

GA EPD UST LINE LEAK DETECTOR TEST FORM

Questions on how to complete this form should be directed to the USTMP (404) 362-2687

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

Instructions

1. Complete portion of form pertaining to type of equipment inspected for each tank.
2. Inspection must be performed in accordance with a nationally recognized code of practice (such as PEI RP-900, or equivalent), manufacturer's instructions, or GA EPD requirements.
3. Keep a record copy of this inspection for 3 years.

GA EPD Piping ID #					
Product Stored					
LLD Manufacturer					
LLD Model Number					
LLD Serial Number					
ATG Model					

Mechanical Leak Detector Test Data

Full Pump Pressure (psi)					
Holding Pressure (psi)					
Metering Pressure (psi)					
Bleed Back (ml)					
Opening Time (seconds)					
Leak Test Pressure (psi)					
Leak Test Volume (ml)					
Test Leak Rate (gph)					

Electronic Leak Detector Test Data

Location of Simulated 3 gph leak					
Number of Cycles Before Shutdown					
Test Leak Rate (gph)					
Positive Shutdown	yes no	yes no	yes no	yes no	yes no
Audible Alarm	yes no	yes no	yes no	yes no	yes no
Visual Alarm	yes no	yes no	yes no	yes no	yes no
Is alarm printout attached?	yes no	yes no	yes no	yes no	yes no

Inspector's initials					
Date					
Test Results	<input type="checkbox"/> pass <input type="checkbox"/> fail	<input type="checkbox"/> pass <input type="checkbox"/> fail	<input type="checkbox"/> pass <input type="checkbox"/> fail	<input type="checkbox"/> pass <input type="checkbox"/> fail	<input type="checkbox"/> pass <input type="checkbox"/> fail

I certify that testing was conducted in full compliance with legal requirements and the information in this report is true and accurate.

Tester Signature _____ Date _____

Repairs Needed	Date of Repair	Description of any Repairs