



HIGH LEVEL HYDROSTATIC TESTING (PEI RP 1200)

Facility Name: _____ Facility ID Number: 0-0 _____ Facility Address: _____ Testing Date: _____

Name of Tester(s) _____ ADEQ-Certification # _____

IF TESTING ACCORDING TO SUMP MANUFACTURER'S TESTING INSTRUCTIONS OR TESTING EQUIPMENT MANUFACTURER'S TESTING PROTOCOL, SUBMIT TESTING DATA IN ACCORDANCE WITH THEIR TESTING INSTRUCTIONS.

		COMPLETE ONE COLUMN PER CONTAINMENT SUMP				
Sump Type		<input type="checkbox"/> STP sump <input type="checkbox"/> UDC sump <input type="checkbox"/> Transition sump	<input type="checkbox"/> STP sump <input type="checkbox"/> UDC sump <input type="checkbox"/> Transition sump	<input type="checkbox"/> STP sump <input type="checkbox"/> UDC sump <input type="checkbox"/> Transition sump	<input type="checkbox"/> STP sump <input type="checkbox"/> UDC sump <input type="checkbox"/> Transition sump	<input type="checkbox"/> STP sump <input type="checkbox"/> UDC sump <input type="checkbox"/> Transition sump
Sump Identification						
Manufacturer						
Model						
Construction Type		<input type="checkbox"/> Single Wall <input type="checkbox"/> Double Wall	<input type="checkbox"/> Single Wall <input type="checkbox"/> Double Wall	<input type="checkbox"/> Single Wall <input type="checkbox"/> Double Wall	<input type="checkbox"/> Single Wall <input type="checkbox"/> Double Wall	<input type="checkbox"/> Single Wall <input type="checkbox"/> Double Wall
Sump Construction Material						
VISUAL INSPECTION	Liquid and debris removed from sump?	<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
	Inspection for Damage: examine all penetration fittings, conduits, junction boxes, caps and risers (if present), and sidewall seams for defects, damage, or improperly installed components.					
	Visual inspection for damage performed?	<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
	COMMENTS regarding visual inspection					
	Result of Visual Inspection	<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
Location of Penetrations		<input type="checkbox"/> Side Wall <input type="checkbox"/> Bottom	<input type="checkbox"/> Side Wall <input type="checkbox"/> Bottom	<input type="checkbox"/> Side Wall <input type="checkbox"/> Bottom	<input type="checkbox"/> Side Wall <input type="checkbox"/> Bottom	<input type="checkbox"/> Side Wall <input type="checkbox"/> Bottom
Containment Sump Depth		_____/16 inches	_____/16 inches	_____/16 inches	_____/16 inches	_____/16 inches
Bottom of sump to top of highest penetration		_____/16 inches	_____/16 inches	_____/16 inches	_____/16 inches	_____/16 inches
HYDROSTATIC TESTING START	Is water level a minimum of 4" above the highest sump penetration or sump sidewall seam, whichever is higher?	<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
	If the highest sump penetration or sump sidewall seam is less than 4" from the top of the sump, is the water level within 1" of the top of the sump?	<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"/> 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"/> N/A <input type="checkbox"/> Yes <input type="checkbox"/> No
	Depth of water at START of hydrostatic test (in 1/16" increments)	_____/16 inches	_____/16 inches	_____/16 inches	_____/16 inches	_____/16 inches
Start Time (Hour:Minute)						
End Time (Hour:Minute)						
Duration of Test (in minutes)						
HYDROSTATIC TESTING END	Depth of water (bottom of containment sump to top of water) at END of hydrostatic test (in 1/16" increments)	_____/16 inches	_____/16 inches	_____/16 inches	_____/16 inches	_____/16 inches
	Measured change in water level	_____/16 inches	_____/16 inches	_____/16 inches	_____/16 inches	_____/16 inches
	Did the water level change 1/8" or greater?	<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
	Pass/Fail Criteria: If the water level changes 1/8 inches or greater, the spill bucket fails the integrity test.					
	Result of Hydrostatic Test	<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
INTEGRITY TEST PASS/FAIL CRITERIA: 1) Must pass Visual Inspection AND 2) Vacuum Test						
INTEGRITY TEST RESULTS:		<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
COMMENTS:						

Recommended Photo Documentation:

- identification of the sump being tested
- time and depth of water at end of hydrostatic test
- issues discovered during visual inspection
- time and depth of water at start of hydrostatic test
- condition of sump prior to testing