# TANK INTEGRITY TEST REPORT

**OFFICE USE ONLY:** PERMIT #: __________________ RECEIVED: ___/___/___ Tester on File: □ YES □ NO

## TANK LOCATION:

<table>
<thead>
<tr>
<th>Street Number</th>
<th>Street Name</th>
<th>City</th>
<th>Zip Code</th>
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</thead>
</table>

## TANK OPERATOR:

Name: ____________________ Phone #: (______) __________________

## TANK OWNER:

Name: ____________________ Phone #: (______) __________________

## 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

<table>
<thead>
<tr>
<th>Tank No.</th>
<th>Tank Capacity</th>
<th>Tank Content</th>
<th>Product Line</th>
<th>Overfilled Tank Test (including vent, vapor &amp; fill)</th>
<th>Underfilled Tank Test (spill/overfill prevention equipment required)</th>
<th>Test Date</th>
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</thead>
<tbody>
<tr>
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<td>Gal/Hour Pass/Fail</td>
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</table>

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: ___/___/___