Spill and Overfill Testing Report Form

The applicable portions of this form must be completed and provided to the facility owner/operator within 30 days of the test date, along with written test procedures, data collection logs, and printouts from test equipment (if applicable). Facility must keep this page along with pages 2-3 as applicable on record for submittal to the WVDEP upon request. Each page must identify the facility and contain the WVDEP certified worker's signature and WVDEP certified worker must be onsite during testing.

When pressure/vacuum testing, any loss in pressure/vacuum during the test shall be considered a failed test, regardless of the manufacturer's criteria for declaring a passed test.

A. Facility Information	on WVDEP F.			ACILITY	Y ID#:							
Facility Name:		,		Site Address:								
Facility Contact:				Phone:	Phone: Date of Te			esting:				
B. Testing Contractor In	formation											
To the best of my knowled		ts stated i	n this docu	ment are	e accura	te and in f	ull com	plianc	e with les	gal re	auirements	
Company:	<u></u>		e of Tester:		W	VDEP rtification #:		's Signa		<u> </u>	<u> </u>	Date:
Address:			City:		Ph	one number:		E	mail addres	55:		·
C. Testing of Spill Buckets	5 (Required e	very three	years)								Spill bu	cket(s) not tested
Test Method Developed By: (Specify Method			Industry Stan	dard		Other					Test Equipm	ent Used:
Test Method Used: Pressure	Vacuum	Hydros	static 🗌 Othe	er (Specify)):						Equipment P	recision:
	Bucket #	Buc	ket #	Bucket #	ŧ	Bucket #]	Bucket	#	Buck	xet #	Bucket #
Bucket depth:												
Wait time between applying pressure/vacuum/water & starting test:												
Test start time:												
Initial reading:												
Test end time:												
Final reading:												
Change in reading:												
Pass/Fail threshold/criteria:												
Test Result:	Pass	Fail 🗌 Pa	ass 🗌 Fail	Pass	🗌 Fail	Pass] Fail [Pass	🗌 Fail	P	ass 🗌 Fail	🗌 Pass 🗌 Fail

D. Overfill Prevention Evaluation (Required every three years)

	Tank #					
Tank Capacity						
Tank Diameter						
Product Stored						

Spill and Overfill Testing Report Form - Page 2 of 3

Facility N	lame:
------------	-------

Facility ID :

Tester Signature:

Overfill Manufacturer							
Overfill Model							
Test Method	Overfill Manuf	acturer 🗌 Industr	ry Standard 🗌 Oth	er(Specify Metho	od Here):		
Due duet delivery method	Pressurized	Pressurized	Pressurized	Pressurized	Pressurize	d Pressurized	Pressurized
Product delivery method	Gravity						
	Ball Float						
Overfill Type	Drop Tube Shutoff						
	🗌 Alarm						

Ball Float Verification	Tank #	Tank #	Tank #	Tank #	Tank #	Tank #
Test Method	Manufacturer [Industry Standard	Other(Specify Method	Here):		
Tank top fittings vapor tight and leak free?	🗌 Yes 🗌 No	□ Yes □ No	🗌 Yes 🗌 No	🗌 Yes 🗌 No	☐ Yes ☐ No	🗌 Yes 🗌 No
Ball float cage free of debris?	🗌 Yes 🗌 No	🗌 Yes 🗌 No	Yes No	🗌 Yes 🗌 No	🗌 Yes 🗌 No	🗌 Yes 🗌 No
moves meety in cage?	🗌 Yes 🗌 No	🗌 Yes 🗌 No	🗌 Yes 🗌 No	🗌 Yes 🗌 No	🗌 Yes 🗌 No	🗌 Yes 🗌 No
Vent hole in pipe open and near top of tank?	🗌 Yes 🗌 No	🗌 Yes 🗌 No	🗌 Yes 🗌 No	🗌 Yes 🗌 No	🗌 Yes 🗌 No	🗌 Yes 🗌 No
Is this a suction-piping system?*	🗌 Yes 🗌 No	🗌 Yes 🗌 No	Yes No	🗌 Yes 🗌 No	🗌 Yes 🗌 No	🗌 Yes 🗌 No
Tank capacity % when flow is restricted? Not greater than 90%						
Test Result**:	🗌 Pass 🔲 Fail	🗌 Pass 🔲 Fail	🗌 Pass 🔲 Fail	🗌 Pass 🔲 Fail	🗌 Pass 🔲 Fail	🗌 Pass 🗌 Fail

* If "Yes," Ball floats must be replaced with another type of overfill prevention equipment. **If Ball Float fails, it must be replaced with another type of overfill prevention equipment

Drop Tube Shut Off Device	Tank #	Tank #	Tank #	Tank #	Tank #	Tank #
Test Method	Manufacturer	Industry Standard	Other(Specify Meth	od Here):		
Drop tube removed from tank?	Yes No	Yes No	Yes No	Yes No	Yes No	Yes No
Drop Tube and Float free of debris?	🗌 Yes 🗌 No	🗌 Yes 🗌 No	🗌 Yes 🗌 No	🗌 Yes 🗌 No	🗌 Yes 🗌 No	🗌 Yes 🗌 No
Float and Poppet move freely?	🗌 Yes 🗌 No	🗌 Yes 🗌 No	🗌 Yes 🗌 No	🗌 Yes 🗌 No	🗌 Yes 🗌 No	🗌 Yes 🗌 No
Poppet enters flow path when float is engaged?	🗌 Yes 🗌 No	🗌 Yes 🗌 No	🗌 Yes 🗌 No	🗌 Yes 🗌 No	🗌 Yes 🗌 No	🗌 Yes 🗌 No
Bypass Valve in the drop tube is open	Yes No	Yes No	Yes No	Yes No	Yes No	Yes No
and free of blockage (if present)?	N/A	N/A	□ N/A	□ N/A	□ N/A	N/A
Tank Capacity % when flow is						
stopped? (not greater than 95%						
Test Result:	🗌 Pass 🔲 Fail	🗌 Pass 🔲 Fail	🗌 Pass 🔲 Fail	🗌 Pass 🔲 Fail	🗌 Pass 🗌 Fail	🗌 Pass 🔲 Fail

Facility N	Vame:
------------	-------

Facility ID #:

Overfill Alarm	Tank #	Tank #	Tank #	Tank #	Tank #	Tank #
Test Method	Manufacturer [Industry Standard	Other(Specify Method	Here):		
Visible or Audible to delivery driver?	Yes No	Yes No	Yes No	Yes No	Yes No	Yes No
Probe and Float in good condition?	🗌 Yes 🗌 No	🗌 Yes 🗌 No	Yes No	🗌 Yes 🗌 No	🗌 Yes 🗌 No	🗌 Yes 🗌 No
Float moves freely?	🗌 Yes 🗌 No	🗌 Yes 🗌 No	See Yes No	🗌 Yes 🗌 No	🗌 Yes 🗌 No	🗌 Yes 🗌 No
Does simulated overfill trigger alarm?	🗌 Yes 🗌 No	🗌 Yes 🗌 No	See Yes No	🗌 Yes 🗌 No	🗌 Yes 🗌 No	🗌 Yes 🗌 No
Tank Capacity when alarm is						
triggered? %						
Test Result:	🗌 Pass 🔲 Fail	🗌 Pass 🗌 Fail	🗌 Pass 🔲 Fail	🗌 Pass 🔲 Fail	🗌 Pass 🔲 Fail	🗌 Pass 🔲 Fail

Tester		Print	Phone:
Signature:	Date:	Name:	Contact: