



County of San Diego

DEPARTMENT OF ENVIRONMENTAL HEALTH & QUALITY-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



TANK INTEGRITY TEST REPORT

OFFICE USE ONLY:	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 _____
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TANK OPERATOR:	Name: _____	Phone #: (____) _____
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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: ___/___/___