



COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF ENVIRONMENTAL PROTECTION
BUREAU OF ENVIRONMENTAL CLEANUP AND BROWNFIELDS

UNDERGROUND STORAGE TANK PRESSURE / VACUUM MONITORING FUNCTIONALITY TESTING FORM

I. FACILITY INFORMATION — Type or print (in ink) all items.

| | | | |
|--------------------------|----------------|---------------|--|
| Facility ID #: | Facility Name: | | |
| Facility Street Address: | | | |
| Facility Telephone: | County: | Municipality: | |

II. TESTER INFORMATION

| | | |
|---------------|------------------|-------------------|
| Tester Name: | Tester Cert. #: | Tester Telephone: |
| Company Name: | Company Cert. #: | Test Date: |

III. TEST PROCEDURE — Briefly describe procedure(s) used to test the probes (i.e. PEI/RP1200, manufacturer's testing procedure, etc.)

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IV. PRESSURE/VACUUM MONITORING

| | | | | |
|---|---|---|---|---|
| Tank Number | | | | |
| Product Stored | | | | |
| Line Number ¹ | <input type="checkbox"/> N/A | <input type="checkbox"/> N/A | <input type="checkbox"/> N/A | <input type="checkbox"/> N/A |
| ATG Manufacturer | | | | |
| ATG Model | | | | |
| P/V Monitoring System Manufacturer | | | | |
| P/V Monitoring System Model | | | | |
| P/V Monitoring System is functional | <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 |
| Manufacturer's test method followed | <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 |
| Interstice is air tight | <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 |
| Leak in interstice triggers alarm | <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 |
| Leak in piping interstice disables STP ² | <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 |
| V. TEST RESULT ³ | <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 |

1. Designate each product line that has its interstice under pressure or vacuum by P/V system numerically or by code on the site drawing.
2. Required for pressurized piping systems installed after November 10, 2007, using P/V monitoring for 3gph piping release detection.
3. Any "No" answer in a required row indicates the P/V system fails. Failed leak detection systems must be repaired or replaced immediately.

Facility ID #: _____ Facility Name: _____ Test Date: _____

VI. COMMENTS

The comments section should be used to note additional information discovered or actions taken during functionality testing that affect compliance at the facility. For example, include comments concerning any observations made by the tester that would affect the test results.

Include actions taken to repair or replace failed devices.

If additional comment sheets are needed, label each sheet with the report header information and attach the sheet(s) to the back of this form.

VII. SITE DRAWING

Provide a detailed site drawing of the applicable UST(s), product piping, and containment structure layout in the space below (or attach a detailed site drawing prepared on a separate sheet). Any other pertinent information should also be included.

VII. OWNER'S REPRESENTATIVE CERTIFICATION

I have reviewed this report. I certify under penalty of law as provided in 18 PA C.S.A. Section 4904(relating to unsworn falsification to authorities), that the information provided by me is true, accurate, and complete to the best of my knowledge and belief.

Signature:

Date Signed:

VIII. TESTER CERTIFICATION

By signing this document as the Tester, I certify under penalty of law as provided in 18 PA C.S.A. Section 4904(relating to unsworn falsification to authorities), that the information provided by me is true, accurate, and complete to the best of my knowledge and belief.

Tester's Signature:

Date Signed: