

ADEM LINE TIGHTNESS TEST REPORT

Questions on how to complete this form should be directed to the Groundwater Branch, UST Compliance Unit at (334) 270-5655

Facility Name:	Owner:
Address:	Address:
City, County, Zip:	City, State, Zip:
Facility I.D. #:	Phone #:
Tester Name:	
Tester Certification:	Tester Phone #:
Tester Company:	
Certification Expiration: / /	

Instructions

1. Complete this form, **include all the test data**, and submit to: Groundwater Branch, PO Box 301463 Montgomery, AL 36130-1463, or fax to: (334) 270-5631, or email to: USTcompliance@adem.alabama.gov. **Test data must include waiting time between delivery and testing, start time, end time, recorded volume changes and times, correction factors and calculations, and calculated leak rate for every test performed or the submittal will not be accepted.**
2. This form allows you to record up to 6 ADEM Unique Tank Numbers, assuming that the Facility ID Number and the test equipment remain the same.
3. The tightness test equipment used must be approved by ADEM. Visit the NWGLDE website at www.nwglde.org to view a list of release/leak detection equipment/methods that ADEM approves for use in Alabama.
4. Testing must be performed in accordance with the manufacturer's instructions.
5. Keep a record copy of this testing for 3 years.

Reason for Test - circle all that apply: (Annual Test) (New Installation) (Required by ADEM) (Response to SIR Problem)

Manufacturer of Test Equipment:	Model or Version:
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ADEM Unique Tank #						
Product Stored						
Piping material tested	<input type="checkbox"/> fiberglass <input type="checkbox"/> flexible <input type="checkbox"/> steel					
Piping capacity (gallons)						
Line pressure during test (psi)						
Equipment threshold (gph)						
Measured leak rate (gph)						
Results of test:	<input type="checkbox"/> pass <input type="checkbox"/> fail <input type="checkbox"/> inconclusive					
Tester's initials and date tested	/ /	/ /	/ /	/ /	/ /	/ /

Repairs Needed	Date of Repair	Description of any Repairs

Certification

I certify under penalty of law that the test was performed in accordance with all regulatory requirements of ADEM administrative code rule 335-6-15 and that the submitted information is true, accurate, and complete.

Signature of Tester: _____ Date: _____