



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

**COMMENTS** Note any repairs, retests, or unusual test conditions

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