

TANK TIGHTNESS 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
(502) 564-5981**

<http://waste.ky.gov/ust>

FOR STATE USE ONLY

UST FACILITY INFORMATION

TESTER INFORMATION

Agency Interest (AI) Number:	Tester Name:
UST Facility Name:	Certification #: Expires:
Physical Address:	Tester Certified By: <input type="checkbox"/> Tank Manufacturer (Mark all that apply) <input type="checkbox"/> Test Equipment Manufacturer
City, County, Zip:	Company Name:
UST Owner:	Phone Number:
Owner Phone Number:	Tester Signature:

TANK TIGHTNESS TEST METHOD INFORMATION

Reason(s) for Test: <input type="checkbox"/> Required Periodic Test <input type="checkbox"/> Suspected Release <input type="checkbox"/> New Installation <input type="checkbox"/> Repair <input type="checkbox"/> DEP Directed <input type="checkbox"/> Other			
Date of Test:		Test Method(s):	
Test Type(s): <input type="checkbox"/> Volumetric-Overfill <input type="checkbox"/> Volumetric-Underfill <input type="checkbox"/> Non-volumetric-Vacuum <input type="checkbox"/> Non-volumetric-Ullage (Mark all that apply) <input type="checkbox"/> Non-volumetric-Tracer <input type="checkbox"/> Interstitial <input type="checkbox"/> Other(specify):			
Leak Threshold: <input type="checkbox"/> 0.1 gph <input type="checkbox"/> 0.05 gph <input type="checkbox"/> 0.01 gph <input type="checkbox"/> Other:		Minimum Test Duration (min):	
Time Since Last Delivery (hr):		Dispensing During Test: <input type="checkbox"/> YES <input type="checkbox"/> NO	Tanks Isolated During Test: <input type="checkbox"/> YES <input type="checkbox"/> NO
Depth to Groundwater (ft):		Groundwater Level Above Tank Bottom(s): <input type="checkbox"/> YES <input type="checkbox"/> NO	
Repairs & Retest Required: <input type="checkbox"/> YES <input type="checkbox"/> NO		Release Reporting Required: <input type="checkbox"/> YES <input type="checkbox"/> NO	Next Test Due:

TANK INFORMATION

Insert tank information for up to 4 tanks. Attach additional pages for more tanks.	TANK #	TANK #	TANK #	TANK #
Substance Stored (Reg. Unleaded, Diesel, Kerosene, etc.)				
Tank Capacity (gallons)				
Tank Diameter (inches)				
Tank Material (Steel, Fiberglass, Clad or Jacketed Steel, Other)				
Tank Manufacturer				
Tank Model				
Tank Configuration (Single Wall / Double Wall)				
Tank Compartments (Number of compartments)				
Tank Manifolded (Indicate to which tank; example = T1/T4)				
Tank Leak Detection Method: (ATG, SIR, IM, MTG, etc.)				

TANK TIGHTNESS TEST DATA

Amount of Product in Tank (gallons)				
Tank Percent Full (%)				
Temperature of Product in Tank (°F)				
Amount of Water in Tank (inches)				
Pressure Measured at Tank Bottom (psi)				
Test Duration (military time)				
Calculated Leak Rate (gph)				
Double-Wall Tank Secondary Containment (PASS / FAIL / N/A)				
Ullage Portion of Tank (PASS / FAIL / N/A)				
Test Results for Wet Portion of Tank (PASS / FAIL)				

If you have questions on how to fill out this form or to request a review of UST facility records, please contact the UST Branch at (502) 564-5981 or visit our website at <http://waste.ky.gov/ust>.

UST SYSTEM OWNER SHALL RETAIN A COPY OF THIS FORM