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[Note: The program encourages the use of an electronic form submittal rather than a paper form submittal.]

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<https://aepacs.adem.alabama.gov/nviro/ncore/external/home>

ADEM 3 YEAR SPILL PREVENTION EQUIPMENT (SPILL BUCKET) INTEGRITY TEST REPORT (HYDROSTATIC AND VACUUM METHOD)

Questions on how to complete this form should be directed to the Groundwater Branch, UST Compliance Section at (334) 270-5655

Site Name:	Owner:
Address:	Address:
City, County, State, Zip, Country:	City, State, Zip:
Facility I.D. #:	Phone #:
Tester Name:	Tester Phone #:
Tester Company:	

Instructions

1. Submit a completed copy of this form within 30 days of performing the test to: Groundwater Branch, PO Box 301463 Montgomery, AL 36130-1463, or fax to: (334) 270-5631 or email to: USTcompliance@adem.alabama.gov.
2. This form allows you to record up to 5 ADEM Unique Tank Numbers, assuming that the Facility ID Number and test method remain the same.
3. Double walled spill prevention equipment does not require testing.
4. Single and double walled spill prevention equipment must also be checked every 30 days in accordance with the Walkthrough Inspection requirements. See *ADEM 30 day Walkthrough Inspection Checklist Log* which can be found on the ADEM website at www.adem.alabama.gov/programs/water/groundwater.cnt.
5. Testing must be performed in accordance with a nationally recognized code of practice (such as PEI RP-1200 or equivalent) or the manufacturer's instructions.
6. Keep a record copy of this testing for 3 years.

Code of Practice or Manufacturer's Instructions used:

ADEM Unique Tank #	Product Stored	Test method used	Basin free of cracks or holes? (if no, it fails without testing)	Water, fuel, trash & debris removed from basin prior to test? (dispose of properly)	Drain valve operational and seals properly? (where applicable)	Water, fuel, trash & debris removed from basin prior to test? (dispose of properly)	Fill pipe cap seals properly?	Was enough water added to completely fill the basin? (Hydrostatic test only)	Test start time	Test end time	Measured water level drop in inches accurate to 1/16 inch (Hydrostatic test)	Vacuum drop in inches water column (Vacuum test)	Results of test	Date of Repair	Description of any Repairs
		<input type="checkbox"/> vacuum <input type="checkbox"/> pressure <input type="checkbox"/> hydrostatic <input type="checkbox"/> manufacturer's instructions	<input type="checkbox"/> yes <input type="checkbox"/> no	<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"/> yes <input type="checkbox"/> no <input type="checkbox"/> n/a	<input type="checkbox"/> yes <input type="checkbox"/> no	_____ : _____ : _____	_____ : _____ : _____	_____ : _____ : _____	<input type="checkbox"/> pass <input type="checkbox"/> fail <input type="checkbox"/> inconclusive	____/____/____	_____	
		<input type="checkbox"/> vacuum <input type="checkbox"/> pressure <input type="checkbox"/> hydrostatic <input type="checkbox"/> manufacturer's instructions	<input type="checkbox"/> yes <input type="checkbox"/> no	<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"/> yes <input type="checkbox"/> no <input type="checkbox"/> n/a	<input type="checkbox"/> yes <input type="checkbox"/> no	_____ : _____ : _____	_____ : _____ : _____	_____ : _____ : _____	<input type="checkbox"/> pass <input type="checkbox"/> fail <input type="checkbox"/> inconclusive	____/____/____	_____	
		<input type="checkbox"/> vacuum <input type="checkbox"/> pressure <input type="checkbox"/> hydrostatic <input type="checkbox"/> manufacturer's instructions	<input type="checkbox"/> yes <input type="checkbox"/> no	<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"/> yes <input type="checkbox"/> no <input type="checkbox"/> n/a	<input type="checkbox"/> yes <input type="checkbox"/> no	_____ : _____ : _____	_____ : _____ : _____	_____ : _____ : _____	<input type="checkbox"/> pass <input type="checkbox"/> fail <input type="checkbox"/> inconclusive	____/____/____	_____	
		<input type="checkbox"/> vacuum <input type="checkbox"/> pressure <input type="checkbox"/> hydrostatic <input type="checkbox"/> manufacturer's instructions	<input type="checkbox"/> yes <input type="checkbox"/> no	<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"/> yes <input type="checkbox"/> no <input type="checkbox"/> n/a	<input type="checkbox"/> yes <input type="checkbox"/> no	_____ : _____ : _____	_____ : _____ : _____	_____ : _____ : _____	<input type="checkbox"/> pass <input type="checkbox"/> fail <input type="checkbox"/> inconclusive	____/____/____	_____	
		<input type="checkbox"/> vacuum <input type="checkbox"/> pressure <input type="checkbox"/> hydrostatic <input type="checkbox"/> manufacturer's instructions	<input type="checkbox"/> yes <input type="checkbox"/> no	<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"/> yes <input type="checkbox"/> no <input type="checkbox"/> n/a	<input type="checkbox"/> yes <input type="checkbox"/> no	_____ : _____ : _____	_____ : _____ : _____	_____ : _____ : _____	<input type="checkbox"/> pass <input type="checkbox"/> fail <input type="checkbox"/> inconclusive	____/____/____	_____	
Repairs Needed															

Site Latitude _____ Longitude _____