UST-6D/23A

Page 1

Triennial UST Spill Bucket Integrity Testing (Hydrostatic/Vacuum Test)



- If any periodic test fails, a suspected release report must be submitted on a UST-17A form, UST Suspected Release 24 Hour Notice. The suspected release must be investigated, in accordance with 15A NCAC 2N .0603, and defective equipment repaired or replaced in accordance with 15A NCAC 2N .0404/.0900. Results of the investigation must be submitted on a UST-17B form, UST Suspected Release 7 Day Notice.
- The primary containment and interstitial space of the spill bucket shall be tested in accordance with the manufacturer's written guidelines, PEI/RP100
 "Recommended Practices for Installation of Underground Liquid Storage Systems" and/or PEI/RP1200 "Recommended Practices for the Testing and
 Verification of Spill, Overfill, Leak Detection and Secondary Containment Equipment at UST Facilities."
- The primary and secondary walls are both considered to be tested at the same time if vacuum is used to test the interstice.

UST FACILITY										
Owner / Operator Name			ime		Facility ID					
Facility Street Address		Facility Cit	ty		County					
TESTING CONTRACTOR INFORMATION										
Company Name			Phone Email address			dress				
I certify, under penalty of law, that the testing data provided on this form documents the UST system equipment was tested in accordance with the manufacturer's guidelines and the applicable national industry standards listed in 15A NCAC 2N .406 and/or 15A NCAC 2N .0900.										
Print Name of person conducting inspection			e of person o	onducting inspection			Test Date			
Identify Spill Bucket (By Tank Number,	 T									
Stored Product, etc.)	Tank #	Tank #	Tank #		Tank #		Tank #		Tank #	
Tank Size										
Product										
Indicate units for all measurements				1		T				
Bucket Manufacturer/Model										
Bucket Depth										
Construction		SW		SW [DW	SW		SW	DW	
Bucket Installation Type	 Direct Bury Direct Bury w/Liner Containment sump 		 Direct Bury Direct Bury w/Liner Containment sump 		Direct Bury Direct Bury w/Liner Containment sump		Direct Bury Direct Bury w/Liner Containment sump		Containment sump	
Test Type	 Hydrostatic Vacuum 		 Hydrostatic Vacuum 		 Hydrostatic Vacuum 		 Hydrostatic Vacuum 		HydrostaticVacuum	
Liquid and debris removed from spill bucket?	🗌 Yes 🗌 No	🗌 Yes	🗌 No	🗌 Yes	🗌 No	🗌 Yes	🗌 No	🗌 Yes	🗌 No	
Visual inspection (No cracks, loose parts or separation of the bucket from the fill pipe.)	🗌 Pass 🛛 🗌 Fail	Pass	🗌 Fail	Pass	🗌 Fail	Pass	🗌 Fail	Pass	🗌 Fail	
Tank riser cap included in test?	☐ Yes ☐ No ☐ N/A	0 □ Yes □ N/A	🗌 No	☐ Yes ☐ N/A	🗌 No	☐ Yes ☐ N/A	🗌 No	☐ Yes ☐ N/A	🗌 No	
Drain valve included in test?	☐ Yes ☐ No ☐ N/A	> □ Yes □ N/A	🗌 No	☐ Yes ☐ N/A	🗌 No	☐ Yes ☐ N/A	🗌 No	☐ Yes ☐ N/A	🗌 No	
Wait time between applying vacuum/water and start of test										
	Water level must be	within 1.5 in	ches of top	of bucket	Vac	uum: Apply	vacuum c	of 30 inches	s WC	
Begin End Test Time										
Begin End Reading										
Secondary Interstice Test Vacuum: Apply vacuum of 15 inches WC Gauge Range (with units):										
Begin End Test Time					L				l	
Begin End Reading										
Pass/fail criteria: Must pass visual inspection. Pass if: Hydrostatic: Water level drop of less than 1/8 inch in 1 hour; Vacuum single-walled only: Maintain at least 26 inches water column for 1 minute; Vacuum double-walled: Maintain at least 12 inches water column for 1 minute										
Test Results	🗌 Pass 🔄 Fail	Pass	🗌 Fail	Pass	🗌 Fail	Pass	🗌 Fail	Pass	🗌 Fail	
Comments - (include information on repairs made prior to testing, and recommended follow-up for failed tests)										
Date next Spill Bucket integrity test due (required every 3 years)										
NORTH CAROLINA DEPARTMENT OF ENVIRONMENTAL QUALITY, DIVISION OF WASTE MANAGEMENT, UST SECTION 11/2022 1646 MAIL SERVICE CENTER, RALEIGH, NC 27699-1646 PHONE (919) 707-8171 FAX (919) 715-1117 http://www.wastenotnc.org/										

UST-6D/23A Tri	ennial UST	Spill Bucke	et Integrity	Testing	-DFO		
Page 2		(Dri-sump® Tes	st)		Notifit Concerned Quarty		
 If any periodic test fails, a suspect release must be investigated, in a 2N .0404/.0900. Results of the inv 	ted release report must b iccordance with 15A NC/ vestigation must be subm	be submitted on a UST-1 AC 2N .0603, and defect nitted on a UST-17B forr	17A form, UST Suspect tive equipment repaired m, UST Suspected Rele	l or replaced in acco ease 7 Day Notice.	rdance with 15A NCAC		
 Single wall spill buckets not locate sump then a hydrostatic or vacuu sump[®] testing method can be use 	m test would need to be	performed on the spill b	ucket. If the spill bucket	t is required to be do	uble-walled, then the Dri-		
		it sump. Complete page		n to document those	results.		
Owner / Operator Name		Facility Name		Facil	Facility ID		
Facility Street Address		Facility City	Cour	County			
TESTING CONTRACTOR INFORM	MATION						
Company Name		Phone	ddress				
I certify, under penalty of law, that the manufacturer's guidelines and the applic approved by NC DEQ.							
Print Name of person conducting inspec	tion	Signature of person of	conducting inspection		Test Date		
Tester Certification #:		Equipment Certification	י ג ווי די				
Tester Certification Expiration:		Equipment Certificatior					
Identify Spill Bucket (<i>By Tank Number,</i> Stored Product, etc.)	Tank #	Tank #	Tank #	Tank #	Tank #		
Tank Size							
Product							
Bucket Manufacturer/Model							
Construction	SW DW	SW DW	SW DW		DW SW DW		
Bucket Installation Type	Direct Bury Direct Bury w/Liner	Direct Bury Direct Bury w/Liner	Direct Bury Direct Bury w/Liner	Direct Bury	iner Direct Bury W/Liner		
Liquid and debris removed from spill bucket?	🗌 Yes 🔲 No	🗌 Yes 🔲 No	🗌 Yes 🗌 No	🗌 Yes 🗌 N	o 🗌 Yes 🗌 No		
Visual inspection (No cracks, loose parts or separation of the bucket from the fill pipe.)	🗌 Pass 🔲 Fail	🗌 Pass 🔲 Fail	🗌 Pass 🔲 Fail	Pass D Fa	ail 🗌 Pass 🔲 Fail		
VST Communication (Enter VST number)	VST #:	VST #:	VST #:	VST #:	VST #:		
Closed Hose (C) (in WC)							
Open Hose (O) (in WC)							
VST Connected (V) (in WC)							
VST Communication Passes when: $C > O$ a	and $C > V$ and $V \ge O$		1				
Test length in seconds (DW Primary wall or SW)							
Laser Verification (DW Primary wall or SW)	DOT (Pass)	DOT (Pass) Line (Fail)	DOT (Pass)	DOT (Pass)	DOT (Pass)		
Test length in seconds (Secondary wall, if DW)							
Laser Verification (Secondary wall, if DW)	DOT (Pass)	DOT (Pass)	DOT (Pass)	DOT (Pass)	DOT (Pass)		
Pass/Fail criteria: Must pass visual inspecti column. Test is not valid if liquid or debris w	on. Laser result must be	a laser-dot (pass). If the	e first test fails, then cor	nduct a second test e			
Final Test Result	Pass Fail		Pass _ Fail		ail 🔲 Pass 🔲 Fail		
Comments - (include information on repairs	made prior to testing, a	nd recommended follow	<i>t-up for failed tests)</i>				
Date next Spill Bucket integrity t	est due (required e	very 3 years)					
NORTH CAROLINA DEPARTM	IENT OF ENVIRONMEN	ITAL QUALITY, DIVISIO	N OF WASTE MANAG	EMENT, UST SECT	TION 11/2022		

1646 MAIL SERVICE CENTER, RALEIGH, NC 27699-1646 PHONE (919) 707-8171 FAX (919) 715-1117 <u>http://www.wastenotnc.org/</u>

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Triennial UST Spill Bucket Integrity Testing



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Page 3 (DPleak[®] Test) • If any periodic test fails, a suspected release report must be submitted on a UST-17A form, UST Suspected Release 24 Hour Notice. The suspected release must be investigated, in accordance with 15A NCAC 2N .0603, and defective equipment repaired or replaced in accordance with 15A NCAC 2N .0404/.0900. Results of the investigation must be submitted on a UST-17B form, UST Suspected Release 7 Day Notice. • Single wall spill buckets not located within a containment sump can use the DPleak® testing method. If a spill bucket is located within a containment sump and is required to be double-walled, then the DPleak® testing method can be used to also test the containment sump. Complete page 4 of the UST-23B form to document those results. **UST FACILITY** Owner / Operator Name Facility Name Facility ID Facility Street Address Facility City County **TESTING CONTRACTOR INFORMATION Company Name** Phone Email address I certify, under penalty of law, that the testing data provided on this form documents the UST system equipment was tested in accordance with the manufacturer's guidelines and the applicable national industry standards listed in 15A NCAC 2N .0406 and/or 15A NCAC 2N .0900, or another method approved by NC DEQ. Print Name of person conducting inspection Signature of person conducting inspection Test Date Tester Certification #: Identify Spill Bucket (By Tank Number, Tank # Tank # Tank # Tank # Tank # Stored Product, etc.) Tank Size Product Bucket Manufacturer/Model

Construction		SW	🗌 DW	□ SV	V 🗌 DW	SW	DW	🗌 SW	DW	□ SW	DW	
Bucket Installation Type	 Direct Bury Direct Bury w/Liner 		Direct Bury			Direct Bury Direct Bury w/Liner		 Direct Bury Direct Bury w/Liner 		Direct Bury Direct Bury w/Liner		
Liquid and debris removed from spill bucket?		Yes	□ No	☐ Yes	□ No	☐ Yes	□ No	☐ Yes	□ No	Yes	□ No	
Visual inspection (No cracks, loose parts or separation of the bucket from the fill pipe.)		Pass	🗌 Fail	🗌 Pas	s 🗌 Fail	Pass	🗌 Fail	Pass	🗌 Fail	Pass	🗌 Fail	
Wall		Pass N/A	🔲 Fail	Pas N/A		Pass N/A	🗌 Fail	Pass N/A	🗌 Fail	Pass N/A	🗌 Fail	
Drain		Pass N/A	🗌 Fail	Pas		Pass N/A	🗌 Fail	Pass N/A	🗌 Fail	Pass N/A	🗌 Fail	
Bottom of Riser		Pass N/A	🔲 Fail	Pas N/A		Pass N/A	🗌 Fail	Pass N/A	🗌 Fail	□ Pass □ N/A	🗌 Fail	
Top of Riser		Pass N/A	🔲 Fail	Pas N/A		Pass	🗌 Fail	Pass	🗌 Fail	□ Pass □ N/A	🗌 Fail	
Swivel		Pass N/A	🔲 Fail	Pas N/A		Pass N/A	🗌 Fail	Pass N/A	🗌 Fail	□ Pass □ N/A	🗌 Fail	
Сар		Pass N/A	🗌 Fail	Pas N/A		Pass N/A	🗌 Fail	Pass N/A	🗌 Fail	Pass N/A	🔲 Fail	
		Pass N/A	🗌 Fail	Pas N/A		Pass N/A	🗌 Fail	Pass N/A	🗌 Fail	Pass	🗌 Fail	
Pass/Fail criteria: Must pass visual inspection. Test is not valid if liquid or debris was not removed from spill bucket. No areas of spill bucket that fail.												
LDT test report with addendums attached Ves No												
Final Test Result		Pass	🗌 Fail	Pas	s 🗌 Fail	Pass	🗌 Fail	Pass	🗌 Fail	Pass	🗌 Fail	
Comments - (include information on repairs	ma	de prior i	to testing, ar	d recom	mended follov	-up for faile	ed tests)					
Date next Spill Bucket integrity test due (required every 3 years)												
NORTH CAROLINA DEPARTMENT OF ENVIRONMENTAL QUALITY, DIVISION OF WASTE MANAGEMENT, UST SECTION 1646 MAIL SERVICE CENTER, RALEIGH, NC 27699-1646 PHONE (919) 707-8171 FAX (919) 715-1117 <u>http://www.wastenotnc.org/</u>												