

APPENDIX C-1

TANK SECONDARY CONTAINMENT INTEGRITY TESTING DRY TEST METHOD

Facility Name:	Owner:	
Address:	Address:	
City, State, Zip Code:	City, State, Zip Code:	
Facility I.D. #:	Phone #:	
Testing Company:	Phone #:	Date:

This data sheet is for testing the integrity of the dry secondary containment of a UST. See PEI/RP1200, Section 4.2 for the test procedure.

Tank Number						
Tank Material						
Product Stored						
Tank Capacity*, gallons						
Test Start Time						
Initial Vacuum Reading, inches Hg (See Table 4-1 below.)						
Specified Test Duration (See Table 4-1 below.)	<input type="checkbox"/> 1 hour <input type="checkbox"/> 2 hours	<input type="checkbox"/> 1 hour <input type="checkbox"/> 2 hours	<input type="checkbox"/> 1 hour <input type="checkbox"/> 2 hours	<input type="checkbox"/> 1 hour <input type="checkbox"/> 2 hours	<input type="checkbox"/> 1 hour <input type="checkbox"/> 2 hours	<input type="checkbox"/> 1 hour <input type="checkbox"/> 2 hours
Test End Time						
Final Vacuum Reading, inches Hg						
Is the Annular Space Dry After the 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	<input type="checkbox"/> Yes <input type="checkbox"/> No
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	<input type="checkbox"/> Pass <input type="checkbox"/> Fail

TABLE 4-1.

Test Parameters

Tank Type	Vacuum, inches Hg	Capacity, gallons	Duration, hours
Fiberglass	10	< 20,000	1
		20,000+	2
Steel	6	< 20,000	1
		20,000+	2

*Total tank capacity, including all compartments in a multi-compartment tank.

Comments:

Tester's Name _____ Tester's Signature _____