10/18 UST017 KDHE Reference No: Owner ID: <u>23741</u> Facility ID: <u>29156</u>

## **UST Secondary Containment and Spill Basin Testing Report**

<u>Complete for new installs, upgrades, 3- year testing requirement for systems that use interstitial monitoring for release detection and 3 year testing requirement of spill basin testing.</u>

Submit To: Kansas Department of Health and Environment

**Bureau of Environmental Remediation** 

Storage Tank Section 1000 SW Jackson, Suite 410 Topeka, KS 66612-1367

Date of Test: 8/12/22	_					
Worker ID: 1192	_					
Company ID: 0051						
Signature:						

Phone: 785-296-1678 Fax: 785-559-4260

## **Facility Information**

a. Facility Name:\_Pittsburg State University

b.	Facility Address:	300 E Lindburg St	Pittsburg,	KS	66762	
	,	(Street)	(City)	(State)	(ZIP)	
C.	Contact Person:		Phone:			

Test Method:WATER

## **Test Results**

Containment Sump Description	Date	Start Time	End Time	Test Length	Start Height (Inches)	End Height (Inches)	Pass	Fail
UNLD SPILL BUCKET	8/12/22	8	9	1HR	10	10	Х	
OFFRD SPILL BUCKET	8/12/22	9	10	1HR	10	0		Х
OFFRD SPILL BUCKET	8/12/22	9	10	1HR	10	0		Х
OFFRD SPILL BUCKET	8/12/22	9	10	1HR	10	0		Х
OFFRD SPILL BUCKET	8/12/22	9	10	1HR	10	0		Х

Containment testing must be performed in accordance with a nationally recognized code of practice (ex: PEI RP 1200-17 or Equivalent) or the manufacturer's recommendations.

NOTE: UST SYSTEM OWNER/OPERATOR ARE REQUIRED TO MAINTAIN A COPY OF THIS FORM FOR THREE (3) YEARS.