

This form is now available for electronic submittal using the Alabama Environmental Permitting and Compliance System or AEPACS.

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

Please click the link below to submit this form electronically using AEPACS.

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

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## ADEM

## 3 YEAR CONTAINMENT SUMP INTEGRITY TEST REPORT (LOW LEVEL METHOD)

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

Questions on now to complete ti	ils ioitti siloulu be ulit	ected to the	Glouriuwa	ater branch, 001 Con	ipilance Section at (5)	34) 270-3033	
Site Name:	Owner	•					
Address:				Address:			
City, County, State, Zip, Country:			City, State, Zip, Country:				
Facility I.D. #:				Phone #: Email:			
Tester Name:				Tester Phone	#:		
Tester Company:							
. ,		Instru	ctions				
<ol> <li>Submit a completed copy of this form within 30 days of performing the test to: Groundwater Branch, PO Box 301463 Montgomery, A 36130-1463, or fax to: (334) 270-5631 or email to: <a href="mailto:USTcompliance@adem.alabama.gov">USTcompliance@adem.alabama.gov</a>.</li> </ol>							
2. This form allows you to record up to 5 ADEM Unique Tank Numbers, assuming that the Facility ID Number remains the same.						ns the same.	
<ol> <li>Double walled containment sumps do not require testing.</li> <li>Single and double walled containment sumps must also be checked annually in accordance with the Walkthrough Inspection</li> </ol>						Inspection	
requirements. See ADEM Annual Walkthrough Inspection Checklist Log which can be found on the ADEM website at <a href="https://www.adem.alabama.gov/programs/water/groundwater.cnt">www.adem.alabama.gov/programs/water/groundwater.cnt</a> .							
	5. Testing must be performed in accordance with ADEM Low Level Hydrostatic Integrity Test Procedure for UST Containment Sumps.						
This document can be found on 6. Keep a record copy of this testir		at <u>www.ade</u>	<u>m.alaban</u>	na.gov/programs/wa	ter/groundwater.cnt.		
ADEM Unique Tank # or Owner's Dispenser #							
Product Stored (N/A for dispenser)							
Type of sump tested	□ sub pump □ intermediate □ dispenser	□ sub pur □ interme □ dispens	ediate	□ sub pump □ intermediate □ dispenser	□ sub pump □ intermediate □ dispenser	□ sub pump □ intermediate □ dispenser	
Sump free of cracks, holes, and	□ yes	□ yes		□ yes	□yes	□ yes	
compromised boots?	□ no	□ no		□ no	□ no	□ no	
(if no, it fails without testing) Water, fuel, trash & debris removed							
from sump prior to test?	□ yes □ no	□ yes □ no		│ □ yes │ □ no	│ □ yes │ □ no	□ yes □ no	
(dispose of properly)  Does sump sensor activation shut				-	-	-	
off sub pump?	□ yes □ no	□ yes □ no		│ □ yes │ □ no	│ □ yes │ □ no	│ □ yes │ □ no	
(if no, it fails without testing)					L 110		
Is the sensor positioned at the lowest point in the sump?	□ yes	□ yes		□ yes	□ yes	□ yes	
(if no, it fails without testing)	□ no	□ no		□ no	□ no	□ no	
Level above bottom of sump							
where sensor activates and shuts pump off in inches?							
(if sensor does not activate, test fails)							
Starting test level above bottom of							
sump in inches?							
(should be no less than 3 inches above the point where the sensor activates)							
Level above bottom of sump to lowest penetration in inches?							
Test start time	:	:		:	:	:	
Test end time	:	:		:	:	:	
(minimum 1 hour)							
Measured water level drop in inches (accurate to 1/16 inch)							
Result of test (Test fails if level drops 1/8 inch	□ pass □ fail	□ pass □ fail		□ pass □ fail	□ pass □ fail	□ pass □ fail	
or more.)  Tester's initials and date tested	/ /		/ /	/ /	/ /		
Repairs Needed	Date of Repair	1		Description of any Repairs			
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## **ADEM**

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Contact Type:LesseeCon	nsulltant
Site Contact:	
Phone #:	<u> </u>
Email:	
Address:	
City, State, Zip, Country:	<u> </u>
Site LatitudeL	ongitude
Reason for Not Testing:	
Comment:	