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[Note: The program encourages the use of an electronic form submittal rather than a paper form submittal.]

Please click the link below to submit this form electronically using AEPACS.

<https://aepacs.adem.alabama.gov/nviro/ncore/external/home>

ADEM

TANK TIGHTNESS TEST (VACUUM) REPORT

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

Site Name:	Owner:
Address:	Address:
City, County, , State, Zip, Country:	City, State, Zip, Country:
Facility I.D. #:	Phone #/ Fax #: Email:
Inspector Name:	Inspector Phone #:
Inspector Certification:	Certification Expiration: / /
Inspector Company:	Inspection Date;

Site Latitude _____ Longitude _____

Instructions

- 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, calculated leak rate, and if applicable, calculated length of test to allow water (or phase separated fluid) to contact the water probe for every test performed or the submittal will not be accepted.**
- 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.
- 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.
- Testing must be performed in accordance with the manufacturer's instructions.
- 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:

ADEM Unique Tank #						
Product Stored						
UST material of construction	<input type="checkbox"/> fiberglass <input type="checkbox"/> steel <input type="checkbox"/> cladded steel	<input type="checkbox"/> fiberglass <input type="checkbox"/> steel <input type="checkbox"/> cladded steel	<input type="checkbox"/> fiberglass <input type="checkbox"/> steel <input type="checkbox"/> cladded steel	<input type="checkbox"/> fiberglass <input type="checkbox"/> steel <input type="checkbox"/> cladded steel	<input type="checkbox"/> fiberglass <input type="checkbox"/> steel <input type="checkbox"/> cladded steel	<input type="checkbox"/> fiberglass <input type="checkbox"/> steel <input type="checkbox"/> cladded steel
UST capacity (gallons)						
Percent full during test						
Equipment threshold (gph or rph)						
Measured leak rate (gph or rph)						
Water, or phase separated fluid, level above bottom of tank (inches)						
Type of fluid on bottom of tank	<input type="checkbox"/> water <input type="checkbox"/> phase separated fluid	<input type="checkbox"/> water <input type="checkbox"/> phase separated fluid	<input type="checkbox"/> water <input type="checkbox"/> phase separated fluid	<input type="checkbox"/> water <input type="checkbox"/> phase separated fluid	<input type="checkbox"/> water <input type="checkbox"/> phase separated fluid	<input type="checkbox"/> water <input type="checkbox"/> phase separated fluid
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

Site Contact Owner Lessee Consultant

Name Email:

Phone #: Address, City, State, Zip, Country 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: _____