

APPENDIX C-4

CONTAINMENT SUMP INTEGRITY TESTING HYDROSTATIC TESTING METHOD

Facility Name:	Owner:	
Address:	Address:	
City, State, Zip Code:	City, State, Zip Code:	
Facility I.D. #:	Phone #:	
Testing Company:	Phone #:	Date:

This procedure is to test the leak integrity of containment sumps. See PEI/RP1200 Section 6.5 for the test method.

Containment Sump ID						
Containment Sump Material						
Liquid and debris removed from sump?*	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Visual Inspection (No cracks, loose parts or separation of the containment sump.)	<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	<input type="checkbox"/> Pass <input type="checkbox"/> Fail	<input type="checkbox"/> Pass <input type="checkbox"/> Fail
Containment Sump Depth						
Height From Bottom to Top of Highest Penetration						
Starting Water Level						
Test Start Time						
Ending Water Level						
Test End Time						
Test Period (Minimum test time: 1 hour)						
Water Level Change						

Pass/fail criteria: Must pass visual inspection. Water level drop of less than 1/8 inch.

Test Results	<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	<input type="checkbox"/> Pass <input type="checkbox"/> Fail	<input type="checkbox"/> Pass <input type="checkbox"/> Fail
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Comments:

*All liquids and debris must be disposed of properly.

Tester's Name (print) _____ Tester's Signature _____