



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>

## ADEM

## 3 YEAR CONTAINMENT SUMP INTEGRITY TEST REPORT

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

Site Name:	Registered Owner:
Address:	Address:
City, County, Zip, Country:	City, State, Zip:
Facility I.D. #:                      Latitude/Longitude:	Phone #:                                      Email:
Tester Name:	Tester Phone #:
Tester Company:	

## Instructions

1. If a low level test is to be performed, do not use this form. Instead, use ADEM 3 Year Containment Sump Integrity Test Report (Low Level Method) form to document the results which can be found on the ADEM website at [www.adem.alabama.gov/programs/water/groundwater.cnt](http://www.adem.alabama.gov/programs/water/groundwater.cnt).
2. 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 by email to: [USTcompliance@adem.alabama.gov](mailto:USTcompliance@adem.alabama.gov).
3. This form allows you to record up to 5 ADEM Unique Tank Numbers, assuming that the Facility ID Number and the test method remain the same.
4. Double walled containment sumps do not require testing.
5. Single and double walled containment sumps must also be checked annually in accordance with the Walkthrough Inspection requirements. See *ADEM Annual Walkthrough Inspection Checklist Log* which can be found on the ADEM website at [www.adem.alabama.gov/programs/water/groundwater.cnt](http://www.adem.alabama.gov/programs/water/groundwater.cnt).
6. 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.
7. Keep a record copy of this testing for 3 years.

Code of Practice or Manufacturer's Instructions used:

ADEM Unique Tank # or Owner's Dispenser #					
Product Stored (N/A for dispenser)					
Type of sump tested	<input type="checkbox"/> sub pump <input type="checkbox"/> intermediate <input type="checkbox"/> dispenser	<input type="checkbox"/> sub pump <input type="checkbox"/> intermediate <input type="checkbox"/> dispenser	<input type="checkbox"/> sub pump <input type="checkbox"/> intermediate <input type="checkbox"/> dispenser	<input type="checkbox"/> sub pump <input type="checkbox"/> intermediate <input type="checkbox"/> dispenser	<input type="checkbox"/> sub pump <input type="checkbox"/> intermediate <input type="checkbox"/> dispenser
Test method used	<input type="checkbox"/> vacuum <input type="checkbox"/> pressure <input type="checkbox"/> hydrostatic <input type="checkbox"/> manufacturer's instructions	<input type="checkbox"/> vacuum <input type="checkbox"/> pressure <input type="checkbox"/> hydrostatic <input type="checkbox"/> manufacturer's instructions	<input type="checkbox"/> vacuum <input type="checkbox"/> pressure <input type="checkbox"/> hydrostatic <input type="checkbox"/> manufacturer's instructions	<input type="checkbox"/> vacuum <input type="checkbox"/> pressure <input type="checkbox"/> hydrostatic <input type="checkbox"/> manufacturer's instructions	<input type="checkbox"/> vacuum <input type="checkbox"/> pressure <input type="checkbox"/> hydrostatic <input type="checkbox"/> manufacturer's instructions
Sump free of cracks, holes, and compromised boots? (if no, it fails without testing)	<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	<input type="checkbox"/> yes <input type="checkbox"/> no
Water, fuel, trash & debris removed from basin prior to test? (dispose of properly)	<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	<input type="checkbox"/> yes <input type="checkbox"/> no
Height from bottom of sump to highest penetration in inches? (hydrostatic test only)					
Starting test level above bottom of sump in inches? (hydrostatic test only)					
Test start time Test end time (minimum 1 hour)	_____:_____ _____:_____	_____:_____ _____:_____	_____:_____ _____:_____	_____:_____ _____:_____	_____:_____ _____:_____
Measured water level drop in inches accurate to 1/16 inch (hydrostatic test only)					
<b>Result of test</b> (Hydrostatic test fails if level drops 1/8 inch or more.)	<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	<input type="checkbox"/> pass <input type="checkbox"/> fail
Tester's initials and date tested	/    /	/    /	/    /	/    /	/    /
<b>Repairs Needed</b>	<b>Date of Repair</b>	<b>Description of any Repairs</b>			