



# County of San Diego

DEPARTMENT OF ENVIRONMENTAL HEALTH-HAZARDOUS MATERIALS DIVISION

P.O. BOX 129261, SAN DIEGO, CA 92112-9261  
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[http://www.sdcounty.ca.gov/deh/hmd/forms\\_hmd.html](http://www.sdcounty.ca.gov/deh/hmd/forms_hmd.html)



## TANK INTEGRITY TEST REPORT

<b>OFFICE USE ONLY:</b>	PERMIT #: _____	RECEIVED: ___/___/___	Tester on File: <input type="checkbox"/> YES <input type="checkbox"/> NO
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**TANK LOCATION:** \_\_\_\_\_  
 Street Number                      Street Name                      City                      Zip Code

**TANK OPERATOR:** Name: \_\_\_\_\_ Phone #: (\_\_\_\_) \_\_\_\_\_

**TANK OWNER:** Name: \_\_\_\_\_ Phone #: (\_\_\_\_) \_\_\_\_\_  
 \_\_\_\_\_  
 Street Number                      Street Name                      City                      Zip Code

**Reason for Tank System Testing:**     Annual Test                       Retest After Repair                       Suspected Leak  
 Triennial Product Suction/Remote     Fill Line Annual Product Pressure Line                       Other

**THE PRESENCE OF GROUNDWATER MUST BE DETERMINED, OR THE TEST RESULTS WILL BE INVALID**

Method for determining groundwater in tank excavation: \_\_\_\_\_

Was groundwater encountered in tank excavation?  Yes     No

If Yes, state groundwater compensation procedure used: \_\_\_\_\_

Automatic Line Leak Detector Tested in accordance with CCR section 2641(i) :     Yes                       No

Type of Product Line/Fill Delivery:  Pressurized                       Remote Fill                       Suction                       Other

Type of Spill Overfill Prevention:  Positive Shut Off                       Ball Floats                       High Level Alarm

Tank No.	Tank Capacity	Tank Content	Product Line		Overfilled Tank Test (including vent, vapor & fill)		Underfilled Tank Test (spill/overfill prevention equipment required)		Test Date
			Gal/Hour	Pass/Fail	Gal/Hour	Pass/Fail	Gal/Hour	Pass/Fail	
									___/___/___
									___/___/___
									___/___/___
									___/___/___

**These integrity tests have been conducted by a tester certified according to the requirements of the tank/line test equipment manufacturer. The tester is licensed by the CA State Water Resources Control Board (SWRCB), Office of Tank Tester Licensing and meets the requirements of Chapter 17, Title 23, of the CA Code of Regulations (effective June 12, 2004). The tank owner has been notified of these results and has been advised of the reporting requirements for integrity testing. This UST tightness test method is listed in the Local Guidance Letter (LG-113) by the SWRCB, has received third party verification, and meets its applicable limitations.**

Testing Company: \_\_\_\_\_

Name of Test Equipment: \_\_\_\_\_

Name of Licensed Tester \_\_\_\_\_ License No. \_\_\_\_\_

Signature of Tester \_\_\_\_\_ Date: \_\_\_ / \_\_\_ / \_\_\_