



VERMONT

TRANSITION SUMP TIGHTNESS TESTING

Facility ID # _____

Test Date: _____

| | | | | |
|--|-------------------------------|-------------------------------|-------------------------------|-------------------------------|
| 1. Tank ID Number | | | | |
| 2. Has liquid and debris been removed, and the sump been cleaned? (if this step is unnecessary or not applicable, mark "Yes") | Yes <input type="checkbox"/> | Yes <input type="checkbox"/> | Yes <input type="checkbox"/> | Yes <input type="checkbox"/> |
| | No <input type="checkbox"/> | No <input type="checkbox"/> | No <input type="checkbox"/> | No <input type="checkbox"/> |
| 3. Visual inspection (No cracks, loose parts or separation of boots, fittings, or flanges)? | Pass <input type="checkbox"/> | Pass <input type="checkbox"/> | Pass <input type="checkbox"/> | Pass <input type="checkbox"/> |
| | Fail <input type="checkbox"/> | Fail <input type="checkbox"/> | Fail <input type="checkbox"/> | Fail <input type="checkbox"/> |
| 4. Height from bottom to top of highest penetration | | | | |
| 5. Starting water level (measured from bottom) | | | | |
| 6. Ending water level | | | | |
| 7. Test start time | | | | |
| 8. Test end time | | | | |
| 9. Test period (minimum test time: 1 hour) | | | | |
| 10. Water level change | | | | |
| Test Results: | Pass <input type="checkbox"/> | Pass <input type="checkbox"/> | Pass <input type="checkbox"/> | Pass <input type="checkbox"/> |
| | Fail <input type="checkbox"/> | Fail <input type="checkbox"/> | Fail <input type="checkbox"/> | Fail <input type="checkbox"/> |

Notes:

Pass/Fail criteria: If the water level changes less than 1/8 (0.125) inch, the containment sump passes the integrity test. If the water level changes 1/8 (0.125) inch or greater, the containment sump fails the integrity test.

Proper disposal of test liquids: **Test liquids must be managed and disposed in accordance with the VT Hazardous Waste Rules.**

Certification - I hereby certify that I am qualified to test the equipment identified in this document and tested for proper operation in accordance with the manufacturer's requirements.

Technician Name (Print): _____

Technician Signature: _____

