

## Standardized Hydrostatic Tightness Testing Form

Rhode Island allows both full and low-level hydrostatic tightness tests of sumps and under-dispenser containment. Spill containment basins always require a full test. In order to qualify for low-level testing, the every sump or UDC tested must have an operational automatic shutdown device which shuts down either the STP or the dispenser if liquid is detected in the component being tested. If the facility does not have a automatic shutdown device, the sensors are not mounted at the lowest point in the sump, or the sensor or automatic shutdown is malfunctioning, a full test is required. Hydrostatic testing may only be performed by DEM-licensed tightness testers.

You are required to perform the test exactly as specified in the DEM low-level hydrostatic test method, available on our website. Please note the PEI method is not accepted at this time. Any loss greater than 1/8" over 60 minutes is considered a failed test. Testing fluid may be reused with the facility owners consent. Any testing fluid no longer being used for testing must be disposed of in accordance with Federal, State, and local law.

RI DEM UST Facility ID #:  Test Date:

Facility Name:

Facility Address:  City/Town:

Site Contact Name:  Telephone #:

If performing a low-level test, are all sensors securely mounted at the lowest point and when tested activate the automatic shutdown?    Yes    No

To the best of your knowledge, is this the first time these components have been tested?    Yes    No

Were components clean and free of all liquids and other debris at the start of the test?    Yes    No

Associated UST #	Component Type (e.g., Spill bucket, sump)	Construction Type (Single or Double-Wall)	Test Type (Full or Low-level)	Sensor Present	Visible holes or damage?		Liquid Depth (in)			Measured Loss (in)	Result (Pass/Fail)
					Yes	No	T=0	T=15	T=60		
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Any failed result must be immediately reported to RI DEM by using the online reporting tool at [www.dem.ri.gov/ust](http://www.dem.ri.gov/ust)



Fate of Fluid used in this test:

Testing Company Name:

Tester Phone #:  Tester E-mail:

Tester Name:  Tester Signature:

RI DEM UST #:  Facility Address:  City/Town:

Use the space below to draw a sketch of the facility, including all USTs, product piping, and dispensers. Ensure that all items are properly labeled and match the UST # number listed on the 1st page. If you prefer to provide an electronic sketch, you may attach a printout of a detailed design instead.

