



## Environmental Health Division • Public Information

County of Ventura • Resource Management Agency • <http://www.ventura.org/rma/envhealth>  
800 S. Victoria Ave, Ventura, CA. 93009-1730 • 805 654-2813 • 805 654-2480 Fax

### Annual Spill Container Test Protocol

The following procedures shall be used to test the spill container.

1. Notify Ventura County Environmental Health Division (EHD) at least 48 hours prior to testing. Fax #: 805-477-1595 or email: [rick.bandelin@ventura.org](mailto:rick.bandelin@ventura.org)
2. Prior to testing, check the spill container drain line for gross failure:

Add testing liquid to empty, pre-cleaned spill containers to just above the drain line/valve of the spill container. **Fuel may not be used as a test fluid in direct-bury spill containers.** If the liquid does not hold, the spill container is not considered tight enough to proceed with the test and has failed the spill container test. If it is determined to be tight enough to proceed, continue to step two. The purpose of this initial test is to minimize the amount of water or contaminated liquid that may enter the tank.

3. Fill the spill container with testing liquid to a level 1.5 inches below the top of the spill container. Testing to this level may cover the fill cap. Leaking at the fill cap is considered a spill containment failure.
4. Mark the spill container liquid line with a reference mark. Another method may be used as approved by the inspector.
5. After at least **one hour**, return to the spill container and check the liquid line for a decrease. If there is an observable drop in the liquid level, the spill container has failed the spill container test.

#### Reporting Format

Complete the State's Spill Bucket Testing Report Form (see Attachment) and submit test results to the Environmental Health Division (EHD) within 30 days after testing.

#### Spill Bucket Failures

A spill container that fails testing must be repaired. Spill containers must be retested using the same test method that detected the failure. Leaking at the fill cap or drain plug is a spill containment failure. Obtain a UST Modification/Repair Permit for spill bucket replacement or riser pipe adjustments. Replacement of fill caps, gaskets, and drain plugs do not require a permit. **EHD will not allow fuel deliveries to an underground storage tank that has a direct-bury spill container that has failed testing.** A permit application can be obtained at the EHD office or at

<http://www.ventura.org/envhealth/programs/cupa/docs/ustmod.doc>

# Spill Bucket Testing Report Form

*This form is intended for use by contractors performing annual testing of UST spill containment structures. The completed form and printouts from tests (if applicable), should be provided to the facility owner/operator for submittal to the local regulatory agency.*

## 1. FACILITY INFORMATION

Facility Name:	Date of Testing:
Facility Address:	
Facility Contact:	Phone:
Date Local Agency Was Notified of Testing :	
Name of Local Agency Inspector (if present during testing):	

## 2. TESTING CONTRACTOR INFORMATION

Company Name:
Technician Conducting Test:
Credentials <sup>1</sup> <input type="checkbox"/> CSLB Contractor <input type="checkbox"/> ICC Service Tech. <input type="checkbox"/> SWRCB Tank Tester <input type="checkbox"/> Other (Specify) _____
License Number(s):

## 3. SPILL BUCKET TESTING INFORMATION

Test Method Used:	<input type="checkbox"/> Hydrostatic <input type="checkbox"/> Vacuum <input type="checkbox"/> Other			
Test Equipment Used:	Equipment Resolution:			
Identify Spill Bucket (By Tank Number, Stored Product, etc.)	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>
Bucket Installation Type:	<input type="checkbox"/> Direct Bury <input type="checkbox"/> Contained in Sump	<input type="checkbox"/> Direct Bury <input type="checkbox"/> Contained in Sump	<input type="checkbox"/> Direct Bury <input type="checkbox"/> Contained in Sump	<input type="checkbox"/> Direct Bury <input type="checkbox"/> Contained in Sump
Bucket Diameter:				
Bucket Depth:				
Wait time between applying vacuum/water and start of test:				
Test Start Time (T <sub>I</sub> ):				
Initial Reading (R <sub>I</sub> ):				
Test End Time (T <sub>F</sub> ):				
Final Reading (R <sub>F</sub> ):				
Test Duration (T <sub>F</sub> - T <sub>I</sub> ):				
Change in Reading (R <sub>F</sub> - R <sub>I</sub> ):				
Pass/Fail Threshold or Criteria:				
<b>Test Result:</b>	<input type="checkbox"/> Pass <input type="checkbox"/> Fail	<input type="checkbox"/> Pass <input type="checkbox"/> Fail	<input type="checkbox"/> Pass <input type="checkbox"/> Fail	<input type="checkbox"/> Pass <input type="checkbox"/> Fail

**Comments** – (include information on repairs made prior to testing, and recommended follow-up for failed tests)

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### 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.*

Technician's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

<sup>1</sup> State laws and regulations do not currently require testing to be performed by a qualified contractor. However, local requirements may be more stringent.