



Hydrostatic Testing for Spill Buckets (PEI RP 1200)

Facility Name: _____ Facility ID Number: 0-0 _____ Facility Address: _____ Testing Date: _____
 Name of Tester(s) _____ ADEQ-Certification # _____

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

		COMPLETE ONE COLUMN PER SPILL BUCKET				
Tank # for Spill Bucket being testing						
Product for Spill Bucket being testing						
Manufacturer						
Model						
Spill Bucket Capacity						
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
Construction Material						
Spill Bucket Type		<input type="checkbox"/> Product Containment <input type="checkbox"/> Vapor Recovery	<input type="checkbox"/> Product Containment <input type="checkbox"/> Vapor Recovery	<input type="checkbox"/> Product Containment <input type="checkbox"/> Vapor Recovery	<input type="checkbox"/> Product Containment <input type="checkbox"/> Vapor Recovery	<input type="checkbox"/> Product Containment <input type="checkbox"/> Vapor Recovery
VISUAL INSPECTION <small>Do not proceed with hydrostatic testing if the visual testing fails!</small>	Liquid and debris removed from Spill Bucket?	<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
	Visual Inspection for cracks, loose parts, or separation of the bucket from the fill pipe performed?	<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 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
Tank riser cap included in test?		<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
Drain valve included in test?		<input type="checkbox"/> N/A <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> N/A <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> N/A <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> N/A <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> N/A <input type="checkbox"/> Yes <input type="checkbox"/> No
HYDROSTATIC TESTING START	Measurement from bottom of spill bucket to bottom of plow ring.	_____/16 inches	_____/16 inches	_____/16 inches	_____/16 inches	_____/16 inches
	Is water level within 1-1/2" of the top of the spill bucket?	<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 (bottom of spill bucket to top of water) at START of hydrostatic test (in 1/16" increments)	_____/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	Depth of water (bottom of spill bucket to top of water) at END of hydrostatic test (in 1/16" increments)	_____/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 spill bucket 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:

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