



DISPENSER/SUMP TIGHTNESS TESTING

Facility ID # _____

Test Date: _____

Number of Dispensers: _____

1. Dispenser ID# (if applicable)				
2. Has liquid and debris been removed, and the sump been cleaned?	Yes	Yes	Yes	Yes
	No	No	No	No
3. Visual inspection (No cracks, loose parts or separation of boots, fittings, or flanges)?	Pass	Pass	Pass	Pass
	Fail	Fail	Fail	Fail
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	Pass	Pass	Pass
	Fail	Fail	Fail	Fail

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: _____

