 KDHE Reference No: Owner ID:_____ Facility ID: _____

UST Secondary Containment Testing Report

Complete for new installs and upgrades that require interstitial monitoring

Date of Test: _____

Worker ID:_____

Company ID: _____

Signature:_____

Submit To: Kansas Department of Health and Environment
Bureau of Environmental Remediation
Storage Tank Section
1000 SW Jackson, Suite 410
Topeka, KS 66612-1367

Phone: 785-296-8061 Fax: 785-559-4260

I. Facility Information

a. Facility Name:_____

b. Facility Address: _____
(Street) (City) (State) (ZIP)

c. Contact Person:_____ Phone:_____

II. Owner Information

a. Owner Name:_____

b. Owner Address:_____
(Street) (City) (State) (ZIP)

c. Owner Contact Person:_____ Phone:_____

III. Test Method:_____

When using PEI Recommended Practices for hydrostatic testing the water level must be 6 inches above the highest penetration and the test length must be a minimum of 4 hours

IV. Test Results

Containment Sump Description	Date	Start Time	End Time	Test Length	Start Height (Inches)	End Height (Inches)	Pass	Fail