

Iowa Department of Natural Resources Underground Storage Tank Section 6200 Park Ave Ste 200 Des Moines IA 50321

515-725-8200 | <u>USTOperations@dnr.iowa.gov</u>

LINE TIGHTNESS TEST FORM

UST Facility Name: Physical Address: City, County, Zip: UST Owner Owner Phone Number: Email:	UST FACILITY INFORMATION					
Physical Address: City, County, Zip: UST Owner: Owner Phone Number: Email:	UST Facility Registration Number:					
Physical Address: City, County, Zip: UST Owner: Owner Phone Number: Email: Tester Name: Certification # and Expiration Date: Tester Certified By [Mark all that apply]: Tester Number: Email: Email: Tester Certified By [Mark all that apply]: Tester Certified By [Mark all that apply]: Tester Certified By [Mark all that apply]: Tester Number: Tester Certified By [Mark all that apply]: Tester Certified By [Mark all that apply]: Tester Certified By [Mark all that apply]: Tester Number: Tester Certified By [Mark all that apply]: Te	UST Facility Name:					
UST Owner Compary Name: Email: Em	Physical Address					
UST Owner Phone Number: Email: Tester Name:	City, County, Zip:					
Tester Name: Certification # and Expiration Date: Tester Certified By [Mark all that apply]:	LIST Owner:					
Tester Name: Certification # and Expiration Date: Tester Certified By [Mark all that apply]:	Owner Phone Number: Email:					
Certification # and Expiration Date: Tester Certified By [Mark all that apply]:	TESTER INFORMATION					
Tester Certified By [Mark all that apply]:	Tester Name:					
Tester Certified By [Mark all that apply]:	Certification # and Expiration Date:					
Phone Number:	Tester Certified By [Mark all that apply]:					
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 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	Company Name:					
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	Date Next Test Due:					
	Method of Piping Isolation During Test:					

02/2025 cmc DNR Form 542-0178

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Line # / Product (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	Time	Pressure (psi)			Volume (gallons)		Line Tightness	Secondary Containment Test
(Example: L1/RUL)	(military)	Before	After	Before	After	Net Change	Test Results (Pass/Fail)	Results (Pass / Fail / N/A)

COMMENTS Note any repairs, retests, or unusual test conditions				

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

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