



**LINE TIGHTNESS TEST FORM**

**UST FACILITY INFORMATION**

UST Facility Registration Number: \_\_\_\_\_  
 UST Facility Name: \_\_\_\_\_  
 Physical Address: \_\_\_\_\_  
 City, County, Zip: \_\_\_\_\_  
 UST Owner: \_\_\_\_\_  
 Owner Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

**TESTER INFORMATION**

Tester Name: \_\_\_\_\_  
 Certification # and Expiration Date: \_\_\_\_\_  
 Tester Certified By [Mark all that apply]:  Tank Manufacturer  Pipe Manufacturer  
 Test Equipment Manufacturer  
 Company Name: \_\_\_\_\_  
 Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_  
 Tester Signature: \_\_\_\_\_

**PIPING INFORMATION**

Piping Material:  Steel  Fiberglass  Thermoplastic (flexible)  Thermoset (rigid)  
 Piping Configuration:  Single Wall  Double-Wall  
 Piping Manufacturer / Model: \_\_\_\_\_  
 Delivery Type:  Pressurized  Suction  Safer Suction  
 Piping Release Detection Method:  ELLD  Annual Line Tightness Testing (Pressurized)  
 SIR Interstitial Monitoring  Tri-Annual Line Tightness Testing (Suction)  
 Other: \_\_\_\_\_

**LINE TIGHTNESS TEST METHOD INFORMATION**

Test Method: \_\_\_\_\_ Max. Pipe Capacity: \_\_\_\_\_  
 Leak Threshold:  0.05 gph  0.01 gph  Other: \_\_\_\_\_  
 Recommended Test Pressure: \_\_\_\_\_ Min. Test Duration: \_\_\_\_\_

**TESTING EVENT INFORMATION**

Reason(s) for Test:  Routine Annual Routine Tri-Annual  Repair  DNR Directed  
 New Installation  Suspected Release  
 Date of Test: \_\_\_\_\_ Time Arrived at UST Facility: \_\_\_\_\_  
 Date Next Test Due: \_\_\_\_\_  
 Method of Piping Isolation During Test:  Functional Element  Isolation Plug  
 Ball Valve  Other: \_\_\_\_\_

| PRE-TEST DATA                         |                    |                          |                           |                      |                                 |                          |                        |
|---------------------------------------|--------------------|--------------------------|---------------------------|----------------------|---------------------------------|--------------------------|------------------------|
| Line # / Product<br>(Example: L1/RUL) | Piping Length (ft) | Operating Pressure (psi) | # of Connected Dispensers | # of Flex Connectors | Calculated Max. Bleedback (gal) | Measured Bleedback (gal) | Pretest Duration (min) |
|                                       |                    |                          |                           |                      |                                 |                          |                        |
|                                       |                    |                          |                           |                      |                                 |                          |                        |
|                                       |                    |                          |                           |                      |                                 |                          |                        |
|                                       |                    |                          |                           |                      |                                 |                          |                        |
|                                       |                    |                          |                           |                      |                                 |                          |                        |
|                                       |                    |                          |                           |                      |                                 |                          |                        |
|                                       |                    |                          |                           |                      |                                 |                          |                        |
|                                       |                    |                          |                           |                      |                                 |                          |                        |
|                                       |                    |                          |                           |                      |                                 |                          |                        |

| LINE TIGHTNESS TEST DATA              |                 |                |       |                  |       |            |  |  |
|---------------------------------------|-----------------|----------------|-------|------------------|-------|------------|--|--|
| Line # / Product<br>(Example: L1/RUL) | Time (military) | Pressure (psi) |       | Volume (gallons) |       |            | Line Tightness Test Results<br>(Pass/Fail) | Secondary Containment Test Results (Pass / Fail / N/A) |
|                                       |                 | Before         | After | Before           | After | Net Change |  |  |
|                                       |                 |                |       |                  |       |            |  |  |
|                                       |                 |                |       |                  |       |            |  |  |
|                                       |                 |                |       |                  |       |            |  |  |
|                                       |                 |                |       |                  |       |            |  |  |
|                                       |                 |                |       |                  |       |            |  |  |
|                                       |                 |                |       |                  |       |            |  |  |
|                                       |                 |                |       |                  |       |            |  |  |
|                                       |                 |                |       |                  |       |            |  |  |
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**COMMENTS** Note any repairs, retests, or unusual test conditions

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If you have questions on how to fill out this form or to request a review of UST facility records, please contact the UST Section at 515-725-8364 or through email at [cara.ingle@dnr.iowa.gov](mailto:cara.ingle@dnr.iowa.gov)

**UST SYSTEM OWNER SHALL RETAIN A COPY OF THIS COMPLETED TEST FORM FOR ONE YEAR**