Newfoundland Labrador

Service NL

Storage Tank System Test Form

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

Regional Offices

Mount Pearl	(709) 729-3669
Harbour Grace	(709) 945-3107
Clarenville	(709) 466-4060
Gander	(709) 256-1420
Grand Falls-Windsor	(709) 292-4206
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

2 **Reason for Test (please check)**

- ☐ New or altered or repaired system set into operation
- ☐ Request from Department
- ☐ System being abandoned
- ☐ Storage Tank System in critical area
- ☐ Storage Tank System in sensitive area
- ☐ Other (specify) _____

3 **Type of Test Used (please check)**

- ☐ Hydrostatic (Underground systems)
- ☐ 48 hour dip (aboveground vertical systems)
- ☐ Visual (Overhead Horizontal Tanks)
- ☐ Pressure (Piping Systems)
- ☐ Electrical Potential (Cathodic Protection Systems)
- ☐ Percolation (Dyking Systems)
- ☐ Other (specify) _____

Information

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

Test Results (please check)

5

- ☐ Leak in Tank
- ☐ Leak in Piping
- ☐ Undetermined Leak in Storage Tank System
- ☐ System Liquid Tight
- ☐ Dyke Permeability Satisfactory
- ☐ Electrical Potential Satisfactory

Hydrostatic Test

Time	Pressure (Kilopascals)	Litres Injected or Drained	Temp. °C	Accum. Vol. Change

A. Duration of Test _____

B. Final Accum. Vol. Change: _____

C. Result (B/A): _____

Percolation Test Result: _____ L /m^2/d

Electrical Potential Measured: _____ mV

48 Hour Dip Test

Time	Dip Reading	Litres	Change	Temp. °C

Pressure Test

Time	Dip Reading	Litres	Change	Temp. °C

I / We certify that the information supplied on this form is complete and accurate.

Tester | Date | Storage Tank System Owner or Operator

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