## **ELECTRONIC RELEASE DETECTION EQUIPMENT TEST**



KENTUCKY
DEPARTMENT
FOR
ENVIRONMENTAL
PROTECTION

Mail completed form to:
DIVISION OF WASTE MANAGEMENT
UNDERGROUND STORAGE TANK BRANCH
200 FAIR OAKS LANE, SECOND FLOOR
FRANKFORT, KENTUCKY 40601

FOR STATE USE ONLY

PROTECTION					- ,				
UST FACILITY INFORMATION						TESTER INFORMATION			
Agency Interest (AI) Number:						Tester Name:			
UST Facility Name:						Certification #:			
Physical Address:						Expires:			
City, County, Zip:						Company Name:			
UST Owner:						Phone Number:			
Owner Phone Number:						Tester Signature:			
			(1			LE INFORMATIO pairs, or maintenance requ			
Console	e Type	Manufacturer			Model #	Serial #		Function Check	
(ATG, ELLD, IM, etc.)			(Veeder-Root, Incon, etc.)		350, TS-1001, etc)			(PASS / FAIL)	(PASS / FAIL)
	,					PROBE INFORM pairs, or maintenance requ			
Tank / Compart ment	Product	Probe Type 1. Inventory Only 2. Leak Detection [0.2/0.1] 3. CSLD / SCALD		Manufacturer (Veeder-Root, Incon, etc)		Probe Model # (MagPlus, TSP-LL2, 6		Serial #	
			()		SENSOR INFO	DRMATION pairs, or maintenance requ	uired)		
Sensor Sensor Type Manufacturer						Sensor Mode		ial #/Form #	Function
Location (DSL Sump, Disp 1/4, RUL IM Sensor, etc)		(Float-Switch, Liquid, Optical, Discriminating, Magnetostrictive, Vapor, Hydrostatic (Brine), Dry Interstitial, Solid State, Solid State Discriminating, Groundwater, etc)		(Ve	eder-Root, Incon, etc		7943,	Check (PASS / FA	
If you have	e question	s on how	to fill out this for	m or to requ	est a review of II	ST facility records, pl	ease contact the	UST Branch at (50	2) 564-5981 or
visit our w	ebsite at	nttp://waste	.ky.gov/ust.	or to requ	COL A TOVIEW OF U	o πασιπτή τουστάσ, μι	case contact the	. Cor Branch at (50	<u>-, 304-0301 01</u>