

STORAGE TANK SYSTEM TEST FORM

Regional Offices
 St. John's (709) 729-2550
 Clarenville (709) 466-4061
 Gander (709) 256-1430
 Grand Falls (709) 292-4206
 Corner Brook (709) 637-2204
 Happy Valley-Goose Bay (709) 896-5428

Test Certification Form as required under *The Storage and Handling of Gasoline and Associated Products Regulations*

1. PLEASE TYPE OR PRINT IN INK

NAME OF TANK OWNER OR OPERATOR	
ADDRESS	
TANK SERIAL NUMBER	DATE OF TEST
TEST PERFORMED BY	COMPANY AFFILIATION OF TESTER

2. REASON FOR TEST (please check)

NEW OR ALTERED OR REPAIRED SYSTEM SET INTO OPERATION
 REQUEST FROM DEPARTMENT
 SYSTEM BEING ABANDONED
 STORAGE TANK SYSTEM IN CRITICAL AREA
 STORAGE TANK SYSTEM IN SENSITIVE AREA
 OTHER (PLEASE SPECIFY) _____

3. TYPE OF TEST USED (please check)

HYDROSTATIC (UNDERGROUND SYSTEMS)
 48 HOUR DIP (ABOVEGROUND VERTICAL SYSTEMS)
 VISUAL (OVERHEAD HORIZONTAL TANKS)
 PRESSURE (PIPING SYSTEMS)
 ELECTRICAL POTENTIAL (CATHODIC PROTECTION SYSTEMS)
 PERCOLATION (DYKING SYSTEMS)
 OTHER (PLEASE SPECIFY) _____

4. ATTACH A SKETCH OF ALL STORAGE TANK SYSTEMS AT LOCATION, INDICATING WHICH SYSTEMS WERE TESTED.

5. TEST RESULTS

(please check)

<input type="checkbox"/> LEAK IN TANK	<input type="checkbox"/> UNDETERMINED LEAK IN STORAGE TANK SYSTEM	<input type="checkbox"/> DYKE PERMEABILITY SATISFACTORY
<input type="checkbox"/> LEAK IN PIPING	<input type="checkbox"/> SYSTEM LIQUID TIGHT	<input type="checkbox"/> ELECTRICAL POTENTIAL SATISFACTORY

HYDROSTATIC TEST					A. Duration of Test: _____	Percolation Test Result: _____ L/m ² /d
Time	Pressure (Kilopascals)	Litres Injected or Drained	Temp. °C	Accum. Vol. Change		

B. Final Accum. Vol. Change: _____

C. Result (B/A): _____

Electrical Potential Measured: _____ mV

48 HOUR DIP TEST				
Time	Dip Reading	Litres	Change	Temp. °C

PRESSURE TEST		
Tested with (please check): <input type="checkbox"/> Liquid <input type="checkbox"/> Air		
	Tank	Piping
Initial Pressure		
Duration of Test		
Final Pressure		

I/WE HEREBY CERTIFY THAT THE INFORMATION SUPPLIED ON THIS FORM IS COMPLETE AND ACCURATE.

_____ Tester _____ Date _____ Storage Tank System Owner or Operator