



Tightness Testing for Secondary Containment

Secondary containment, including under-dispenser containment (UDC), submersible turbine pump (STP), piping sumps and spill container (spill buckets) must be tightness-tested after all required perforation have been made, and documented, using one of the following methods.

1. In accordance with manufacturer requirements, where tightness testing requirements exist.
2. In accordance with an applicable method specified in an industry code or engineering standard approved by the Division of Oil and Public Safety (OPS).
3. Hydrostatic testing, as outlined below.
 - a. UDC, STP and piping sumps must be filled with water to a level above all containment wall/bulkhead 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 another indelible marking device.
 - c. Let stand for a minimum of 1 hour.
 - d. Observe the liquid level and record the results.
 - e. If an observable drop in liquid level is identified, the containment has failed this test. Conduct any necessary repairs and repeat the test.
4. Other method approved by OPS.



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Underground Storage Tank and Underground Piping Secondary Containment/Spill Container Testing

(Revised 11/2013)

OPS Facility ID:		OPS Installation #:		OFL:		Installation Date:	
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Facility Information				Installer Information			
Facility Name:		Installer Name:		Address:		City/State/ZIP:	
Address:		Address:		City/State/ZIP:		City/State/ZIP:	
City/State/ZIP:		City/State/ZIP:		Contact Name:		Contact Name:	
Contact Name:		Contact Name:		Phone #:		Phone #:	
Phone #:		Phone #:		Email Address:		Email Address:	
Email Address:		Email Address:					

Secondary Containment Present at Site (check 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

DW Tanks (Annular Testing)

OPS Tank # Assigned							
Test Method Used							
If 'Other' - Describe Test Method							
Test Equipment Mfr./Model							
Test Start Time							
Initial Reading							
Test End Time							
Final Reading							
Change in Readings							
Pass/Fail Threshold/Criteria							
Result							

DW Piping (Secondary Testing)

OPS Tank # Assigned							
Test Method Used							
If 'Other' - Describe Test Method							
Test Equipment Mfr./Model							
Test Start Time							
Initial Reading							
Test End Time							
Final Reading							
Change in Readings							
Pass/Fail Threshold/Criteria							
Result							

Spill Containers (Spill Buckets)

OPS Tank # Assigned							
Test Method Used							
If 'Other' - Describe Test Method							
Test Equipment Mfr./Model							
Test Start Time							
Initial Reading							
Test End Time							
Final Reading							
Change in Readings							
Pass/Fail Threshold/Criteria							
Result							

STP/Piping Sump Containment						
OPS Tank # Assigned						
Test Method Used						
If 'Other' - Describe Test Method						
Test Equipment Mfr./Model						
Test Start Time						
Initial Reading						
Test End Time						
Final Reading						
Change in Readings						
Pass/Fail Threshold/Criteria						
Result						
Under-Dispenser Containment						
UDC #						
Test Method Used						
If 'Other' - Describe Test Method						
Test Equipment Mfr./Model						
Test Start Time						
Initial Reading						
Test End Time						
Final Reading						
Change in Readings						
Pass/Fail Threshold/Criteria						
Result						
Fill Riser Containment						
OPS Tank # Assigned						
Test Method Used						
If 'Other' - Describe Test Method						
Test Equipment Mfr./Model						
Test Start Time						
Initial Reading						
Test End Time						
Final Reading						
Change in Readings						
Pass/Fail Threshold/Criteria						
Result						
Was an OPS inspector present during testing?				<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Was a completed copy of the manufacturer's installation checklist received?				<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Inspector Name:		Inspector Signature:		Date:		
Certification Information						
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 tester and owner before submitting it to OPS.						
Tester Name:		Tester Signature:		Date:		
Owner Name:		Owner Signature:		Date:		
OPS Use:	Date Reviewed:		Reviewed by:			