

Interstitial Monitoring 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. WVDEP certified worker must be on site during all 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	WVDEP FACILITY ID#:		
Facility Name:	Site Address:		
Facility Contact:	Phone:	Date of Testing:	

B. Testing Contractor Information

To the best of my knowledge, the facts stated in this document are accurate and in full compliance with legal requirements.				
Company:	Print Name of Tester:	WVDEP Certification #:	Tester's Signature:	Date:
Address:	City:	Phone number:	Email address:	

F. Testing of Sumps and Under-Dispenser Containment (UDC) (Required at install and every three years if used for interstitial monitoring)

If not using one of the test methods listed below, containment sumps being hydrostatically tested must be filled to at least 6 inches above the highest penetration, fitting or joint and allowed to stand at least 15 minutes before beginning the test. The test must last at least one hour. A liquid level change of 1/8" or more indicates a failure and must be reported immediately to WVDEP.

Test Method Developed By: <input type="checkbox"/> UDC Manufacturer; <input type="checkbox"/> Industry Standard <input type="checkbox"/> Other (<i>Specify</i>):						Test Equipment Used:	
Test Method Used: <input type="checkbox"/> Pressure <input type="checkbox"/> Vacuum <input type="checkbox"/> Hydrostatic <input type="checkbox"/> Other (<i>Specify</i>):						Equipment Precision:	
Reason for Test: <input type="checkbox"/> Required Routine 3-year Test <input type="checkbox"/> Suspected Release <input type="checkbox"/> Other (<i>Specify</i>):							
Dispenser #s, product, Tank #	ID:	ID:	ID:	ID:	ID:	ID:	ID:
STP/UDC/Other sump	<input type="checkbox"/> STP <input type="checkbox"/> UDC <input type="checkbox"/> OTHER	<input type="checkbox"/> STP <input type="checkbox"/> UDC <input type="checkbox"/> OTHER	<input type="checkbox"/> STP <input type="checkbox"/> UDC <input type="checkbox"/> OTHER	<input type="checkbox"/> STP <input type="checkbox"/> UDC <input type="checkbox"/> OTHER	<input type="checkbox"/> STP <input type="checkbox"/> UDC <input type="checkbox"/> OTHER	<input type="checkbox"/> STP <input type="checkbox"/> UDC <input type="checkbox"/> OTHER	<input type="checkbox"/> STP <input type="checkbox"/> UDC <input type="checkbox"/> OTHER
Installed after 4/11/2016?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Sump depth (inches):							
Height from sump bottom to top of highest sump penetration:							
Portion of sump tested ¹ :							
Wait time between applying pressure/vacuum/water and starting test	minutes	minutes	minutes	minutes	minutes	minutes	minutes
Test start date/time:							
Initial reading:							

1. If the entire depth of the sump is not tested, specify how much was tested.

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Facility Name:

Facility ID#:

Tester Signature:

Test end date/time:							
Final reading:							
Change in reading:							
Pass/Fail threshold or criteria:							
Test Result:	<input type="checkbox"/> Pass <input type="checkbox"/> Fail	<input type="checkbox"/> Pass <input type="checkbox"/> Fail	<input type="checkbox"/> Pass <input type="checkbox"/> Fail	<input type="checkbox"/> Pass <input type="checkbox"/> Fail	<input type="checkbox"/> Pass <input type="checkbox"/> Fail	<input type="checkbox"/> Pass <input type="checkbox"/> Fail	<input type="checkbox"/> Pass <input type="checkbox"/> Fail
Were sensors properly replaced and verified as functional after testing?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A

G. Testing of Sensor Functionality: (Required annually if used for interstitial monitoring)

Dispenser #s, product, Tank #	ID:	ID:	ID:	ID:	ID:	ID:	ID:
Sensor Location							
Sensor Number							
Manufacturer							
Model							
Sensor Type	<input type="checkbox"/> Discriminating <input type="checkbox"/> Non-Discriminating	<input type="checkbox"/> Discriminating <input type="checkbox"/> Non-Discriminating	<input type="checkbox"/> Discriminating <input type="checkbox"/> Non-Discriminating	<input type="checkbox"/> Discriminating <input type="checkbox"/> Non-Discriminating	<input type="checkbox"/> Discriminating <input type="checkbox"/> Non-Discriminating	<input type="checkbox"/> Discriminating <input type="checkbox"/> Non-Discriminating	<input type="checkbox"/> Discriminating <input type="checkbox"/> Non-Discriminating
Test Liquid	<input type="checkbox"/> Water <input type="checkbox"/> Product	<input type="checkbox"/> Water <input type="checkbox"/> Product	<input type="checkbox"/> Water <input type="checkbox"/> Product	<input type="checkbox"/> Water <input type="checkbox"/> Product	<input type="checkbox"/> Water <input type="checkbox"/> Product	<input type="checkbox"/> Water <input type="checkbox"/> Product	<input type="checkbox"/> Water <input type="checkbox"/> Product
Is the ATG console clear of alarms?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is the sensor properly positioned?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is the sensor in a good state of repair?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does the sensor trigger an alarm?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is the sensor correctly identified on the ATG?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
TEST RESULT	<input type="checkbox"/> Pass <input type="checkbox"/> Fail	<input type="checkbox"/> Pass <input type="checkbox"/> Fail	<input type="checkbox"/> Pass <input type="checkbox"/> Fail	<input type="checkbox"/> Pass <input type="checkbox"/> Fail	<input type="checkbox"/> Pass <input type="checkbox"/> Fail	<input type="checkbox"/> Pass <input type="checkbox"/> Fail	<input type="checkbox"/> Pass <input type="checkbox"/> Fail
Were sensors properly replaced and verified as functional after testing?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Test Method	<input type="checkbox"/> Manufacturer <input type="checkbox"/> Industry Standard <input type="checkbox"/> Other (Specify Method Here):						

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Facility Name: _____

Facility ID#: _____

CONTINUED FOR ADDITIONAL SENSORS

Dispenser #s, product, Tank #	ID:	ID:	ID:	ID:	ID:	ID:	ID:
Sensor Location							
Sensor Number							
Manufacturer							
Model							
Sensor Type	<input type="checkbox"/> Discriminating <input type="checkbox"/> Non-Discriminating	<input type="checkbox"/> Discriminating <input type="checkbox"/> Non-Discriminating	<input type="checkbox"/> Discriminating <input type="checkbox"/> Non-Discriminating	<input type="checkbox"/> Discriminating <input type="checkbox"/> Non-Discriminating	<input type="checkbox"/> Discriminating <input type="checkbox"/> Non-Discriminating	<input type="checkbox"/> Discriminating <input type="checkbox"/> Non-Discriminating	<input type="checkbox"/> Discriminating <input type="checkbox"/> Non-Discriminating
Test Liquid	<input type="checkbox"/> Water <input type="checkbox"/> Product	<input type="checkbox"/> Water <input type="checkbox"/> Product	<input type="checkbox"/> Water <input type="checkbox"/> Product	<input type="checkbox"/> Water <input type="checkbox"/> Product	<input type="checkbox"/> Water <input type="checkbox"/> Product	<input type="checkbox"/> Water <input type="checkbox"/> Product	<input type="checkbox"/> Water <input type="checkbox"/> Product
Is the ATG console clear of alarms?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is the sensor properly positioned?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is the sensor in a good state of repair?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does the sensor trigger an alarm?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is the sensor correctly identified on the ATG?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
TEST RESULT	<input type="checkbox"/> Pass <input type="checkbox"/> Fail	<input type="checkbox"/> Pass <input type="checkbox"/> Fail	<input type="checkbox"/> Pass <input type="checkbox"/> Fail	<input type="checkbox"/> Pass <input type="checkbox"/> Fail	<input type="checkbox"/> Pass <input type="checkbox"/> Fail	<input type="checkbox"/> Pass <input type="checkbox"/> Fail	<input type="checkbox"/> Pass <input type="checkbox"/> Fail
Were sensors properly replaced and verified as functional after testing?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A

COMMENTS:

Tester
Signature: _____

Date: _____

Print
Name: _____

Phone:
Contact: _____