

Riverside Office
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**County of Riverside Health Services Agency
Department of Environmental Health
Hazardous Materials Management Division**

Official Use Only	
Fac. ID #	_____
Tanks	_____
Lines	_____
Review	_____
Date:	_____
Approved By: _____	

Tank/Line Integrity Test Report

Note: The County of Riverside requires 48 hour notification prior to any test conducted on any underground storage tank system.

Tank Location	DBA:	Facility Phone #:
	Address:	Operator/Contact Name:
	City & Zip:	Operator/Contact Phone #:

Reason for tank system testing: Annual Test Initial Tank Test Suspected Leak Retest After Repair/Upgrade/Modification
Indicated method of product line test: _____

Indicated method of vent/vapor/remote line test: _____

Depth to groundwater and source of the information: _____

Indicate method of leak detector test (if applicable): _____

Indicate which tanks (if any) are manifolded: _____

Is an automatic overfill protection device installed with positive shut off valve? Yes No

Test Results: TEST DATE _____; Indicate Pass or Fail and the Leak Rate Below

Tank #	Tank Capacity	Product Type	Test Level %	Tank Test Gal/Hour	Pass/Fail	Product Line (Pass/Fail)	Fill/Vent/Vapor (Pass/Fail)
1							
2							
3							
4							
5							
6							

A copy of the numerical test results and any certifications must be attached to verify the above information.

This form is required by County of Riverside to certify the proper integrity testing of the underground storage tank (UST) systems, including connected underground piping. Integrity testing shall be done in accordance with Title 23, California Code of Regulations. This Tank Integrity Test Report must be completed and signed by a Licensed Tank Tester. As per Section 25284.4(i) of the California Health and Safety Code, a tank tester who conducts or supervises a tank or piping integrity test shall prepare a report detailing the results of the tank test and shall maintain a record of the report for at least three years, or as otherwise required by the State. The tank tester shall type or print his or her name and include his or her license number on the report and shall endorse the report under penalty of perjury by original signature.

I declare under penalty of perjury that I am a licensed tank tester in the State of California and that the information contained in this report is true and correct to the best of my knowledge:

Name of Licensed Tester:	_____	License#:	_____
Signature of Licensed Tester:	_____	Date:	_____
Testing Company:	_____	Phone #:	_____
Name of Test Equipment:	_____		