Kentucky Department for Environmental Protection Division of Waste Management Underground Storage Tank Branch 300 Sower Boulevard, Second Floor - Frankfort KY 40601 (502) 564-5981

FOR OFFICIAL USE ONLY-DO NOT WRITE IN THIS SPACE

UST Electronic Release Detection Equipment Test

1. UST Facility Information										
Agency Interest	t Number (AI)									
UST Facility Name										
UST Facility Physical Address			Street Address:							
			City:		County:		Zip	Zip Code: -		
2. Test Details										
Test Date			1 1							
3. Monitoring Console Information										
Console Type ¹ Manufacturer ²				Model ³	Serial Number Fu			nction Check Alarms Test		
	7] Pass	☐ Fail	☐ Pass	☐ Fail
] Pass	☐ Fail	☐ Pass	☐ Fail
4. Automatic Tank Gauge Probe Information										
Tank / Compartment	Product	Probe T	ype ⁴	Manufacturer ⁵	Model ⁶	Sei	Serial Number		Function Check	
-									☐ Pass	☐ Fail
-									☐ Pass	☐ Fail
-									☐ Pass	☐ Fail
-									☐ Pass	☐ Fail
-									☐ Pass	☐ Fail
-									☐ Pass	☐ Fail
				5. Senso	or Information					
Location ⁷ Type ⁸		Manufacturer ⁹		Model ¹⁰	Ser	Serial Number		Function Check		
									☐ Pass	☐ Fail
									☐ Pass	☐ Fail
									☐ Pass	☐ Fail
									☐ Pass	☐ Fail
									☐ Pass	☐ Fail
									☐ Pass	☐ Fail
									☐ Pass	☐ Fail

Monitoring Console Information – Console Type (e.g. ATG, ELLD, IM, etc.)
 Monitoring Console Information – Manufacturer (e.g. Veeder-Root, Incon, etc.)
 Monitoring Console Information – Model (e.g. TLS-350, TS-1001, etc.)
 Automatic Tank Gauge Probe Information – Probe Type (e.g. inventory only, leak detection [0.2/01], or CSLD/SCALD)
 Automatic Tank Gauge Probe Information – Manufacturer (e.g. Veeder-Root, Incon, etc.)

⁶ Automatic Tank Gauge Probe Information – Model (e.g. MagPlus, TSP-LL2, etc.)

⁷ Sensor Information – Location (e.g. DSL sump, dispenser ¼, RUL IM sensor, etc.)

⁸ Sensor Information - Type (e.g. float-switch, liquid, optical, discriminating, magnetostrictive, vapor, hydrostatic, dry interstitial, solid state, solid state discriminating, groundwater, etc.)

Sensor Information – Manufacturer (e.g. Veeder-Root, Incon, etc.)

¹⁰ Sensor Information – Model (e.g. MagSump, Series 7943, TSP-DTS, TSP-HIS, etc.)

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Sensor Information (continued from Section 5)								
Location Type		Manufacturer Model		Serial Num	ber	Function Check		
						☐ Pass ☐ Fail		
						☐ Pass ☐ Fail		
						☐ Pass ☐ Fail		
						☐ Pass ☐ Fail		
						☐ Pass ☐ Fail		
						☐ Pass ☐ Fail		
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						☐ Pass ☐ Fail		
						☐ Pass ☐ Fail		
						☐ Pass ☐ Fail		
						☐ Pass ☐ Fail		
Comment on all failures, repairs, or maintenance required								
		6. At	tachments (required)					
☐ I have attached co	pies of the alarm his	story verifying probe out, wat	er alarms, and high product a	alarms following test	completi	on (required).		
		7.	Certification					
I certify that all the info	ormation provided o	n this document is true, accu	rate, and complete.					
Tester Certification License		Printed						
						/ /		
Certification Type (mark all that apply)		☐ Tank Manufacturer ☐ Test Equipment Manufacturer ☐ Other (specify):						
Contact Information		Phone: () - Email:						
Company Name								
If you have questions on how to fill out this form please contact the cabinet at (502) 564-5981 or visit our web site at http://waste.ky.gov/ust . For copies of UST								
facility records please visit http://waste.ky.gov/pages/openrecords.aspx or email EEC.KORA@ky.gov .								