

ADEM

AUTOMATIC LINE LEAK DETECTOR (ALLD) 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 Phone #:
Tester Certification:	Certification Expiration: / /
Tester Company:	

Instructions

1. Submit this form, attach all test data for every test performed, and submit a completed copy of this form to: Groundwater Branch, PO Box 301463 Montgomery, AL 36130-1463, or fax to: (334) 270-5631, or email to: USTcompliance@adem.alabama.gov. This form must be completed and included with the test data 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. Testing must be performed in accordance with a nationally recognized code of practice (such as PEI RP-1200 or equivalent) or the manufacturer's instructions.
4. Automatic Line Leak Detectors are designed to be tested in-place. Do not remove and test outside the tank system.
5. Keep a record copy of this testing for 3 years.

Test Method Used - circle: (PEI RP-1200) (Manufacturer) Other (specify)_____

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

Manufacturer of Test Equipment: _____ Model or Version: _____

ADEM Unique Tank #						
Product Stored						
Piping material tested	<input type="checkbox"/> fiberglass <input type="checkbox"/> flexible <input type="checkbox"/> steel	<input type="checkbox"/> fiberglass <input type="checkbox"/> flexible <input type="checkbox"/> steel	<input type="checkbox"/> fiberglass <input type="checkbox"/> flexible <input type="checkbox"/> steel	<input type="checkbox"/> fiberglass <input type="checkbox"/> flexible <input type="checkbox"/> steel	<input type="checkbox"/> fiberglass <input type="checkbox"/> flexible <input type="checkbox"/> steel	<input type="checkbox"/> fiberglass <input type="checkbox"/> flexible <input type="checkbox"/> steel
Approximate length of piping run tested (nearest foot)						
Type of ALLD	<input type="checkbox"/> mechanical <input type="checkbox"/> electronic	<input type="checkbox"/> mechanical <input type="checkbox"/> electronic	<input type="checkbox"/> mechanical <input type="checkbox"/> electronic	<input type="checkbox"/> mechanical <input type="checkbox"/> electronic	<input type="checkbox"/> mechanical <input type="checkbox"/> electronic	<input type="checkbox"/> mechanical <input type="checkbox"/> electronic
Line pressure during test (psi)						
Measured leak rate (gph)						
Results of test	<input type="checkbox"/> pass <input type="checkbox"/> fail <input type="checkbox"/> inconclusive	<input type="checkbox"/> pass <input type="checkbox"/> fail <input type="checkbox"/> inconclusive	<input type="checkbox"/> pass <input type="checkbox"/> fail <input type="checkbox"/> inconclusive	<input type="checkbox"/> pass <input type="checkbox"/> fail <input type="checkbox"/> inconclusive	<input type="checkbox"/> pass <input type="checkbox"/> fail <input type="checkbox"/> inconclusive	<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: _____