

# UTAH CONTAINMENT SUMP TEST

## Hydrostatic Test Form

Facility Name				Facility ID		
Address		Tester's Name				
		Test Date		Phone		
Type of containment Sump	<input type="checkbox"/> Dispenser <input type="checkbox"/> Transition <input type="checkbox"/> Tank Top	<input type="checkbox"/> Dispenser <input type="checkbox"/> Transition <input type="checkbox"/> Tank Top	<input type="checkbox"/> Dispenser <input type="checkbox"/> Transition <input type="checkbox"/> Tank Top	<input type="checkbox"/> Dispenser <input type="checkbox"/> Transition <input type="checkbox"/> Tank Top	<input type="checkbox"/> Dispenser <input type="checkbox"/> Transition <input type="checkbox"/> Tank Top	<input type="checkbox"/> Dispenser <input type="checkbox"/> Transition <input type="checkbox"/> Tank Top
Sump ID <small>(e.g. dispenser #, tank location, product, etc.)</small>						
Sump Material						
Construction	<input type="checkbox"/> Single walled <input type="checkbox"/> Double walled					
Liquid and debris removed	<input type="checkbox"/> Yes <input type="checkbox"/> No					
Visual Inspection No cracks, holes or separations.	<input type="checkbox"/> Pass <input type="checkbox"/> Fail					
Containment Sump Depth						
Height from bottom to top of highest penetration						
Start Level						
Start Time						
Ending Level						
End Time						
Test Period <small>(Minimum of 1 hour)</small>						
Water Level Change						
Test Results	<input type="checkbox"/> Pass <input type="checkbox"/> Fail					
Photos indicating water levels attached?	<input type="checkbox"/>					
<b>Pass/fail criteria: Must pass visual inspection, test duration at least one hour, must include photos with this form, water level drop of less than 1/8 inch. Ref: PEI/RP 1200 6.5 Test Method</b>						
How was the liquid disposed?						
Comments						

I certify under penalty of law that the above information is true, accurate and complete.

Aug 2016

Tester's Signature \_\_\_\_\_