



STATE OF TENNESSEE
DEPARTMENT OF ENVIRONMENT AND CONSERVATION
DIVISION OF UNDERGROUND STORAGE TANKS
William R. Snodgrass Tennessee Tower
312 Rosa L. Parks Avenue, 12th Floor
Nashville, TN 37243

SPILL PREVENTION DEVICE HYDROSTATIC TEST REPORT

- This form must be used in conjunction with **Technical Chapter 4.2 SPILL AND OVERFILL PREVENTION**. APPENDIX 1 "Spill Prevention Device Hydrostatic Testing Procedures".
- If a defective spill prevention device is discovered at any time, then the device shall be repaired or replaced. Repairs may only be made if allowed by the spill bucket manufacturer.
- If indications of released petroleum are observed, it must be reported as a suspected release within 72 hours in accordance with Division regulations.

I. UST FACILITY INFORMATION

UST Facility ID #:	<input type="text"/>
Facility Name:	<input type="text"/>
Address:	<input type="text"/>
City:	<input type="text"/>
County:	<input type="text"/>

II. OWNER INFORMATION

Name/Company:	<input type="text"/>				
Address:	<input type="text"/>				
City:	<input type="text"/>	State:	<input type="text"/>	Zip:	<input type="text"/>
Phone Number:	<input type="text"/>				

III. TESTER INFORMATION

Name:	<input type="text"/>	Company Address:	<input type="text"/>		
Title/Position:	<input type="text"/>	City:	<input type="text"/>	State:	<input type="text"/>
Company Name:	<input type="text"/>	Phone Number:	<input type="text"/>		

IV. TEST RESULTS

Spill Device ID	Initial Reading 1/8 inch = 0.125 inch	Final Reading (allow at least one hour)	Difference (>0.125 inch (1/8 inch) is FAIL)	Pass/Fail
Example: Tank 1A Premium	8 1/4 in.	8 1/4 in.	0 in.	Pass
Example: Tank 2A Diesel	7 1/2 in.	7 in.	1/2 in.	Fail
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

NOTE: Use as many copies of this form as needed. Each copy must also be signed as required below.

Tester's Signature: _____

Tester's Name Printed: _____

Date: _____