



Standardized Hydrostatic Tightness Testing Form

Liquid depth must be measured at 0, 15 and 60 minutes, and total change in depth cannot exceed 1/8" over the 60 minute period. If the change in depth is > 1/8" when measured at 15 minutes, immediately remove all liquid from the component to prevent additional release. Testing fluid may be reused with the facility owners consent. Any testing fluid no longer being used for testing must be disposed of in accordance with Federal, State, and local law.

RI DEM UST Facility ID #: Test Date:

Facility Name:

Facility Address: City/Town:

Site Contact Name: Telephone #:

Were components clean and free of all liquids and other debris at the start of the test? Yes No

Associated UST #	Component Type (e.g., Spill bucket, sump)	Construction Type (Single Wall, Double-Wall)	Visible holes or damage? <input type="radio"/> Yes <input type="radio"/> No	Liquid Depth (in)			Measured Loss (in)	Result (Pass/Fail)
				T=0	T=15	T=60		
<input style="width: 60px;" type="text"/>	<input style="width: 230px;" type="text"/>	<input style="width: 120px;" type="text"/>	<input type="radio"/> Yes <input type="radio"/> No	<input style="width: 40px;" type="text"/>	<input style="width: 40px;" type="text"/>	<input style="width: 40px;" type="text"/>	<input style="width: 60px;" type="text"/>	<input style="width: 60px;" type="text"/>
<input style="width: 60px;" type="text"/>	<input style="width: 230px;" type="text"/>	<input style="width: 120px;" type="text"/>	<input type="radio"/> Yes <input type="radio"/> No	<input style="width: 40px;" type="text"/>	<input style="width: 40px;" type="text"/>	<input style="width: 40px;" type="text"/>	<input style="width: 60px;" type="text"/>	<input style="width: 60px;" type="text"/>
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Fate of Fluid used in this test:

Testing Company Name: <input style="width: 90%; border: none;" type="text"/>	Testing Company Address: <input style="width: 95%; border: none;" type="text"/>
Tester Phone #: <input style="width: 90%; border: none;" type="text"/>	
Tester Name: <input style="width: 90%; border: none;" type="text"/>	Tester Signature: <input style="width: 95%; border: none;" type="text"/>

RI DEM UST #: Facility Address: City/Town:

Use the space below to draw a sketch of the facility, including all USTs, product piping, and dispensers. Ensure that all items are properly labeled and match the UST # number listed on the 1st page. If you prefer to provide an electronic sketch, you may attach a printout of a detailed design instead.

