cracked entry boot 4” from the bottom of dispenser sump #A1” or “Hole in bottom of Tank 002 fill spill bucket”).
IX. COMMENTS

The comments section should be used to note additional information discovered or actions taken during integrity testing that affect compliance at the facility. For example, include comments concerning any observations made by the tester that would affect the test results.

Include actions taken to repair or replace failed devices. Repairs to containment sumps and spill buckets require the use of a Department certified individual.

If additional comment sheets are needed, label each sheet with the report header information and attach the sheet(s) to this form.

HYDROSTATIC TEST LEVEL MEASUREMENT

If devices were tested using a hydrostatic test, describe how level measurements were taken (i.e. from the bottom up, from the top down, from a mark on the sump wall)

X. SITE DRAWING

Provide a detailed site drawing of the applicable UST(s), product piping, fill lines, and containment device layout in the space below (or attach a detailed site drawing prepared on a separate sheet). In addition, clearly indicate which devices were tested. Label each device tested with a unique number or code, used in Sections IV and VI, above. Any other pertinent information should also be included.

VII. OWNER’S REPRESENTATIVE CERTIFICATION

I have reviewed this report. I certify under penalty of law as provided in 18 PA C.S.A. Section 4904 relating to unsworn falsification to authorities, that the information provided by me is true, accurate, and complete to the best of my knowledge and belief.

Signature: 
Date Signed: 

VIII. TESTER CERTIFICATION

By signing this document as the Tester, I certify under penalty of law as provided in 18 PA C.S.A. Section 4904 relating to unsworn falsification to authorities, that the information provided by me is true, accurate, and complete to the best of my knowledge and belief.

Tester’s Signature: 
Date Signed: 