



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?	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: _____

