

Secondary Containment Testing Report Form

*For Use by Unidocs Member Agencies or where approved by your Local Jurisdiction
 Authority Cited: Health and Safety Code §25293; Title 23 CCR §2637(a)(4)*

This form, or the standard form developed by the State Water Resources Control Board (SWRCB), must be used by contractors performing periodic testing of underground storage tank (UST) secondary containment systems in Unidocs member agency jurisdictions. The completed form, written test procedures, data collection logs, and printouts from test equipment (if applicable), must be provided to the facility owner/operator for submittal to the local regulatory agency within 30 days of the test date.

SWRCB requires that the entire volume of each sump and under-dispenser containment (UDC) system be tested if the sump/UDC is not equipped with a continuous monitoring system that shuts down the pump when a leak is detected or the leak detection sensor fails or is disconnected. [See SWRCB Local Guidance Letter LG-160]

Systems where leak detection equipment continuously monitors both primary and secondary containment (e.g. systems that are hydrostatically monitored or under constant vacuum) are exempt from periodic testing requirements. [23 CCR §2637(a)(6)]

In the case of pressure/vacuum testing, any loss in pressure/vacuum during the course of the test shall be considered a failed test, regardless of the manufacturer's criteria for declaring a passed test. [23 CCR §2637(a)(2)]

A. Facility Information

Facility Name:	Date of Testing:
Site Address:	
Facility Contact:	Phone:
Date Local Agency was Notified of Testing :	
Name of Local Agency Inspector (if present during testing):	

B. Testing Contractor Information

Company Name:		
Credentials: <input type="checkbox"/> CSLB-Licensed Contractor; <input type="checkbox"/> SWRCB-Licensed Tank Tester		
License Type: <input type="checkbox"/> A; <input type="checkbox"/> C-10; <input type="checkbox"/> C-34; <input type="checkbox"/> C-36; <input type="checkbox"/> C-61 (D40)		License Number:
Name of Technician Conducting Tests:		
Training by Equipment Manufacturer		
Manufacturer	Component(s)	Date Training Expires

C. Certification by Technician Responsible for Conducting Testing

To the best of my knowledge, the facts stated in this document are accurate and in full compliance with legal requirements.

Technician's Signature: _____ Date: _____

D. Testing of Tank Annular Spaces/Vaults

N/A (No tanks have secondary containment)

Test Method Developed By: <input type="checkbox"/> Tank Manufacturer; <input type="checkbox"/> Industry Standard; <input type="checkbox"/> PE; <input type="checkbox"/> Other (<i>Specify</i>):				
Test Method Used: <input type="checkbox"/> Pressure; <input type="checkbox"/> Vacuum; <input type="checkbox"/> Hydrostatic; <input type="checkbox"/> Other (<i>Specify</i>):				
Test Equipment Used:			Equipment Resolution:	
	Tank #:	Tank #:	Tank #:	Tank #:
Is Tank Exempt From Testing?	<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
Tank Capacity (gallons):				
Product/Grade Stored in Tank:				
Tank Manufacturer:				
Tank Model:				
Wait time between applying pressure/vacuum/water and starting test (minutes):				
Test Start Time:				
Initial Reading (R _I):				
Test End Time:				
Final Reading (R _F):				
Change in Reading (R _F – R _I):				
Pass/Fail Threshold or Criteria:				
Test Result:	<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
Was leak detection sensor properly replaced and verified as functional after testing?	<input type="checkbox"/> Yes; <input type="checkbox"/> No; <input type="checkbox"/> N/A (Not Removed)	<input type="checkbox"/> Yes; <input type="checkbox"/> No; <input type="checkbox"/> N/A (Not Removed)	<input type="checkbox"/> Yes; <input type="checkbox"/> No; <input type="checkbox"/> N/A (Not Removed)	<input type="checkbox"/> Yes; <input type="checkbox"/> No; <input type="checkbox"/> N/A (Not Removed)

E. Testing of Secondary Piping or Containment Trenches

N/A (No piping 2° containment)

Test Method Developed By: <input type="checkbox"/> Pipe/Trench Manufacturer; <input type="checkbox"/> Industry Standard; <input type="checkbox"/> PE; <input type="checkbox"/> Other (<i>Specify</i>):				
Test Method Used: <input type="checkbox"/> Pressure; <input type="checkbox"/> Vacuum; <input type="checkbox"/> Hydrostatic; <input type="checkbox"/> Other (<i>Specify</i>):				
Test Equipment Used:			Equipment Resolution:	
	Pipe Run #:	Pipe Run #:	Pipe Run #:	Pipe Run #:
Pipe/Trench Manufacturer:				
Pipe/Trench Model:				
Product/Grade in Line:				
Wait time between applying pressure/vacuum/water and starting test (minutes):				
Test Start Date/Time:				
Initial Reading (R _I):				
Test End Date/Time:				
Final Reading (R _F):				
Change in Reading (R _F – R _I):				
Pass/Fail Threshold or Criteria:				
Test Result:	<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

F. Testing of Piping Sumps/Turbine Sumps

N/A (No piping/turbine sumps)

Test Method Developed By: <input type="checkbox"/> Sump Manufacturer; <input type="checkbox"/> Industry Standard; <input type="checkbox"/> PE; <input type="checkbox"/> Other (<i>Specify</i>):				
Test Method Used: <input type="checkbox"/> Pressure; <input type="checkbox"/> Vacuum; <input type="checkbox"/> Hydrostatic; <input type="checkbox"/> Other (<i>Specify</i>):				
Test Equipment Used:			Equipment Resolution:	
	Sump #:	Sump #:	Sump #:	Sump #:
Sump Diameter (inches):				
Sump Depth (inches):				
Sump Material:				
Height from Tank Top to Top of Highest Pipe Penetration (inches):				
Height from Tank Top to Lowest Electrical Penetration (inches):				
Portion of Sump Tested:				
If turbine shuts down when sump sensor detects liquid, specify turbine shutdown response time.	<input type="checkbox"/> N/A minutes.	<input type="checkbox"/> N/A minutes.	<input type="checkbox"/> N/A minutes.	<input type="checkbox"/> N/A minutes.
Wait time between applying pressure/vacuum/water and starting test:	minutes.	minutes.	minutes.	minutes.
Test Start Date/Time:				
Initial Reading (R _I):				
Test End Date/Time:				
Final Reading (R _F):				
Change in Reading (R _F – R _I):				
Pass/Fail Threshold or Criteria:				
Test Result:	<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
Was leak detection sensor properly replaced and verified as functional after testing?	<input type="checkbox"/> Yes; <input type="checkbox"/> No; <input type="checkbox"/> N/A (Not Removed)	<input type="checkbox"/> Yes; <input type="checkbox"/> No; <input type="checkbox"/> N/A (Not Removed)	<input type="checkbox"/> Yes; <input type="checkbox"/> No; <input type="checkbox"/> N/A (Not Removed)	<input type="checkbox"/> Yes; <input type="checkbox"/> No; <input type="checkbox"/> N/A (Not Removed)

G. Testing of Under-Dispenser Containment (UDC)

N/A (No dispensers or no UDC)

Test Method Developed By: <input type="checkbox"/> UDC Manufacturer; <input type="checkbox"/> Industry Standard; <input type="checkbox"/> PE; <input type="checkbox"/> Other (<i>Specify</i>):	
Test Method Used: <input type="checkbox"/> Pressure; <input type="checkbox"/> Vacuum; <input type="checkbox"/> Hydrostatic; <input type="checkbox"/> Other (<i>Specify</i>):	
Test Equipment Used:	Equipment Resolution:

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	Dispenser #	Dispenser #	Dispenser #	Dispenser #
Is UDC Exempt from Testing?	<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
UDC Manufacturer:				
UDC Model:				
UDC Depth:				
Height from UDC Bottom to Top of Highest Piping Penetration:				
Height from UDC Bottom to Lowest Electrical Penetration:				
Portion of UDC Tested ¹ :				
If turbine shuts down when UDC sensor detects liquid, specify turbine shutdown response time.	<input type="checkbox"/> N/A minutes.	<input type="checkbox"/> N/A minutes.	<input type="checkbox"/> N/A minutes.	<input type="checkbox"/> N/A minutes.
Wait time between applying pressure/vacuum/water and starting test	minutes.	minutes.	minutes.	minutes.
Test Start Date/Time:				
Initial Reading (R _I):				
Test End Date/Time:				
Final Reading (R _F):				
Change in Reading (R _F – R _I):				
Pass/Fail Threshold or Criteria:				
Test Result:	<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
Was leak detection sensor properly replaced and verified as functional after testing?	<input type="checkbox"/> Yes; <input type="checkbox"/> No; <input type="checkbox"/> N/A (Not Removed)	<input type="checkbox"/> Yes; <input type="checkbox"/> No; <input type="checkbox"/> N/A (Not Removed)	<input type="checkbox"/> Yes; <input type="checkbox"/> No; <input type="checkbox"/> N/A (Not Removed)	<input type="checkbox"/> Yes; <input type="checkbox"/> No; <input type="checkbox"/> N/A (Not Removed)

H. Testing of Fill Riser Containment Sumps

N/A (No fill riser sumps)

<input type="checkbox"/> Fill Riser Containment Sumps are Present, but were Not Tested				
Test Method Developed By: <input type="checkbox"/> Sump Manufacturer; <input type="checkbox"/> Industry Standard; <input type="checkbox"/> PE; <input type="checkbox"/> Other (Specify):				
Test Method Used: <input type="checkbox"/> Pressure; <input type="checkbox"/> Vacuum; <input type="checkbox"/> Hydrostatic; <input type="checkbox"/> Other (Specify):				
Test Equipment Used:			Equipment Resolution:	
	Sump #:	Sump #:	Sump #:	Sump #:
Sump Diameter (inches):				
Sump Depth (inches):				
Portion of Sump Tested				
Sump Material:				
Wait time between applying pressure/vacuum/water and starting test (minutes):				
Test Start Date/Time:				
Initial Reading (R _I):				
Test End Date/Time:				
Final Reading (R _F):				
Change in Reading (R _F – R _I):				

² If the entire depth of the UDC is not tested, specify how much was tested. If the answer to any of the questions indicated with an asterisk (*) is “NO” or “N/A”, the entire UDC must be tested. [See SWRCB Local Guidance Letter LG-160]

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Pass/Fail Threshold or Criteria:				
Test Result:	<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
Was leak detection sensor properly replaced and verified as functional after testing?	<input type="checkbox"/> Yes; <input type="checkbox"/> No; <input type="checkbox"/> N/A (Not Removed)	<input type="checkbox"/> Yes; <input type="checkbox"/> No; <input type="checkbox"/> N/A (Not Removed)	<input type="checkbox"/> Yes; <input type="checkbox"/> No; <input type="checkbox"/> N/A (Not Removed)	<input type="checkbox"/> Yes; <input type="checkbox"/> No; <input type="checkbox"/> N/A (Not Removed)

I. Testing of Spill Buckets

N/A (No spill buckets installed)

<input type="checkbox"/> Spill bucket(s) not tested				
Test Method Developed By: <input type="checkbox"/> Bucket Manufacturer; <input type="checkbox"/> Industry Standard; <input type="checkbox"/> PE; <input type="checkbox"/> Other (<i>Specify</i>):				
Test Method Used: <input type="checkbox"/> Pressure; <input type="checkbox"/> Vacuum; <input type="checkbox"/> Hydrostatic; <input type="checkbox"/> Other (<i>Specify</i>):				
Test Equipment Used:			Equipment Resolution:	
	Bucket #:	Bucket #:	Bucket #:	Bucket #:
Bucket Diameter:				
Bucket Depth:				
Wait time between applying pressure/vacuum/water and starting test:				
Test Start Time:				
Initial Reading (R _I):				
Test End Time:				
Final Reading (R _F):				
Change in Reading (R _F – R _I):				
Pass/Fail Threshold or Criteria:				
Test Result:	<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

J. Additional Information

Were any repairs made to secondary containment systems prior to testing? Yes (describe in "Comments"); No

Were any secondary containment systems unable to be tested? Yes (describe in "Comments"); No

Is any follow-up action recommended? Yes (describe in "Comments"); No

Was any cleaning of secondary containment systems done? Yes (describe management of wastewater in "Comments"); No

If hydrostatic testing was performed, describe in "Comments" what was done with the water after completion of testing.

Comments: _____

