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

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UST Line Tightness Test

1. UST Facility Information									
Agency Interest Number (AI)									
UST Facility Name									
LICT Facility Physical Address		Street Address:							
UST Facility Physical Address		City:		County:		Zip Code:	-		
2. Test Information									
Test Date	/ /								
		☐ New Install (within 30 days from bringing into use) ☐ Routine – Annual (every 12 months)							
Reason for Test (mark only one)		☐ Repair (wit	hin 30 days)		☐ Routine – T	ri-Annual <i>(every 36</i>	6 months)		
		☐ Suspected Release – Incident #: ☐ DEP Directed (specify):							
Leak Threshold		☐ 0.1 <i>gph</i>	☐ 0.05 <i>gph</i>	□ 0.01 <i>gp</i>	h Other (specify):				
Test Method and Max Pipe Capa	city	Test Method:	Test Method: Max Pipe Capacity:						
Test Duration and Pressure		Minimum Test	Duration (min):		Recommended Pressure	e (psi):			
			3. Piping	Informatio	1				
Piping Material		☐ Steel ☐							
Configuration		☐ Single Wall ☐ Double Wall							
Manufacturer / Model		Manufacturer: Model:							
Type									
Release Detection Method		☐ ELLD¹ ☐ SIR² ☐ Interstitial Monitoring ☐ Annual Line Tightness Testing							
Nelease Detection Method	Other (specify):								
4. Pre-Test Data									
Piping Isolation Method During 1	Piping Isolation Method During Test								
Line Product Piping Number Type Length (ft)) P	Operating Pressure (psi)	Number of Connected Dispensers	Number of Flex Connectors	Calculated Maximum Bleedback (gal)	Measured Bleedback (gal)	Pretest Duration (min)		

¹ ELLD – Electronic line leak detector

² SIR – Statistical inventory reconciliation

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5. Line Tightness Test Data										
	Product	Time	Pressure (psi		Volume (gal)		Results	Secondary Containment		
Number	Туре	(military)	Before	After	Before	After	Net Change		Results	
								☐ Pass ☐ Fail	☐ Pass ☐ Fail ☐ N/A	
								☐ Pass ☐ Fail	☐ Pass ☐ Fail ☐ N/A	
								☐ Pass ☐ Fail	☐ Pass ☐ Fail ☐ N/A	
								☐ Pass ☐ Fail	☐ Pass ☐ Fail ☐ N/A	
								☐ Pass ☐ Fail	☐ Pass ☐ Fail ☐ N/A	
								☐ Pass ☐ Fail	☐ Pass ☐ Fail ☐ N/A	
								☐ Pass ☐ Fail	☐ Pass ☐ Fail ☐ N/A	
								☐ Pass ☐ Fail	☐ Pass ☐ Fail ☐ N/A	
								☐ Pass ☐ Fail	☐ Pass ☐ Fail ☐ N/A	
								☐ Pass ☐ Fail	☐ Pass ☐ Fail ☐ N/A	
Comments (e.g., repairs, retests, or unusual operating conditions)										
6. Certification										
I certify that all the information provided on this document is true, accurate, and complete.										
Tester Ce	rtification			rinted nature					Date / /	
License Number: Expiration Date: / /										
Certification Type (mark all that apply)			<i>ly)</i> □ T	☐ Tank Manufacturer ☐ Test Equipment Manufacturer ☐ Other (specify):						
Contact Information			Phor	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://eec.kv.gov/pages/openrecords.aspx or email EEC.KORA@kv.gov.										