

ATTACHMENT J-0200000-05  
FORMS

## CERTIFICATION OF WORK

(To be completed by the Contractor and saved in the Contractor's CMMS)

FACID/Building: WV038 Date of Visit: 1-24-19

## Contractor Personnel on Site:

1. Ray Chain
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_
6. \_\_\_\_\_

Work Performed: EVACUATE VACUUM TEST INTERSPACE & 4K USF

Preventive Maintenance - Services Completed (Annual, Quarterly, Monthly, equipment identification, etc.)

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_

## Inspection, Testing, and Certification

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_

## Other Recurring Services

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_

## Service Calls – Service Call Number and Description

1. CSS14933 WV038 WO# 7208
2. EVACUATE WATER FROM INTERSPACE
3. VACUUM TEST INTERSPACE & 4000 Gallon Fuel oil USF

**Over and Above Repair Work – Order Number and Description of Work Completed**

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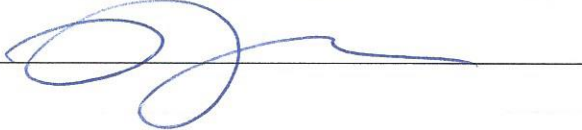
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**CERTIFICATION OF WORK**

To be signed by the Contractor:

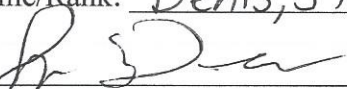
Print Name: RAY CHAIN Date: 1-24-19

Signed: 

To be signed by Facility Manager:

By signing the Certification of Work, the said government representative signature does not constitute acceptance of any work performed by the contractor, it only acknowledges that the contractor was on-site during the identified timeline:

Print Name/Rank: Denis, Shawn Date: 20190124

Signed: 

E-Mail: Shawn.m.denis.mil@mail.mil

# APPENDIX C-1

## TANK SECONDARY CONTAINMENT INTEGRITY TESTING DRY TEST METHOD

Facility Name: <u>Romney WV USARC</u>	Owner: <u>USARC - 99<sup>th</sup> RSC DPW</u>	
Address: <u>11 Industrial Park</u>	Address: <u>5231 South Scott Plaza</u>	
City, State, Zip Code: <u>Romney WV 26757</u>	City, State, Zip Code: <u>FT Dix NJ</u>	
Facility I.D. #: <u>WV038</u>	Phone #:	
Testing Company: <u>Enfeller Amico</u>	Phone #:	Date: <u>1/24/19</u>

This data sheet is for testing the integrity of the dry secondary containment of a underground storage tank (UST). See PEI/RP1200 Section 4.2 for the test procedure.

Tank Number	4000	4000	4000	4000		
Tank Material	STEEL	STEEL	STEEL	STEEL		
Product Stored	#2 FO	#2 FO	#2 FO	#2 FO		
Tank Capacity,* gallons	4000	4000	4000	4000		
Test Start Time	12:46pm	12:48	12:49pm	12:52pm		
Initial Vacuum Reading, inches Hg (See Table 4-1 below.)	5"	5"	5"	5"		
Specified Test Duration (See Table 4-1 below.)	<input type="checkbox"/> 1 hour <input checked="" type="checkbox"/> 2 hours	<input type="checkbox"/> 1 hour <input checked="" type="checkbox"/> 2 hours	<input type="checkbox"/> 1 hour <input checked="" type="checkbox"/> 2 hours	<input type="checkbox"/> 1 hour <input checked="" type="checkbox"/> 2 hours	<input type="checkbox"/> 1 hour <input type="checkbox"/> 2 hours	<input type="checkbox"/> 1 hour <input type="checkbox"/> 2 hours
Test End Time	12:47pm	12:49pm	12:52pm	12:55pm		
Final Vacuum Reading, inches Hg	0"	0"	0"	0"		
Is the Annular Space Dry After the Test?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Test Results	<input type="checkbox"/> Pass <input checked="" type="checkbox"/> Fail	<input type="checkbox"/> Pass <input checked="" type="checkbox"/> Fail	<input type="checkbox"/> Pass <input checked="" type="checkbox"/> Fail	<input type="checkbox"/> Pass <input checked="" type="checkbox"/> Fail	<input type="checkbox"/> Pass <input type="checkbox"/> Fail	<input type="checkbox"/> Pass <input type="checkbox"/> Fail

TABLE 4-1

Vacuum, inches Hg	Capacity, gallons	Duration, hours
10	<20,000	1
	20,000+	2

Comments:

\*Total tank capacity, including all compartments in a multi-compartment tank.

Tester's Name (print)

Ray Chain

Tester's Signature

