



**UNDERGROUND STORAGE TANK MANAGEMENT DIVISION  
SUMP INTEGRITY TESTING  
(Dispenser, Submersible Turbine Pump, Transition, etc.)**

**UST Facility**

**Person Conducting Test**

Facility Name		Facility ID#	Tester's Name	
Physical Address			Company	
City	State	City	State	

**Sump Testing**

Type of Test	<input type="checkbox"/> Hydrostatic (Complete "Test Data" table below)
	<input type="checkbox"/> Vacuum (Attach test equipment manufacturer's data sheet/test protocol to this form)
	<input type="checkbox"/> Other (Specify)

**SCDHEC Hydrostatic Test Procedure**

- Clean out and properly dispose of all debris, soil and/or fluids from the sump.
- Visually examine the sump to ensure there are no cracks, holes, deteriorated seals or deformation. (A damaged sump should not be tested but recorded as a failure and repaired or replaced, see Step 7).
- Fill the sump with water to the top of the sump and let it stand at least 15 minutes to allow water to reach ambient temperature.
- After 15 minutes has elapsed, carefully measure the depth of water to the nearest 1/16<sup>th</sup> inch, and mark the water level with a visible mark
- Cover the containment device, using its lid or an alternate cover (or dispenser skirt) and leave the sump undisturbed for at least one hour.
- Compare the starting water level to the ending level:
  - If the water level is the same or it has changed by less than 1/8<sup>th</sup> inch, the sump passes the test.
  - If the fluid level has changed by more than 1/8<sup>th</sup> inch, the sump fails the test.
- Any sump that fails the test is required to be repaired or replaced. A site check is also required to be performed prior to the repair or replacement. Contact the Release Coordinator at (803) 898-0589 with questions.
- Completely remove all water at the completion of the test. It may be re-used for testing purposes or must be properly disposed.

**Test Data**

Sump ID *														
Start Time														
End Time														
Beginning Water Level														
Ending Water Level														
Result (Pass/Fail)														

\* Dispenser Number, STP product stored, Transition sump location, etc.

Comments:

**CERTIFICATION OF TECHNICIAN RESPONSIBLE FOR CONDUCTING THIS TESTING**

I hereby certify that all the information contained in this report is true, accurate, and in full compliance with legal requirements.

Tester's Signature: \_\_\_\_\_ Date: \_\_\_\_\_