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|    **SENSOR FUNCTIONALITY TEST FOR TANKS, LINES AND DISPENSERS** **TEST DATE:** |
| **Georgia Environmental Protection Division****Underground Storage Tank Program****Petroleum Industry Regulatory Team** | *Mail Completed Form To:***UST Program****ATTN: RCU****4244 International Parkway****Suite 104****Atlanta, Georgia 30354** |
| **UST FACILITY INFORMATION (Please print clearly)** | **TESTER INFORMATION (Please print clearly)** |
| Facility ID Number: | Tester Name: |
| Facility Name: | Company Name: |
| Facility Address: | Certification #: |
| City, Zip Code: | Expires: |
| County: | Tester Phone: ( ) |
| Facility Phone: ( ) | Tester Signature: |
| GRADE (Diesel, Reg., Prem) | SENSORLOCATION | ATG BRAND(Veeder-Root, INCON, Etc.) | SENSORBRAND(Veeder-Root, INCON, Etc.) | SENSOR TYPE(Float-Switch, Optical, Hydrostatic(Brine), Etc.) | SENSORMODELNUMBER(Mag Sump; Series 7943; TSP-DTS, Etc.) | SENSORSERIALNUMBER/ | TIME REQUIRED TO PASS TEST | AUDIBLE ALARM?  | VISUAL ALARM? | FUNCTION CHECK(PASS/FAIL) | SENSOR SHUT DOWN STP? | SENSOR REPAIRED/REPLACED? |
| TANK | SUMP | DISPENSER |
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**UST SYSTEM OWNER MUST RETAIN A COPY OF THIS FORM AlONG WITH ALARM PRINTOUT REPORT AND TEST RESULTS FOR THREE (3) YEARS**