



TIGHTNESS TESTING FOR SECONDARY CONTAINMENT

Where secondary containment is installed, it is the intent of the owner/operator to contain liquid released from potential leaks and spills, rather than being released into the environment. It is for this reason that OPS requires all secondary containment to be tightness tested at the time of installation or following a repair, after all necessary bulkhead perforations have been made. OPS may also require secondary containment tightness testing where a leak or spill into the containment has occurred, or where damage to the containment is suspected. Secondary containment, including under-dispenser containment (UDC), submersible turbine pump (STP) and piping sumps, and spill containers (spill buckets) must be tightness tested with one of the following methods, and documented:

1. Test in accordance with manufacturer requirements where tightness testing requirements exist.
2. Test in accordance with an applicable method specified in an industry code or engineering standard approved by OPS.
3. Conduct hydrostatic testing as outlined below:
 - a. UDC, STP, and piping sumps must be filled with water to a level above all containment wall/bulkead perforations. Spill containers/buckets must be filled with water to a level 2” below the drop tube/fill connection opening.
 - b. Mark the liquid line with spray paint, or other indelible marking device.
 - c. Let stand for 1 hour minimum.
 - d. Observe liquid level and record results.
 - e. If an observable drop in liquid level is identified, the containment has failed this test. Conduct any necessary repairs and repeat test.
4. Test using other method approved in advance by OPS.
5. Record all test results and provide copies to OPS.



**UNDERGROUND STORAGE TANK AND UNDERGROUND PIPING
 SECONDARY CONTAINMENT / SPILL CONTAINER TESTING**
 Page 1 of 2

OPS Facility ID: _____ OPS Installation #: OFL _____ Installation Date: ___/___/___

Facility Name:			Installer Name:		
Address:			Address:		
City:	State: CO	Zip:	City:	State:	Zip:
Phone #:	Fax #:		Phone #:	Fax #:	
Contact Name:			Contact Name:		

SECONDARY CONTAINMENT INFORMATION

Secondary Containment Present At Site (mark all that apply) <input type="checkbox"/> DW Tanks <input type="checkbox"/> DW Piping <input type="checkbox"/> Spill Containers <input type="checkbox"/> STP/Piping Sump Containment <input type="checkbox"/> Under-dispenser Containment <input type="checkbox"/> Fill Riser Containment						
Note: Choices for Test Method Used are – Pressure, Vacuum, Hydrostatic, or Other						
DW Tanks (Annular Testing)						
OPS Tank # Assigned						
Test Method Used						
Describe if 'Other'						
Test Equipment Mfr./Model						
Test Start Time						
Initial Reading						
Test End Time						
Final Reading						
Change In Readings						
Pass/Fail Threshold or Criteria						
Result (Pass/Fail)						
DW Piping (Secondary Testing)						
OPS Tank # Assigned						
Test Method Used						
Describe if 'Other'						
Test Equipment Mfr./Model						
Test Start Time						
Initial Reading						
Test End Time						
Final Reading						
Change In Readings						
Pass/Fail Threshold or Criteria						
Result (Pass/Fail)						
Spill Containers (Spill Buckets)						
OPS Tank # Assigned						
Test Method Used						
Describe if 'Other'						
Test Equipment Mfr./Model						
Test Start Time						
Initial Reading						
Test End Time						
Final Reading						
Change In Readings						
Pass/Fail Threshold or Criteria						
Result (Pass/Fail)						



**UNDERGROUND STORAGE TANK AND UNDERGROUND PIPING
 SECONDARY CONTAINMENT / SPILL CONTAINER TESTING**
 Page 2 of 2

OPS Facility ID: _____ OPS Installation #: OFL _____ Installation Date: ____/____/____

Note: Choices for Test Method Used are – Pressure, Vacuum, Hydrostatic, or Other

STP/Piping Sump Containment

OPS Tank # Assigned						
Test Method Used						
Describe if 'Other'						
Test Equipment Mfr./Model						
Test Start Time						
Initial Reading						
Test End Time						
Final Reading						
Change In Readings						
Pass/Fail Threshold or Criteria						
Result (Pass/Fail)						

Under-dispenser Containment

UDC #						
Test Method Used						
Describe if 'Other'						
Test Equipment Mfr./Model						
Test Start Time						
Initial Reading						
Test End Time						
Final Reading						
Change In Readings						
Pass/Fail Threshold or Criteria						
Result (Pass/Fail)						

Fill Riser Containment

OPS Tank # Assigned						
Test Method Used						
Describe if 'Other'						
Test Equipment Mfr./Model						
Test Start Time						
Initial Reading						
Test End Time						
Final Reading						
Change In Readings						
Pass/Fail Threshold or Criteria						
Result (Pass/Fail)						

OPS inspector present during testing? Yes No Copy of completed manufacturer's installation checklist received? Yes No

Inspector Name: _____ Inspector Signature: _____ Date: ____/____/____

I certify under penalty of law that the information provided here and in supporting documents is true, accurate, and complete.

Note: When an OPS Inspector is not present, this form must be signed by the Installer AND Owner before submitting to OPS.

Tester Name: _____ Tester Signature: _____ Date: ____/____/____

Owner Name: _____ Owner Signature: _____ Date: ____/____/____

OPS USE: Date Reviewed ____/____/____ Reviewed By _____