



LOW LEVEL HYDROSTATIC TESTING (PEI RP 1200)

Facility Name: _____ Facility ID Number: 0-0 _____ Facility Address: _____ Testing Date: _____

Name of Tester(s) _____ ADEQ-Certification # _____

IF TESTING ACCORDING TO CONTAINMENT SUMP MANUFACTURER'S TESTING INSTRUCTIONS OR TESTING EQUIPMENT MANUFACTURER'S TESTING PROTOCOL, SUBMIT TESTING DATA IN ACCORDANCE WITH THEIR TESTING INSTRUCTIONS.

		COMPLETE ONE COLUMN PER CONTAINMENT SUMP				
Sump Type		<input type="checkbox"/> STP sump <input type="checkbox"/> UDC sump <input type="checkbox"/> Transition sump	<input type="checkbox"/> STP sump <input type="checkbox"/> UDC sump <input type="checkbox"/> Transition sump	<input type="checkbox"/> STP sump <input type="checkbox"/> UDC sump <input type="checkbox"/> Transition sump	<input type="checkbox"/> STP sump <input type="checkbox"/> UDC sump <input type="checkbox"/> Transition sump	<input type="checkbox"/> STP sump <input type="checkbox"/> UDC sump <input type="checkbox"/> Transition sump
Sump Identification						
Manufacturer						
Model						
Construction Type		<input type="checkbox"/> Single Wall <input type="checkbox"/> Double Wall	<input type="checkbox"/> Single Wall <input type="checkbox"/> Double Wall	<input type="checkbox"/> Single Wall <input type="checkbox"/> Double Wall	<input type="checkbox"/> Single Wall <input type="checkbox"/> Double Wall	<input type="checkbox"/> Single Wall <input type="checkbox"/> Double Wall
Sump Construction Material						
VISUAL INSPECTION	Liquid and debris removed from sump?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Inspection for Damage: examine all penetration fittings, conduits, junction boxes, caps and risers (if present), and sidewall seams for defects, damage, or improperly installed components.					
	Visual inspection for damage performed?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
	COMMENTS regarding visual inspection					
	Result of Visual Inspection	<input type="checkbox"/> PASS <input type="checkbox"/> FAIL	<input type="checkbox"/> PASS <input type="checkbox"/> FAIL	<input type="checkbox"/> PASS <input type="checkbox"/> FAIL	<input type="checkbox"/> PASS <input type="checkbox"/> FAIL	<input type="checkbox"/> PASS <input type="checkbox"/> FAIL
When tested, electronic sensor connected to EMS, stand-alone sensor or mechanical float device shuts down appropriate STP, dispenser or product as required?		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
HYDROSTATIC TESTING START	Is water level a minimum of 4" above the point the sensor activates?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Depth of water at START of hydrostatic test (<i>measure in 1/16" increments</i>)	_____/16 inches	_____/16 inches	_____/16 inches	_____/16 inches	_____/16 inches
Start Time (Hour:Minute)						
End Time (Hour:Minute)						
Duration of Test (in minutes)						
HYDROSTATIC TESTING END	<i>Depth of water (bottom of containment sump to top of water) at END of hydrostatic test (measure in 1/16" increments)</i>	_____/16 inches	_____/16 inches	_____/16 inches	_____/16 inches	_____/16 inches
	Measured change in water level	_____/16 inches	_____/16 inches	_____/16 inches	_____/16 inches	_____/16 inches
	Did the water level change 1/8" or greater?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Pass/Fail Criteria: If the water level changes 1/8 inches or greater, the containment sump fails the integrity test.					
	Result of Hydrostatic Test	<input type="checkbox"/> PASS <input type="checkbox"/> FAIL	<input type="checkbox"/> PASS <input type="checkbox"/> FAIL	<input type="checkbox"/> PASS <input type="checkbox"/> FAIL	<input type="checkbox"/> PASS <input type="checkbox"/> FAIL	<input type="checkbox"/> PASS <input type="checkbox"/> FAIL
INTEGRITY TEST PASS/FAIL CRITERIA: 1) Must pass Visual Inspection AND 2) Hydrostatic Test						
INTEGRITY TEST RESULTS:		<input type="checkbox"/> PASS <input type="checkbox"/> FAIL	<input type="checkbox"/> PASS <input type="checkbox"/> FAIL	<input type="checkbox"/> PASS <input type="checkbox"/> FAIL	<input type="checkbox"/> PASS <input type="checkbox"/> FAIL	<input type="checkbox"/> PASS <input type="checkbox"/> FAIL
COMMENTS:						

Recommended Photo Documentation:

- identification of the sump being tested
- time and depth of water at end of hydrostatic test
- issues discovered during visual inspection
- time and depth of water at start of hydrostatic test
- condition of sump prior to testing