

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 Tank Tightness Test

1. UST Facility Information

Agency Interest Number (AI)			
UST Facility Name			
UST Facility Physical Address	Street Address:		
	City:	County:	Zip Code: -

2. Test Information

Test Date	/ /		
Next Test Date Due	/ /		
Reason for Test <i>(mark only one)</i>	<input type="checkbox"/> New Install <i>(within 30 days from bringing into service)</i> <input type="checkbox"/> Repair <i>(within 30 days)</i> <input type="checkbox"/> DEP Directed <i>(specify):</i> _____ <input type="checkbox"/> Suspected Release – Incident #: _____ <input type="checkbox"/> Other <i>(specify):</i> _____		
Test Type <i>(mark all that apply)</i>	Volumetric	Non-Volumetric	Other
	<input type="checkbox"/> Overfill <input type="checkbox"/> Underfill	<input type="checkbox"/> Vacuum <input type="checkbox"/> Ullage <input type="checkbox"/> Tracer	<input type="checkbox"/> Interstitial <input type="checkbox"/> Other <i>(specify):</i> _____
Leak Threshold	<input type="checkbox"/> 0.1 gph <input type="checkbox"/> 0.05 gph <input type="checkbox"/> 0.01 gph <input type="checkbox"/> Other <i>(specify):</i> _____		
Test Method			
Test Duration and Delivery	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		
Groundwater Depth (ft)			
Level Above Tank Bottom	<input type="checkbox"/> Yes <input type="checkbox"/> No		

3. Tank Information

(Attach additional pages as necessary)

Tank Number				
Substance Stored				
Capacity				
Diameter				
Material				
Manufacturer				
Model				
Configuration				
Number of Compartments				
Manifolded				
Leak Detection Method				

AI _____

4. Tank Tightness Test Data
(Columns are a continuation from Section 3)

Amount of Product in Tank (gal)				
Tank Percent Full (%)				
Temperature of Product (°F)				
Amount of Water in Tank (inches)				
Pressure Measured at Tank Bottom (psi)				
Test Duration (military)				
Calculated Lead Rate (gph)				

5. Test Results
(Columns are a continuation from Sections 3 and 4)

Double Wall Tank Secondary Containment	<input type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> N/A	<input type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> N/A	<input type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> N/A	<input type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> N/A
Ullage Portion of Tank	<input type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> N/A	<input type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> N/A	<input type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> N/A	<input type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> N/A
Results for Wet Portion of Tank	<input type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> N/A	<input type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> N/A	<input type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> N/A	<input type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> N/A
Repairs & Retest Required	<input type="checkbox"/> Yes <input type="checkbox"/> No			
Release Reporting Required	<input type="checkbox"/> Yes <input type="checkbox"/> No			

Comments

6. Certification

I certify that all the information provided on this document is true, accurate, and complete.

Tester Certification	<i>Printed</i>		Date	/ /
	<i>Signature</i>			
License	Number:		Expiration Date:	/ /
Certification Type (mark all that apply)	<input type="checkbox"/> Tank Manufacturer <input type="checkbox"/> Test Equipment Manufacturer <input type="checkbox"/> 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://eec.ky.gov/pages/openrecords.aspx> or email EEC.KORA@ky.gov.