

## County of Riverside DEPARTMENT OF ENVIRONMENTAL HEALTH

**Hazardous Materials Management Division** 

Official U	Jse Only
Fac. ID #	
Tanks	
Lines	
Review	
Date:	

## **Tank/Line Integrity Test Report**

Approved By:

## Note: The County of Riverside requires 48 hour notification prior to any test conducted on any underground storage tank system.

_	DBA:	Facility Phone #:
Tank Location	Address:	Operator/Contact Name:
Location	Address.	operator/contact rune.
	City & Zip:	Operator/Contact Phone #:
Reason for tar	nk system testing:  Annual Test  Initial Tank Test	□ Suspected Leak □ Retest After Repair/Upgrade/Modification
Indicated met	hod of product line test:	

Indicated method of vent/vapor/remote line test:

Is an automatic overfill protection device installed with positive shut off value? $\Box$ Yes	🗆 No
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Test Results: TEST DATE;	Indicate Pass or Fail and the Leak Rate Below
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Tank #	Tank Capacity	Product Type	Test Level %	Tank Test Gal/Hour	Pass/ Fail	Product Line (Pass/Fail)	Fill/Vent/Vapor (Pass/Fail)
1							
2							
3							
4							
5							
6							

A copy of the numerical test results and any certifications must be attached to verify the above information.

This form is required by County of Riverside to certify the proper integrity testing of the underground storage tank (UST) systems, including connected underground piping. Integrity testing shall be done in accordance with Title 23, California Code of Regulations. This Tank Integrity Test Report must be completed and signed by a Licensed Tank Tester. As per Section 25284.4(i) of the California Health and Safety Code, a tank tester who conducts or supervises a tank or piping integrity test shall prepare a report detailing the results of the tank test and shall maintain a record of the report for at least three years, or as otherwise required by the State. The tank tester shall type or print his or her name and include his or her license number on the report and shall endorse the report under penalty of perjury by original signature.

## I declare under penalty of perjury that I am a licensed tank tester in the State of California and that the information contained in this report is true and correct to the best of my knowledge:

Name of Licensed Tester:	License#:
Signature of Licensed Tester:	Date:
Testing Company:	Phone #:
Name of Test Equipment:	

EPO-223-18 HMMB (Rev 4/3/2018

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