

LIQUID TIGHTNESS TESTS FOR SPILL BUCKETS AND CONTAINMENT SUMPS

OKLAHOMA CORPORATION COMMISSION
PETROLEUM STORAGE TANK DIVISION
P.O. Box 171
Oklahoma City, OK 73101

REQUIRED ONCE EVERY THREE (3) YEARS

NOTE: THIS FORM MAY ALSO BE USED FOR NEW INSTALLATIONS

I. FACILITY INFORMATION

Facility ID: _____ Date of Test: ____/____/____

Facility Name: _____

Physical Address: _____

City, State, & Zip: _____

II. TESTING COMPANY INFORMATION

Company Name: _____ Company Phone: _____

Tester Name & Certification No: _____

III. PROCEDURES AND INSTRUCTIONS

Component	Pass	Fail	Visual Fail	Repairs Made	Component	Pass	Fail	Visual Fail	Repairs Made
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

IV. CERTIFICATION (Read and sign after completing all sections)

I certify under penalty of law that I have examined and am familiar with the information submitted on this form and believe that the information is true, accurate, and complete. Additionally, all liquid and debris used for testing have been disposed of properly.

X _____

Tester Signature _____ Date _____

V. TESTING CONTAINMENT SUMPS

Test Method Developed By:	<input type="checkbox"/> Industry Standard <input type="checkbox"/> Manufacturer	<input type="checkbox"/> Other (specify below)
Test Method Used:	<input type="checkbox"/> Hydrostatic <input type="checkbox"/> Vacuum	<input type="checkbox"/> Pressure <input type="checkbox"/> Other (specify below)

Specify Here:

Sump Number					
Sump Material					
Sump Diameter					
Sump Depth					
Height From Bottom to Highest Penetration or Sidewall Seam (inch)					
Test Start Time					
Initial Reading (R ₁)					
Test End Time					
Final Reading (R ₂)					
Change In Reading (R ₁ – R ₂)					

Pass/Fail criteria: Sump must pass visual inspection. Change in reading of less than 1/8 inch (0.125)

FINAL TEST RESULTS	<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
Was leak detection sensor 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
Was the secondary piping boots opened 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

Comments:

If additional sumps are tested, please make additional copies of this page.

VI. TESTING UNDER DISPENSER CONTAINMENT (UDC)

Test Method Developed By:	<input type="checkbox"/> Industry Standard <input type="checkbox"/> Manufacturer	<input type="checkbox"/> Other (specify below)
Test Method Used:	<input type="checkbox"/> Hydrostatic <input type="checkbox"/> Vacuum	<input type="checkbox"/> Pressure <input type="checkbox"/> Other (specify below)

Specify Here:

Dispenser Number					
UDC Manufacturer					
UDC Depth					
Height From Bottom to Highest Penetration or Sidewall Seam (inch)					
Test Start Time					
Initial Reading (R ₁)					
Test End Time					
Final Reading (R ₂)					
Change In Reading (R ₁ – R ₂)					

Pass/Fail criteria: Sump must pass visual inspection. Change in reading of less than 1/8 inch (0.125)

FINAL TEST RESULTS	<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
Was leak detection sensor 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
Was the secondary piping boots opened 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

Dispenser Number					
UDC Manufacturer					
UDC Depth					
Height From Bottom to Highest Penetration or Sidewall Seam (inch)					
Test Start Time					
Initial Reading (R ₁)					
Test End Time					
Final Reading (R ₂)					
Change In Reading (R ₁ – R ₂)					

Pass/Fail criteria: Sump must pass visual inspection. Change in reading of less than 1/8 inch (0.125)

FINAL TEST RESULTS	<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
Was leak detection sensor 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
Was the secondary piping boots opened 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

VII. TESTING UNDER DISPENSER CONTAINMENT (UDC) – CONTINUED

Dispenser Number					
UDC Manufacturer					
UDC Depth					
Height From Bottom to Highest Penetration or Sidewall Seam (inch)					
Test Start Time					
Initial Reading (R ₁)					
Test End Time					
Final Reading (R ₂)					
Change In Reading (R ₁ – R ₂)					

Pass/Fail criteria: Sump must pass visual inspection. Change in reading of less than 1/8 inch (0.125)

FINAL TEST RESULTS	<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
Was leak detection sensor 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
Was the secondary piping boots opened 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

Dispenser Number					
UDC Manufacturer					
UDC Depth					
Height From Bottom to Highest Penetration or Sidewall Seam (inch)					
Test Start Time					
Initial Reading (R ₁)					
Test End Time					
Final Reading (R ₂)					
Change In Reading (R ₁ – R ₂)					

Pass/Fail criteria: Sump must pass visual inspection. Change in reading of less than 1/8 inch (0.125)

FINAL TEST RESULTS	<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
Was leak detection sensor 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
Was the secondary piping boots opened 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

Comments:

VIII. TESTING SPILL BUCKETS

Test Method Developed By:	<input type="checkbox"/> Industry Standard <input type="checkbox"/> Manufacturer	<input type="checkbox"/> Other (specify below)
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Specify Here:

Tank Number					
Bucket Construction	<input type="checkbox"/> Single-walled <input type="checkbox"/> Double-walled	<input type="checkbox"/> Single-walled <input type="checkbox"/> Double-walled	<input type="checkbox"/> Single-walled <input type="checkbox"/> Double-walled	<input type="checkbox"/> Single-walled <input type="checkbox"/> Double-walled	<input type="checkbox"/> Single-walled <input type="checkbox"/> Double-walled
Test Type	<input type="checkbox"/> Hydrostatic <input type="checkbox"/> Vacuum	<input type="checkbox"/> Hydrostatic <input type="checkbox"/> Vacuum	<input type="checkbox"/> Hydrostatic <input type="checkbox"/> Vacuum	<input type="checkbox"/> Hydrostatic <input type="checkbox"/> Vacuum	<input type="checkbox"/> Hydrostatic <input type="checkbox"/> Vacuum
Bucket Diameter					
Bucket Depth					
Test Start Time					
Initial Reading (R₁)					
Test End Time					
Final Reading (R₂)					
Change In Reading (R₁ – R₂)					

Pass/Fail criteria: Spill bucket must pass visual inspection. Hydrostatic: water level drop of less than 1/8 inch (0.125); Vacuum (single walled): maintain at least 26 inches water column; Vacuum (double walled): maintain at least 12 inches water column.

FINAL TEST RESULTS	<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
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Tank Number					
Bucket Construction	<input type="checkbox"/> Single-walled <input type="checkbox"/> Double-walled	<input type="checkbox"/> Single-walled <input type="checkbox"/> Double-walled	<input type="checkbox"/> Single-walled <input type="checkbox"/> Double-walled	<input type="checkbox"/> Single-walled <input type="checkbox"/> Double-walled	<input type="checkbox"/> Single-walled <input type="checkbox"/> Double-walled
Test Type	<input type="checkbox"/> Hydrostatic <input type="checkbox"/> Vacuum	<input type="checkbox"/> Hydrostatic <input type="checkbox"/> Vacuum	<input type="checkbox"/> Hydrostatic <input type="checkbox"/> Vacuum	<input type="checkbox"/> Hydrostatic <input type="checkbox"/> Vacuum	<input type="checkbox"/> Hydrostatic <input type="checkbox"/> Vacuum
Bucket Diameter					
Bucket Depth					
Test Start Time					
Initial Reading (R₁)					
Test End Time					
Final Reading (R₂)					
Change In Reading (R₁ – R₂)					

Pass/Fail criteria: Spill bucket must pass visual inspection. Hydrostatic: water level drop of less than 1/8 inch (0.125); Vacuum (single walled): maintain at least 26 inches water column; Vacuum (double walled): maintain at least 12 inches water column.

FINAL TEST RESULTS	<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
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Comments:

KEEP THIS RECORD FOR THREE (3) YEARS.