2630-FM-BECB#### Rev. [DATE]
FORM

pennsylvania
DEPARTMENT OF ENVIRONMENTAL PROTECTION

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF ENVIRONMENTAL PROTECTION
BUREAU OF ENVIRONMENTAL CLEANUP AND BROWNFIELDS

UNDERGROUND STORAGE TANK
AUTOMATIC LINE LEAK DETECTOR 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. 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					
Tank Number					
Product Stored					
Line Number[1]					
Manufacturer					
Model					
Leak Detector Type	☐ Electronic ☐ Mechanical	☐ Electronic ☐ Mechanical	☑ Electronic ☐ Mechanical	☐ Electronic ☐ Mechanical	☐ Electronic ☐ Mechanical
STP Operating Pressure					
A. MECHANICAL LINE LEAK DETECTORS					
Check Valve Holding Pressure					
Metering Pressure					
Opening Time					
Simulated leak causes slow-flow	☐Yes ☐No	☐Yes ☐No	☐Yes ☐No	☐Yes ☐No	☐Yes ☐No
Leak detector resets when line pressure is bled off to zero	☐Yes ☐No	☐Yes ☐No	☐Yes ☐No	☐Yes ☐No	☐Yes ☐No
B. ELECTRONIC LINE LEAK DETECTORS					
Simulated leak causes an alarm	☐Yes ☐No	☐Yes ☐No	☐Yes ☐No	☐Yes ☐No	☐Yes ☐No
Simulated leak disables the STP[2]	☐Yes ☐No	☐Yes ☐No	☐Yes ☐No	☐Yes ☐No	☐Yes ☐No
V. TEST RESULT[3]	☐**Pass** ☐**Fail**	☐**Pass** ☐**Fail**	☐**Pass** ☐**Fail**	☐**Pass** ☐**Fail**	☐**Pass** ☐**Fail**

1. Designate each product line, on which a line leak detector was tested, numerically or by code on the site drawing.
2. Required for pressurized piping systems installed after November 10, 2007, using LLD for 3gph piping release detection.
3. Any "No" answer in a required row indicates the line leak detector fails. Failed line leak detectors 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:	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:

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COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF ENVIRONMENTAL PROTECTION
BUREAU OF ENVIRONMENTAL CLEANUP AND BROWNFIELDS

UNDERGROUND STORAGE TANK
GROUNDWATER/VAPOR MONITORING SYSTEM 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. 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:	
Name of licensed professional:	License number:	
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.

Signature:	Date Signed:

VIII. TESTER CERTIFICATION

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Tester's Signature:	Date Signed:

2630-FM-BECB#### Rev. [DATE]
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COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF ENVIRONMENTAL PROTECTION
BUREAU OF ENVIRONMENTAL CLEANUP AND BROWNFIELDS

UNDERGROUND STORAGE TANK SENSOR 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. 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					
Sensor Location					
Sensor Number[1]					
Manufacturer					
Model					
Sensor Type	☐ Discriminating ☐ Non-Discriminating	☐ Discriminating ☐ Non-Discriminating	☐ Discriminating ☑ Non-Discriminating	☐ Discriminating ☐ Non-Discriminating	☐ Discriminating ☐ Non-Discriminating
Test Liquid	☐ Water ☐ Product	☐ Water ☐ Product	☐ Water ☐ Product	☐ Water ☐ Product	☐ Water ☐ Product
Is the ATG console clear of alarms?	☑ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Is the sensor properly positioned?	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Is the sensor in a good state of repair?	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Does the sensor trigger an alarm when placed in the test liquid?	☑ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Is the sensor correctly identified on the ATG?	☐ Yes ☑ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Does a sensor alarm automatically disable the pump?[2]	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
V. TEST RESULT[3]	☐ **Pass** ☐ **Fail**	☐ **Pass** ☐ **Fail**	☐ **Pass** ☐ **Fail**	☐ **Pass** ☐ **Fail**	☐ **Pass** ☐ **Fail**

1. Designate each sensor tested numerically or by code on the site drawing.
2. Required for pressurized piping systems installed after November 10, 2007, using sensors for 3 gph piping release detection.
3. Failed sensors 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). 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.

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.

Signature:	Date Signed:

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COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF ENVIRONMENTAL PROTECTION
BUREAU OF ENVIRONMENTAL CLEANUP AND BROWNFIELDS

UNDERGROUND STORAGE TANK
PRESSURE/VACUUM MONITORING 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. TEST PROCEDURE – Briefly describe procedure(s) used to test the probes (i.e. PEI/RP1200, manufacturer's testing procedure, etc.)		

IV. PRESSURE/VACUUM MONITORING				
Tank Number				
Product Stored				
Line Number[1]	☐N/A	☐N/A	☐N/A	☐N/A
ATG Manufacturer				
ATG Model				
P/V Monitoring System Manufacturer				
P/V Monitoring System Model				
P/V Monitoring System is functional	☐Yes ☐No	☐Yes ☐No	☐Yes ☐No	☐Yes ☐No
Manufacturer's test method followed	☐Yes ☐No	☐Yes ☐No	☐Yes ☐No	☐Yes ☐No
Interstice is air tight	☐Yes ☐No	☐Yes ☐No	☐Yes ☐No	☐Yes ☐No
Leak in interstice triggers alarm	☐Yes ☐No	☐Yes ☐No	☐Yes ☐No	☐Yes ☐No
Leak in piping interstice disables STP[2]	☐Yes ☐No ☐N/A	☐Yes ☐No ☐N/A	☐Yes ☐No ☐N/A	☐Yes ☐No ☐N/A
V. TEST RESULT[3]	☐**Pass** ☐**Fail**	☐**Pass** ☐**Fail**	☐**Pass** ☐**Fail**	☐**Pass** ☐**Fail**

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.
2. Required for pressurized piping systems installed after November 10, 2007, using P/V monitoring for 3gph piping release detection.
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.

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:

2630-FM-BECB#### Rev. [DATE]
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COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF ENVIRONMENTAL PROTECTION
BUREAU OF ENVIRONMENTAL CLEANUP AND BROWNFIELDS

UNDERGROUND STORAGE TANK
SPILL PREVENTION EQUIPMENT/CONTAINMENT SUMP INTEGRITY 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. TEST METHOD		
Method Used	☐ Hydrostatic[1] ☐ Vacuum ☐ Pressure ☐ Other _____	
Method Developer	☐ Manufacturer ☐ Industry Standard ☐ Other _____	

IV. VISUAL INSPECTION INFORMATION					
Tank Number					
Product Stored					
Containment Number[2]					
Containment Type	☐ Dispenser ☐ Tank Top Sump ☐ Fill Spill Bucket ☐ Transition	☐ Dispenser ☐ Tank Top Sump ☐ Fill Spill Bucket ☐ Transition	☐ Dispenser ☐ Tank Top Sump ☐ Fill Spill Bucket ☐ Transition	☐ Dispenser ☐ Tank Top Sump ☐ Fill Spill Bucket ☐ Transition	☐ Dispenser ☐ Tank Top Sump ☐ Fill Spill Bucket ☐ Transition
Containment Capacity					
Manufacturer					
Model[3]					
Were There Visible Cracks, Holes or Other Failures in the Containment?	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Was There Product in the Containment Prior to Testing?	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Was Product and Debris Removed from the Containment Prior to Testing?	☐ Yes ☐ No ☐ N/A	☐ Yes ☐ No ☐ N/A	☐ Yes ☐ No ☐ N/A	☐ Yes ☐ No ☐ N/A	☐ Yes ☐ No ☐ N/A
V. VISUAL RESULT[4]	☐ Pass ☐ Fail	☐ Pass ☐ Fail	☐ Pass ☐ Fail	☐ Pass ☐ Fail	☐ Pass ☐ Fail

1. For hydrostatic testing, attach documentation of proper disposal of the test fluids to this form. Describe level measurement methods in Section IX. Comments. Refer to DEP Guidance #263-####-###
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.

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

VI. TESTING INFORMATION					
Tank Number					
Product Stored					
Containment Number[5]					
Portion Tested[6]					
Test Start Time					
Test Start Level					
Test End Time					
Test End Level					
Test Period					
Level Change					
Pass/Fail Threshold					
VII. TEST RESULT[7]	☐Pass ☐Fail	☐Pass ☐Fail	☐Pass ☐Fail	☐Pass ☐Fail	☐Pass ☐Fail

5. Designate each device tested, numerically or by code, on the site drawing in Section X.
6. If the entire depth of the device was not tested, specify how much was tested. The start level for hydrostatic testing must be within 1.5" of the top of a spill bucket and at least 4" above the highest penetration in a containment sump.
7. 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")

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

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.**

Attach documentation of proper disposal of test fluids to this form. Refer to DEP Guidance #263-####-### for more information on use and disposal of hydrostatic test fluids.

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:

2630-FM-BECB#### Rev. [DATE]
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DEPARTMENT OF ENVIRONMENTAL PROTECTION

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF ENVIRONMENTAL PROTECTION
BUREAU OF ENVIRONMENTAL CLEANUP AND BROWNFIELDS

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					
Tank Number					
Product Stored					
Manufacturer					
Model					
Measured Product Level (in.)					
ATG Product Level (in.)					
Measured Water Level (in.)					
ATG Water Level (in.)					
Measured product and water levels match ATG values?	☐Yes ☐No	☐Yes ☐No	☐Yes ☐No	☐Yes ☐No	☐Yes ☐No
Is the probe in a good state of repair?	☐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
Float(s) move freely	☐Yes ☐No	☐Yes ☐No	☐Yes ☐No	☐Yes ☐No	☐Yes ☐No
V. TEST RESULT[1]	☐Pass ☐Fail	☐Pass ☐Fail	☐Pass ☐Fail	☐Pass ☐Fail	☐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:	Date Signed:

VIII. TESTER CERTIFICATION

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Tester's Signature:	Date Signed:

2630-FM-BECB#### Rev. [DATE]
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DEPARTMENT OF ENVIRONMENTAL PROTECTION

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF ENVIRONMENTAL PROTECTION
BUREAU OF ENVIRONMENTAL CLEANUP AND BROWNFIELDS

UNDERGROUND STORAGE TANK
OVERFILL PREVENTION EVALUATION 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. TANK AND DEVICE INFORMATION					
Tank Number					
Tank Capacity					
Tank Diameter					
Product Stored					
Overfill Manufacturer					
Overfill Model					
Product Delivery Method	☐ Pressurized ☐ Gravity	☐ Pressurized ☐ Gravity	☐ Pressurized ☐ Gravity	☐ Pressurized ☐ Gravity	☐ Pressurized ☐ Gravity
Overfill Type	☐ Drop Tube Shutoff ☐ Alarm ☐ Ball Float ☐ Whistle Vent	☐ Drop Tube Shutoff ☐ Alarm ☐ Ball Float ☐ Whistle Vent	☐ Drop Tube Shutoff ☐ Alarm ☐ Ball Float ☐ Whistle Vent	☐ Drop Tube Shutoff ☐ Alarm ☐ Ball Float ☐ Whistle Vent	☐ Drop Tube Shutoff ☐ Alarm ☐ Ball Float ☐ Whistle Vent

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	☐Yes ☐No
Float and poppet move freely?	☐Yes ☐No	☐Yes ☐No	☐Yes ☐No	☐Yes ☐No	☐Yes ☐No
Poppet enters flow path when float is engaged?	☐Yes ☐No	☐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	☐Yes ☐No
Probe and float in good condition?	☐Yes ☐No	☐Yes ☐No	☐Yes ☐No	☐Yes ☐No	☐Yes ☐No
Float moves freely?	☐Yes ☐No	☐Yes ☐No	☐Yes ☐No	☐Yes ☐No	☐Yes ☐No
Does simulated overfill trigger alarm?	☐Yes ☐No	☐Yes ☐No	☐Yes ☐No	☐Yes ☐No	☐Yes ☐No
Tank capacity when alarm is triggered (%)					

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

C. BALL FLOAT VALVE										
Standard drop tube installed?	☐Yes	☐No	☐Yes	☐No	☐Yes	☐No	☐Yes	☐No	☐Yes	☐No
Is the only fill present a direct fill?	☐Yes	☐No	☐Yes	☐No	☐Yes	☐No	☐Yes	☐No	☐Yes	☐No
Ball and cage present and in good condition?	☐Yes	☐No	☐Yes	☐No	☐Yes	☐No	☐Yes	☐No	☐Yes	☐No
Ball moves freely in cage?	☐Yes	☐No	☐Yes	☐No	☐Yes	☐No	☐Yes	☐No	☐Yes	☐No
Tank capacity when flow is restricted (%)										
D. WHISTLE VENT ALARM										
Permanently Installed?	☐Yes	☐No	☐Yes	☐No	☐Yes	☐No	☐Yes	☐No	☐Yes	☐No
Audible to delivery driver?	☐Yes	☐No	☐Yes	☐No	☐Yes	☐No	☐Yes	☐No	☐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**	☐**Pass**	☐**Fail**	☐**Pass**	☐**Fail**	☐**Pass**	☐**Fail**	☐**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:

2630-FM-BECBXXXX Rev. 9/2016
FORM

pennsylvania
DEPARTMENT OF ENVIRONMENTAL PROTECTION

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF ENVIRONMENTAL PROTECTION
BUREAU OF ENVIRONMENTAL CLEANUP AND BROWNFIELDS

FOR DEP USE ONLY
Reviewer _____
Date _____
Entered by _____
Date _____

ABOVEGROUND STORAGE TANK LINING INSPECTION SUMMARY

I. Facility Information

Facility I.D. Number _____
Facility Name _____
Facility Address _____
_____
Municipality _____

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.

☐ Horizontal Saddle Tank ☐ Shop Built
☐ Vertical Tank ☐ Field Built
☐ Elevated Vertical Tank

V. Lining System Design/Installation Information

Lining System Manufacturer Name: _____
Lining System Product Name: _____
Lining System Material: _____
Lining Standard Used: _____
Original design/installation specifications were available? ☐ Yes ☐ No
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 (Please Print) Title Phone Number

_____ _____
Signature Date

Facility ID _____ — _____ **DEP Tank ID** _____ A **Inspection Date** _____

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.

pennsylvania
DEPARTMENT OF ENVIRONMENTAL PROTECTION

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF ENVIRONMENTAL PROTECTION
BUREAU OF ENVIRONMENTAL CLEANUP AND BROWNFIELDS

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.

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 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.

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

Northwest Region 230 Chestnut Street Meadville, PA 16335-3481 814-332-6648 Counties: Butler, Clarion, Crawford, Elk, Erie, Forest, Jefferson, Lawrence, McKean, Mercer, Venango and Warren	**Northcentral Region** 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	**Northeast Region** 2 Public Square Wilkes-Barre, PA 18701-1915 570-826-2511 Counties: Carbon, Lackawanna, Lehigh, Luzerne, Monroe, Northampton, Pike, Schuylkill, Susquehanna, Wayne and Wyoming
Southwest Region 400 Waterfront Drive Pittsburgh, PA 15222-4745 412-442-4000 Counties: Allegheny, Armstrong, Beaver, Cambria, Fayette, Greene, Indiana, Somerset, Washington and Westmoreland	**Southcentral Region** 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	**Southeast Region** 2 East Main Street Norristown, PA 19401-4915 484-250-5900 Counties: Bucks, Chester, Delaware, Montgomery and Philadelphia