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| **UST-6F/23B**  Page 1 | | **Triennial UST Containment Sump / UDC Integrity Testing**  **(Full height hydrostatic or 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.* * Containment sumps installed on or after 11/1/2007 that are not monitored continuously for releases using vacuum, pressure, or hydrostatic interstitial monitoring methods and all other containment sumps installed prior to 11/1/2007 that are used for interstitial monitoring shall be tightness tested at installation and every three (3) years thereafter 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.” * If a UDC / containment sump fails a periodic tightness test, the sump must be replaced or repaired by the manufacturer, or the manufacturer’s authorized representative in accordance with the manufacturer’s specifications, or in accordance with a code of practice developed by a nationally recognized association. | | | | | | | | | | | | | | | | | | | | | | |
| **UST FACILITY** | | | | | | | | | | | | | | | | | | | | | | |
| Owner / Operator Name | | | | | Facility Name | | | | | | | | | | Facility ID#: | | | | | | | |
| Facility Street Address | | | | | Facility City | | | | | | | | | | County | | | | | | | |
| **TESTING CONTRACTOR INFORMATION** | | | | | | | | | | | | | | | | | | | | | | |
| Company Name | | | | | | | | Phone | | | | E-mail 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. | | | | | | | | | | | | | | | | | | | |  | |
|  |  | | | | |  |  | |  | | | | | |  |  |  | | | | |  |
|  | Print Name of person conducting test | | | | |  |  | | Signature of person conducting test | | | | | |  |  | Test Date | | | | |  |
|  | | |  | | | | | | | | | | | | | | | | | | | |
| Identify UDC/sump *(By Dispenser No. or Tank Number, Tank Size, Stored Product; e.g. #1 10k Regular STP, Disp 1/2, etc.)* | | | **Dispenser**  **Tank**  #: | **Dispenser**  **Tank**  #: | | | | | | **Dispenser**  **Tank**  #: | **Dispenser**  **Tank**  #: | | | **Dispenser**  **Tank**  #: | | | | **Dispenser**  **Tank**  #: | | | | |
| **Transition sumps should be listed above as “TS-XX” (with XX= sump ID#)** | | | | | | | | | | | | | | | | | | | | | | |
| Sump Material | | | FRP  Plastic | FRP  Plastic | | | | | | FRP  Plastic | FRP  Plastic | | | FRP  Plastic | | | | FRP  Plastic | | | | |
| Test Type | | | Hydrostatic  Vacuum | Hydrostatic  Vacuum | | | | | | Hydrostatic  Vacuum | Hydrostatic  Vacuum | | | Hydrostatic  Vacuum | | | | Hydrostatic  Vacuum | | | | |
| **Indicate units for all measurements** | | | | | | | | | | | | | | | | | | | | | | |
| Liquid and debris removed from sump? | | | Yes  No | Yes  No | | | | | | Yes  No | Yes  No | | | Yes  No | | | | Yes  No | | | | |
| Visual inspection (No cracks, loose parts or separation of the containment sump) | | | Pass  Fail | Pass  Fail | | | | | | Pass  Fail | Pass  Fail | | | Pass  Fail | | | | Pass  Fail | | | | |
| Sump Depth in inches | | |  |  | | | | | |  |  | | |  | | | |  | | | | |
| Height from sump bottom to top of highest penetration or sump sidewall seam in inches | | |  |  | | | | | |  |  | | |  | | | |  | | | | |
| Wait time between applying vacuum/water and start of test | | |  |  | | | | | |  |  | | |  | | | |  | | | | |
| Begin ị End Test Time  (minimum test time: 1 hour) | | | ị | ị | | | | | | ị | ị | | | ị | | | | ị | | | | |
| Begin ị End values (inches) | | | ị | ị | | | | | | ị | ị | | | ị | | | | ị | | | | |
| Pass/Fail criteria: Must pass visual inspection. Hydrostatic: Water level drop of 1/8 inch or more fails the test, Water level **must be 4 or more inches** above highest penetration or side wall seam or test is invalid; Vacuum: No change in vacuum | | | | | | | | | | | | | | | | | | | | | | |
| **Test Result** | | | Pass  Fail | 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 Containment Sump/UDC 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 <http://www.wastenotnc.org> | | | | | | | | | | | | | | | | | | | | 5/2020 | | |

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| **UST-6F/23B**  Page 2 | | **Triennial UST Containment Sump / UDC Integrity Testing**  **(Low Liquid Level Test)** | | | | | | | | | | | | | | | | |  | | | |
| * Containment sumps installed on or after 11/1/2007 that are not monitored continuously for releases using vacuum, pressure, or hydrostatic interstitial monitoring methods and all other containment sumps installed prior to 11/1/2007 that are used for interstitial monitoring can be tightness tested every three (3) years in accordance with the NCDEQ Low Level Hydrostatic Integrity Test Procedures which can be found on the UST section website at https://deq.nc.gov/about/divisions/waste-management/ust/forms. This method cannot be used for the installation testing of containment sumps. * 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.* * If a UDC / containment sump fails a periodic tightness test, the sump must be replaced or repaired by the manufacturer, or the manufacturer’s authorized representative in accordance with the manufacturer’s specifications, or in accordance with a code of practice developed by a nationally recognized association. * Attach all setup reports (e.g. Veeder-Root: Output Relay Setup, Incon: Main console setup) for the sensor alarms positive shut-down to this form. If the dispenser has a standalone sensor to shut-down the dispenser then annotate on the test form in the comments section. | | | | | | | | | | | | | | | | | | | | | | |
| **UST FACILITY** | | | | | | | | | | | | | | | | | | | | | | |
| Owner / Operator Name | | | | | Facility Name | | | | | | | | | | Facility ID#: | | | | | | | |
| Facility Street Address | | | | | Facility City | | | | | | | | | | County | | | | | | | |
| **TESTING CONTRACTOR INFORMATION** | | | | | | | | | | | | | | | | | | | | | | |
| Company Name | | | | | | | | Phone | | | | E-mail 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, 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 test | | | | |  |  | | Signature of person conducting test | | | | | |  |  | Test Date | | | | |  |
|  | | |  | | | | | | | | | | | | | | | | | | | |
| Identify UDC/sump *(By Dispenser No. or Tank Number, Tank Size, Stored Product; e.g. #1 10k Regular STP, Disp 1/2, etc.)* | | | **Dispenser**  **Tank**  #: | **Dispenser**  **Tank**  #: | | | | | | **Dispenser**  **Tank**  #: | **Dispenser**  **Tank**  #: | | | **Dispenser**  **Tank**  #: | | | | **Dispenser**  **Tank**  #: | | | | |
| **Transition sumps should be listed above as “TS-XX” (with XX= sump ID#)** | | | | | | | | | | | | | | | | | | | | | | |
| Sump Material | | | FRP  Plastic | FRP  Plastic | | | | | | FRP  Plastic | FRP  Plastic | | | FRP  Plastic | | | | FRP  Plastic | | | | |
| **Indicate units for all measurements** | | | | | | | | | | | | | | | | | | | | | | |
| Liquid and debris removed from sump? | | | Yes  No | Yes  No | | | | | | Yes  No | Yes  No | | | Yes  No | | | | Yes  No | | | | |
| Is sensor 2” or less from lowest portion of sump bottom? | | | Yes  No | Yes  No | | | | | | Yes  No | Yes  No | | | Yes  No | | | | Yes  No | | | | |
| Visual inspection (No cracks, loose parts or separation of the containment sump) | | | Pass  Fail | Pass  Fail | | | | | | Pass  Fail | Pass  Fail | | | Pass  Fail | | | | Pass  Fail | | | | |
| Did sensor alarm when tested? | | | Yes  No | Yes  No | | | | | | Yes  No | Yes  No | | | Yes  No | | | | Yes  No | | | | |
| If sensor alarms, did the STP and/or dispenser shut-off?  Note for dispenser sensors all product types in the dispenser must be disabled. | | | Yes  No | Yes  No | | | | | | Yes  No | Yes  No | | | Yes  No | | | | Yes  No | | | | |
| Level above bottom of sump where sensor alarms. (inches) | | |  |  | | | | | |  |  | | |  | | | |  | | | | |
| Wait time between applying water and start of test | | |  |  | | | | | |  |  | | |  | | | |  | | | | |
| Begin ị End Test Time  (minimum test time: 1 hour) | | | ị | ị | | | | | | ị | ị | | | ị | | | | ị | | | | |
| Begin ị End values (inches) | | | ị | ị | | | | | | ị | ị | | | ị | | | | ị | | | | |
| Pass/Fail criteria: Any No or Fail in the above, the sump fails the test . Hydrostatic: Water level drop of 1/8 inch or more fails the test. | | | | | | | | | | | | | | | | | | | | | | |
| **Test Result** | | | Pass  Fail | 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 Containment Sump/UDC 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 <http://www.wastenotnc.org> | | | | | | | | | | | | | | | | | | | | 5/2020 | | |

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| **UST-6F/23B**  Page 3 | | **Triennial UST Containment Sump / UDC Integrity Testing**  **(Dri-sump® Test)** | | | | | | | | | | | | | | |  | | | | | |
| * Containment sumps installed on or after 11/1/2007 that are not monitored continuously for releases using vacuum, pressure, or hydrostatic interstitial monitoring methods and all other containment sumps installed prior to 11/1/2007 that are used for interstitial monitoring can be tightness tested every three (3) years in accordance with the Dri-sump® testing method. * 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.* * If a UDC / containment sump fails a periodic tightness test, the sump must be replaced or repaired by the manufacturer, or the manufacturer’s authorized representative in accordance with the manufacturer’s specifications, or in accordance with a code of practice developed by a nationally recognized association. * Attach a map of the VST locations for each sump to the test results. | | | | | | | | | | | | | | | | | | | | | | |
| **UST FACILITY** | | | | | | | | | | | | | | | | | | | | | | |
| Owner / Operator Name | | | | | Facility Name | | | | | | | | | Facility ID#: | | | | | | | | |
| Facility Street Address | | | | | Facility City | | | | | | | | | County | | | | | | | | |
| **TESTING CONTRACTOR INFORMATION** | | | | | | | | | | | | | | | | | | | | | | |
| Company Name | | | | | | | Phone | | | | E-mail 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, 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 test | | | | |  |  | Signature of person conducting test | | | | |  |  | Test Date | | | | | | |  |
| Tester Certification #: | | | | | | | Equipment Certification #: | | | | | | |  | |  | |  | | | | |
| Tester Certification Expiration: | | | | | | | Equipment Certification Expiration: | | | | | | |  | |  | |  | | | | |
|  | | |  | | | | | | | | | | | | | | | | | | | |
| Identify UDC/sump *(By Dispenser No. Transition Sump No. or Tank No., Tank Size, Stored Product; e.g. #1 10k Regular STP, Disp 1/2, TS-1A etc.)* | | | **Dispenser**  **Tank**  **Transition**  #: | | **Dispenser**  **Tank**  **Transition**  #: | | | | **Dispenser**  **Tank**  **Transition**  #: | | **Dispenser**  **Tank**  **Transition**  #: | | | **Dispenser**  **Tank**  **Transition**  #: | | | | | | | | |
| Sump Material | | | FRP  Plastic | | FRP  Plastic | | | | FRP  Plastic | | FRP  Plastic | | | FRP  Plastic | | | | | | | | |
| Construction | | | SW  DW | | SW  DW | | | | SW  DW | | SW  DW | | | SW  DW | | | | | | | | |
| Liquid and debris removed from sump? | | | Yes  No | | Yes  No | | | | Yes  No | | Yes  No | | | Yes  No | | | | | | | | |
| Visual inspection (No cracks, loose parts, open penetrations, or separation of the containment sump) | | | Pass  Fail | | Pass  Fail | | | | Pass  Fail | | Pass  Fail | | | Pass  Fail | | | | | | | | |
| Is groundwater above bottom of sump? | | | Yes  No | | Yes  No | | | | Yes  No | | Yes  No | | | Yes  No | | | | | | | | |
| VST Communication (Enter VST number) | | | VST | VST | VST | | VST | | VST | 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 and C > V and V ≥ O | | | | | | | | | | | | | | | | | | | | | | |
| Test length in seconds | | |  |  |  | |  | |  |  |  |  | |  | | | | | |  | | |
| Laser Verification | | | Dot (Pass)  Line (Fail) | Dot (Pass)  Line (Fail) | Dot (Pass)  Line (Fail) | | Dot (Pass)  Line (Fail) | | Dot (Pass)  Line (Fail) | Dot (Pass)  Line (Fail) | Dot (Pass)  Line (Fail) | Dot (Pass)  Line (Fail) | | Dot (Pass)  Line (Fail) | | | | | | Dot (Pass)  Line (Fail) | | |
| Pass/Fail criteria: Must pass visual inspection. Laser result must be a laser-dot (pass). If the first test fails, then conduct a second test entering results in another column. Test is not valid if liquid or debris was not removed from sump. **VST location map must be attached to this report.** | | | | | | | | | | | | | | | | | | | | | | |
| **Final Test Result** | | | 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 Containment Sump/UDC 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 <http://www.wastenotnc.org> | | | | | | | | | | | | | | | | | | | 5/2020 | | | |

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| **UST-6F/23B**  Page 4 | | **Triennial UST Containment Sump / UDC Integrity Testing**  **(DPleak® Test)** | | | | | | | | | | | | | | | | |  | | | |
| * Containment sumps installed on or after 11/1/2007 that are not monitored continuously for releases using vacuum, pressure, or hydrostatic interstitial monitoring methods and all other containment sumps installed prior to 11/1/2007 that are used for interstitial monitoring can be tightness tested every three (3) years in accordance with the DPleak® sump testing method. * 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.* * If a UDC / containment sump fails a periodic tightness test, the sump must be replaced or repaired by the manufacturer, or the manufacturer’s authorized representative in accordance with the manufacturer’s specifications, or in accordance with a code of practice developed by a nationally recognized association. * Attach a map of the VST locations for each sump to the test results. | | | | | | | | | | | | | | | | | | | | | | |
| **UST FACILITY** | | | | | | | | | | | | | | | | | | | | | | |
| Owner / Operator Name | | | | | | Facility Name | | | | | | | Facility ID#: | | | | | | | | | |
| Facility Street Address | | | | | | Facility City | | | | | | | County | | | | | | | | | |
| **TESTING CONTRACTOR INFORMATION** | | | | | | | | | | | | | | | | | | | | | | |
| Company Name | | | | | | | | Phone | | | E-mail 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, 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 test | | | | | |  |  | Signature of person conducting test | | | | |  |  | | Test Date | | | | |  |
| Tester Certification #: | | | | | | | |  | | | | | | |  |  | | | | |  | |
|  | | |  | | | | | | | | | | | | | | | | | | | |
| Identify UDC/sump *(By Dispenser No. or Tank Number, Tank Size, Stored Product; e.g. #1 10k Regular STP, Disp 1/2, etc.)* | | | **Dispenser**  **Tank**  #: | | **Dispenser**  **Tank**  #: | | | | | **Dispenser**  **Tank**  #: | **Dispenser**  **Tank**  #: | | **Dispenser**  **Tank**  #: | | | | | **Dispenser**  **Tank**  #: | | | | |
| **Transition sumps should be listed above as “TS-XX” (with XX= sump ID#)** | | | | | | | | | | | | | | | | | | | | | | |
| Sump Material | | | FRP  Plastic | | FRP  Plastic | | | | | FRP  Plastic | FRP  Plastic | | FRP  Plastic | | | | | FRP  Plastic | | | | |
| Construction | | | SW  DW | | SW  DW | | | | | SW  DW | SW  DW | | SW  DW | | | | | SW  DW | | | | |
| Liquid and debris removed from sump? | | | Yes  No | | Yes  No | | | | | Yes  No | Yes  No | | Yes  No | | | | | Yes  No | | | | |
| Visual inspection (No cracks, loose parts, open penetrations or separation of the containment sump) | | | Pass  Fail | | Pass  Fail | | | | | Pass  Fail | Pass  Fail | | Pass  Fail | | | | | Pass  Fail | | | | |
| North/Rear | | | Pass  Fail  N/A | | Pass  Fail  N/A | | | | | Pass  Fail  N/A | Pass  Fail  N/A | | Pass  Fail  N/A | | | | | Pass  Fail  N/A | | | | |
| East/Right | | | Pass  Fail  N/A | | Pass  Fail  N/A | | | | | Pass  Fail  N/A | Pass  Fail  N/A | | Pass  Fail  N/A | | | | | Pass  Fail  N/A | | | | |
| South/Front | | | Pass  Fail  N/A | | Pass  Fail  N/A | | | | | Pass  Fail  N/A | Pass  Fail  N/A | | Pass  Fail  N/A | | | | | Pass  Fail  N/A | | | | |
| West/Left | | | Pass  Fail  N/A | | Pass  Fail  N/A | | | | | Pass  Fail  N/A | Pass  Fail  N/A | | Pass  Fail  N/A | | | | | Pass  Fail  N/A | | | | |
| Floor | | | Pass  Fail  N/A | | Pass  Fail  N/A | | | | | Pass  Fail  N/A | Pass  Fail  N/A | | Pass  Fail  N/A | | | | | Pass  Fail  N/A | | | | |
| Electrical/Pen #1 | | | Pass  Fail  N/A | | Pass  Fail  N/A | | | | | Pass  Fail  N/A | Pass  Fail  N/A | | Pass  Fail  N/A | | | | | Pass  Fail  N/A | | | | |
| STP/Turbine/Pen#2 | | | Pass  Fail  N/A | | Pass  Fail  N/A | | | | | Pass  Fail  N/A | Pass  Fail  N/A | | Pass  Fail  N/A | | | | | Pass  Fail  N/A | | | | |
| Pen #3 / | | | Pass  Fail  N/A | | Pass  Fail  N/A | | | | | Pass  Fail  N/A | Pass  Fail  N/A | | Pass  Fail  N/A | | | | | Pass  Fail  N/A | | | | |
| Pen #4 / | | | Pass  Fail  N/A | | Pass  Fail  N/A | | | | | Pass  Fail  N/A | Pass  Fail  N/A | | Pass  Fail  N/A | | | | | Pass  Fail  N/A | | | | |
| Pass/Fail criteria: Must pass visual inspection. Test is not valid if liquid or debris was not removed from sump. No areas of sump that fail. | | | | | | | | | | | | | | | | | | | | | | |
| LDT test report with addendums attached | | | | Yes  No | | | | | | | | | | | | | | | | | | |
| **Final Test Result** | | | Pass  Fail | | 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 Containment Sump/UDC 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 <http://www.wastenotnc.org> | | | | | | | | | | | | | | | | | | | | 5/2020 | | |