



(Hydrostatic/Vacuum Test)

- If any periodic test fails, a suspected release report must be submitted on a UST-17A form, *UST Suspected Release 24 Hour Notice*. The suspected release must be investigated, in accordance with 15A NCAC 2N .0603, and defective equipment repaired or replaced in accordance with 15A NCAC 2N .0404/.0900. Results of the investigation must be submitted on a UST-17B form, *UST Suspected Release 7 Day Notice*.
- The primary containment and interstitial space of the spill bucket shall be tested in accordance with the manufacturer's written guidelines, PEI/RP100 "Recommended Practices for Installation of Underground Liquid Storage Systems" and/or PEI/RP1200 "Recommended Practices for the Testing and Verification of Spill, Overfill, Leak Detection and Secondary Containment Equipment at UST Facilities."
- The primary and secondary walls are both considered to be tested at the same time if vacuum is used to test the interstice.

**UST FACILITY**

Owner / Operator Name	Facility Name	Facility ID
Facility Street Address	Facility City	County

**TESTING CONTRACTOR INFORMATION**

Company Name	Phone	Email address
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I certify, under penalty of law, that the testing data provided on this form documents the UST system equipment was tested in accordance with the manufacturer's guidelines and the applicable national industry standards listed in 15A NCAC 2N .406 and/or 15A NCAC 2N .0900.

Print Name of person conducting inspection	Signature of person conducting inspection	Test Date
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Identify Spill Bucket (By Tank Number, Stored Product, etc.)	Tank #				
Tank Size					
Product					

**Indicate units for all measurements**

Bucket Manufacturer/Model					
Bucket Depth					
Construction	<input type="checkbox"/> SW <input type="checkbox"/> DW				
Bucket Installation Type	<input type="checkbox"/> Direct Bury <input type="checkbox"/> Direct Bury w/Liner <input type="checkbox"/> Containment sump	<input type="checkbox"/> Direct Bury <input type="checkbox"/> Direct Bury w/Liner <input type="checkbox"/> Containment sump	<input type="checkbox"/> Direct Bury <input type="checkbox"/> Direct Bury w/Liner <input type="checkbox"/> Containment sump	<input type="checkbox"/> Direct Bury <input type="checkbox"/> Direct Bury w/Liner <input type="checkbox"/> Containment sump	<input type="checkbox"/> Direct Bury <input type="checkbox"/> Direct Bury w/Liner <input type="checkbox"/> Containment sump
Test Type	<input type="checkbox"/> Hydrostatic <input type="checkbox"/> Vacuum				
Liquid and debris removed from spill bucket?	<input type="checkbox"/> Yes <input type="checkbox"/> No				
Visual inspection (No cracks, loose parts or separation of the bucket from the fill pipe.)	<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"/> 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
Drain valve included in test?	<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 <input type="checkbox"/> N/A
Wait time between applying vacuum/water and start of test					

**Primary Section Test Hydrostatic: Water level must be within 1.5 inches of top of bucket Vacuum: Apply vacuum of 30 inches WC**

Begin	End Test Time				
Begin	End Reading				

**Secondary Interstice Test Vacuum: Apply vacuum of 15 inches WC Gauge Range (with units):**

Begin	End Test Time				
Begin	End Reading				

Pass/fail criteria: Must pass visual inspection. Pass if: Hydrostatic: Water level drop of less than 1/8 inch in 1 hour; Vacuum single-walled only: Maintain at least 26 inches water column for 1 minute; Vacuum double-walled: Maintain at least 12 inches water column for 1 minute

<b>Test Results</b>	<input type="checkbox"/> Pass <input type="checkbox"/> Fail				
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**Comments - (include information on repairs made prior to testing, and recommended follow-up for failed tests)**

**Date next Spill Bucket integrity test due (required every 3 years)**



(Dri-sump® Test)

- If any periodic test fails, a suspected release report must be submitted on a UST-17A form, *UST Suspected Release 24 Hour Notice*. The suspected release must be investigated, in accordance with 15A NCAC 2N .0603, and defective equipment repaired or replaced in accordance with 15A NCAC 2N .0404/.0900. Results of the investigation must be submitted on a UST-17B form, *UST Suspected Release 7 Day Notice*.
- Single wall spill buckets not located within a containment sump can use the Dri-sump® testing method. If a spill bucket is located within a containment sump then a hydrostatic or vacuum test would need to be performed on the spill bucket. If the spill bucket is required to be double-walled, then the Dri-sump® testing method can be used to test the containment sump. Complete page 3 of the UST-23B form to document those results.

**UST FACILITY**

Owner / Operator Name	Facility Name	Facility ID
Facility Street Address	Facility City	County

**TESTING CONTRACTOR INFORMATION**

Company Name	Phone	Email address
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I certify, under penalty of law, that the testing data provided on this form documents the UST system equipment was checked in accordance with the manufacturer's guidelines and the applicable national industry standards listed in 15A NCAC 2N .406 and/or 15A NCAC 2N .0900, or another method approved by NC DEQ.

Print Name of person conducting inspection	Signature of person conducting inspection	Test Date
Tester Certification #:	Equipment Certification #:	
Tester Certification Expiration:	Equipment Certification Expiration:	

Identify Spill Bucket (By Tank Number, Stored Product, etc.)	Tank #				
<b>Tank Size</b>					
<b>Product</b>					
Bucket Manufacturer/Model					
Construction	<input type="checkbox"/> SW <input type="checkbox"/> DW				
Bucket Installation Type	<input type="checkbox"/> Direct Bury <input type="checkbox"/> Direct Bury w/Liner	<input type="checkbox"/> Direct Bury <input type="checkbox"/> Direct Bury w/Liner	<input type="checkbox"/> Direct Bury <input type="checkbox"/> Direct Bury w/Liner	<input type="checkbox"/> Direct Bury <input type="checkbox"/> Direct Bury w/Liner	<input type="checkbox"/> Direct Bury <input type="checkbox"/> Direct Bury w/Liner
Liquid and debris removed from spill bucket?	<input type="checkbox"/> Yes <input type="checkbox"/> No				
Visual inspection (No cracks, loose parts or separation of the bucket from the fill pipe.)	<input type="checkbox"/> Pass <input type="checkbox"/> Fail				
VST Communication (Enter VST number)	VST #:				
Closed Hose (C) (in WC)					
Open Hose (O) (in WC)					
VST Connected (V) (in WC)					

VST Communication Passes when: C > O and C > V and V ≥ O

Test length in seconds (DW Primary wall or SW)					
Laser Verification (DW Primary wall or SW)	<input type="checkbox"/> DOT (Pass) <input type="checkbox"/> Line (Fail)				
Test length in seconds (Secondary wall, if DW)					
Laser Verification (Secondary wall, if DW)	<input type="checkbox"/> DOT (Pass) <input type="checkbox"/> Line (Fail)				

Pass/Fail criteria: Must pass visual inspection. Laser result must be a laser-dot (pass). If the first test fails, then conduct a second test entering results in another column. Test is not valid if liquid or debris was not removed from spill bucket. **VST location map must be attached to this report.**

<b>Final Test Result</b>	<input type="checkbox"/> Pass <input type="checkbox"/> Fail				
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Comments - (include information on repairs made prior to testing, and recommended follow-up for failed tests)

**Date next Spill Bucket integrity test due** (required every 3 years)



(DLeak® Test)

- If any periodic test fails, a suspected release report must be submitted on a UST-17A form, *UST Suspected Release 24 Hour Notice*. The suspected release must be investigated, in accordance with 15A NCAC 2N .0603, and defective equipment repaired or replaced in accordance with 15A NCAC 2N .0404/.0900. Results of the investigation must be submitted on a UST-17B form, *UST Suspected Release 7 Day Notice*.
- Single wall spill buckets not located within a containment sump can use the DLeak® testing method. If a spill bucket is located within a containment sump and is required to be double-walled, then the DLeak® testing method can be used to also test the containment sump. Complete page 4 of the UST-23B form to document those results.

**UST FACILITY**

Owner / Operator Name	Facility Name	Facility ID
Facility Street Address	Facility City	County

**TESTING CONTRACTOR INFORMATION**

Company Name	Phone	Email address
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I certify, under penalty of law, that the testing data provided on this form documents the UST system equipment was tested in accordance with the manufacturer's guidelines and the applicable national industry standards listed in 15A NCAC 2N .0406 and/or 15A NCAC 2N .0900, or another method approved by NC DEQ.

Print Name of person conducting inspection	Signature of person conducting inspection	Test Date
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Tester Certification #:

Identify Spill Bucket (By Tank Number, Stored Product, etc.)	Tank #				
<b>Tank Size</b>					
<b>Product</b>					
Bucket Manufacturer/Model					
Construction	<input type="checkbox"/> SW <input type="checkbox"/> DW				
Bucket Installation Type	<input type="checkbox"/> Direct Bury <input type="checkbox"/> Direct Bury w/Liner	<input type="checkbox"/> Direct Bury <input type="checkbox"/> Direct Bury w/Liner	<input type="checkbox"/> Direct Bury <input type="checkbox"/> Direct Bury w/Liner	<input type="checkbox"/> Direct Bury <input type="checkbox"/> Direct Bury w/Liner	<input type="checkbox"/> Direct Bury <input type="checkbox"/> Direct Bury w/Liner
Liquid and debris removed from spill bucket?	<input type="checkbox"/> Yes <input type="checkbox"/> No				
Visual inspection (No cracks, loose parts or separation of the bucket from the fill pipe.)	<input type="checkbox"/> Pass <input type="checkbox"/> Fail				
Wall	<input type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> N/A	<input type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> N/A	<input type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> N/A	<input type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> N/A	<input type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> N/A
Drain	<input type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> N/A	<input type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> N/A	<input type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> N/A	<input type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> N/A	<input type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> N/A
Bottom of Riser	<input type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> N/A	<input type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> N/A	<input type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> N/A	<input type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> N/A	<input type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> N/A
Top of Riser	<input type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> N/A	<input type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> N/A	<input type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> N/A	<input type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> N/A	<input type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> N/A
Swivel	<input type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> N/A	<input type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> N/A	<input type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> N/A	<input type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> N/A	<input type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> N/A
Cap	<input type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> N/A	<input type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> N/A	<input type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> N/A	<input type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> N/A	<input type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> N/A
	<input type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> N/A	<input type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> N/A	<input type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> N/A	<input type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> N/A	<input type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> N/A

Pass/Fail criteria: Must pass visual inspection. Test is not valid if liquid or debris was not removed from spill bucket. No areas of spill bucket that fail.

LDT test report with addendums attached  Yes  No

**Final Test Result**  Pass  Fail  Pass  Fail  Pass  Fail  Pass  Fail  Pass  Fail

**Comments** - (include information on repairs made prior to testing, and recommended follow-up for failed tests)

**Date next Spill Bucket integrity test due** (required every 3 years)