

**ADEM UST ULLAGE TANK TIGHTNESS TEST REPORT FORM**

**READ THIS PARAGRAPH BEFORE COMPLETING FORM:**

Tightness test data and results for every test performed are required to be submitted to the Department. This form must be completed and included with the test data or the submittal will not be accepted. 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. All test data must be submitted on 8 1/2" X 11" paper or the submittal will be returned. Note that you can place up to 6 Unique Tank Numbers on one form, assuming that the Facility ID Number and the test equipment remain the same.

**NOTE:** The corresponding underfilled test must be attached to this form or the ullage test will not be accepted.

Facility ID: \_\_\_\_\_ Facility Name: \_\_\_\_\_

Facility Address: \_\_\_\_\_

Owner Name: \_\_\_\_\_ Owner Phone #: \_\_\_\_\_

Testing Company Name/Phone Number \_\_\_\_\_ / \_\_\_\_\_

Person Performing Test/Certification Number \_\_\_\_\_ / \_\_\_\_\_

Tester Certification Expiration Date \_\_\_\_\_

Manufacturer of Test Equipment/Model or Version \_\_\_\_\_ / \_\_\_\_\_

Note: The equipment used must be listed on the National Work Group List of Leak Detection Evaluations for UST Systems, latest edition.

Reason for Test (circle all that apply):    New Installation; Leak Detection; Required by ADEM; Response to SIR Problem

Tank:	1	2	3	4	5	6
Unique Tank Number:						
Substance Stored:						
Date of Test:						
Tank Size (Gallons):						
% Full During Test						
Equipment Threshold,GPH:						
Measured Leak Rate, GPH:						
Pass(P), Fail(F) or Inconclusive(I):						
Groundwater Level*:						

\*Measured above bottom of tank.

I CERTIFY UNDER PENALTY OF LAW THAT THE TEST WAS CONDUCTED ACCORDING TO THE PROTOCOL OF THE TEST METHOD USED AND 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.

Tester's Signature: \_\_\_\_\_ Date Signed: \_\_\_\_\_

Return this completed form with test data and results attached to the following address:

**Alabama Department of Environmental Management  
Groundwater Branch  
P. O. Box 301463  
Montgomery, AL 36130-1463**