



Storage Tank System Test Form

Test Certification Form as required
under *The Storage and Handling of
Gasoline and Associated Products Regulations*

REGIONAL AND DISTRICT OFFICES

Mount Pearl (709) 729-2550
Harbour Grace (709) 945-3106
Clarenville (709) 466-4060
Gander (709) 256-1420
Grand Falls-Windsor (709) 292-4259
Corner Brook (709) 637-2204
Happy Valley-Goose Bay (709) 896-5428

Information

1	Name of Tank Owner or Operator	
	Address	
	Tank Serial Number	Date of Test
	Test Performed By	Company Affiliation of Tester

Reason for Test (please check)

2	<input type="checkbox"/> New or altered or repaired system set into operation <input type="checkbox"/> Request from Department <input type="checkbox"/> System being abandoned <input type="checkbox"/> Storage Tank System in critical area <input type="checkbox"/> Storage Tank System in sensitive area <input type="checkbox"/> Other (specify) _____
----------	---

Type of Test Used (please check)

3	<input type="checkbox"/> Hydrostatic (Underground systems) <input type="checkbox"/> 48 hour dip (aboveground vertical systems) <input type="checkbox"/> Visual (Overhead Horizontal Tanks) <input type="checkbox"/> Pressure (Piping Systems) <input type="checkbox"/> Electrical Potential (Cathodic Protection Systems) <input type="checkbox"/> Percolation (Dyking Systems) <input type="checkbox"/> Other (specify) _____
----------	--

Information

4	Attach a sketch of all storage tank systems at location, indicating which systems were tested.
----------	--

Test Results (please check)

5	<input type="checkbox"/> Leak in Tank <input type="checkbox"/> Undetermined Leak in Storage Tank System <input type="checkbox"/> Dyke Permeability Satisfactory <input type="checkbox"/> Leak in Piping <input type="checkbox"/> System Liquid Tight <input type="checkbox"/> Electrical Potential Satisfactory
----------	--

Hydrostatic Test					A. Duration of Test	Percolation Test Result: _____ L /m ² /d Electrical Potential Measured: _____ mV
Time	Pressure (Kilopascals)	Litres Injected or Drained	Temp. °C	Accum. Vol. Change	B. Final Accum. Vol. Change:	

48 Hour Dip Test					Pressure Test		
Time	Dip Reading	Litres	Change	Temp. °C	Tested with (please check): <input type="checkbox"/> Liquid <input type="checkbox"/> Air		
					Tank	Piping	Initial Pressure
					Duration of Test		
					Final Pressure		

6	I / We certify that the information supplied on this form is complete and accurate.		
	Tester	Date	Storage Tank System Owner or Operator