



# WA Leak Testing Checklist

FOR Underground Storage Tanks

UST ID #: 97689

County : Kittitas

*This checklist certifies testing activities were conducted in accordance with Chapter 173-360 WAC. Instructions are found on pages 4 and 5.*

DATE TEST CONDUCTED: 04/24/2019

I. UST FACILITY		II. CERTIFIED SERVICE PROVIDER			
Facility Compliance Tag #:A0262		Service Provider Name: Keith Lawty			
UST ID #: 97689		Company Name: Northwest Tank & Environmental Services, Inc.			
Site Name: Flying J Ellensburg		Address: 17407 59th Ave SE			
Site Address: 2300 Canyon Rd		City: Snohomish	State: WA	Zipcode: 98296	
City: Ellensburg		Phone: (800) 742-9620	Email: info@nwtank.com		
Site Phone: 509-925-6161		ICC Certification Type: Tightness Testing ICBO- U3			
		ICC Cert. #: 8589-U3		Exp. Date: 10/12/2020	
III. UST OWNER/OPERATOR					
Name: Broadway Service Corporation/Alasker Co		Phone: 509-534-1502		Email: tom@broadwaygroup.com	
Mailing Address: Po Box 14646		City: Spokane		State: WA	Zipcode: 99214-0646
IV. UST SYSTEM INFORMATION based on observations, not Ecology database					
-- use bolded acronyms, where applicable --					
	Tank ID:	Tank ID:	Tank ID:	Tank ID:	
1. Tank ID # (tank name registered with Ecology)	1	2	3	4	5
2. Date installed (if known)	2/15/1987	2/15/1987	2/15/1987	2/15/1987	2/15/1987
3. Tank capacity (gallons)	10000	10000	10000	10000	10000
4. Tank material (select <b>NV</b> if not <u>visually</u> verified): Steel ( <b>ST</b> ); Steel Clad w/ Corrosion Resist ( <b>CLAD</b> ); Fiberglass Reinforced Plastic ( <b>FRP</b> ); <b>ST Ip3</b> ; Not Visible ( <b>NV</b> )	SWS	SWS	SWS	SWS	SWS
5. Tank construction (select <b>NV</b> if not <u>visually</u> verified): Single Wall ( <b>SW</b> ); Double Wall ( <b>DW</b> ); Compartment ( <b>COMP</b> ); Not Visible ( <b>NV</b> )	SW	SW	SW	SW	SW
6. Piping material (select <b>NV</b> if not <u>visually</u> verified): Steel ( <b>ST</b> ); Fiberglass reinforced Plastic ( <b>FRP</b> ); Flexible Plastic ( <b>FLEX</b> ); Not Visible ( <b>NV</b> ); Other(specify)	SWF	SWF	SWF	SWF	SWF
7. Piping construction (select <b>NV</b> if not visually verified): Single Wall ( <b>SW</b> ); Double Wall ( <b>DW</b> ); Not Visible ( <b>NV</b> )	Single	Single	Single	Single	Single
8. Pumping system: Pressurized ( <b>PR</b> ); Safe Suction ( <b>SS</b> ); Non-Safe Suction ( <b>NSS</b> ); Siphon ( <b>S</b> )	Pressure	Pressure	Siphon Bar	Pressure	Pressure

**V. SERVICES PERFORMED (CHECK ALL THAT APPLY)**

*Supporting test data and/or documentation must be attached or this checklist is considered incomplete.*

	PASS	FAIL	# tested	Describe: dispenser # used for testing lines and ALLD and other information required to duplicate test results.		
Lines	<input checked="" type="checkbox"/> ALLD Test	<input checked="" type="checkbox"/>	<input type="checkbox"/>	4	See notes in LLD testing section.	
	Method Used: <u>LDT 890</u> Mfr. Cert. exp. date: <u>03-22-2019</u>					
	<b>Manufacturer and model numbers must be provided for each ALLD on the supporting documentation.</b>					
Lines	<input checked="" type="checkbox"/> Line Tightness Test	<input checked="" type="checkbox"/>	<input type="checkbox"/>	4	See notes in Line Tightness testing section.	
	Method Used: <u>Acurite</u> Mfr. Cert. exp. date: <u>09-20-2020</u>					
	<input type="checkbox"/> Line Interstitial (or Sump Sensor) Test	<input type="checkbox"/>	<input type="checkbox"/>	—		
Tanks	<input type="checkbox"/> Tank Tightness Test (i.e. 3rd-party certified test up to overfill prevention level)	<input type="checkbox"/>	<input type="checkbox"/>	—		
	Method Used: _____ Mfr. Cert. exp. date: _____					
UST Equipment	<input type="checkbox"/> Tank Interstitial (or Tank Sensor) Test	<input type="checkbox"/>	<input type="checkbox"/>	—		
	<input type="checkbox"/> Monitor Equipment Check	<input type="checkbox"/>	<input type="checkbox"/>	—		
	<input type="checkbox"/> Overfill Equipment Check (check all that apply)	<input type="checkbox"/> Auto shutoff device	<input type="checkbox"/>	<input type="checkbox"/>	—	
		<input type="checkbox"/> Ball float valve	<input type="checkbox"/>	<input type="checkbox"/>	—	
		<input type="checkbox"/> Overfill Alarm	<input type="checkbox"/>	<input type="checkbox"/>	—	
	<input type="checkbox"/> Spill Bucket Test	<input type="checkbox"/>	<input type="checkbox"/>	—		
	<input type="checkbox"/> Tank Sump Test	<input type="checkbox"/>	<input type="checkbox"/>	—		
<input type="checkbox"/> Other (describe briefly)	<input type="checkbox"/>	<input type="checkbox"/>	—			

**VI. COMMENTS** *include descriptions to problems encountered and how they were addressed.*

**Leak Detector:**

Comments - LLD testing for grades on retail pad were tested at dispenser #5/6.

LLD testing for CFN island was performed at dispenser #15.

LLD for T4(Premium) and T5(Regular) had to be adjusted to achieve passing results.

**Line Test:**

Comments - 1- CFN

2-Retail diesel

3-Premium

4-Regular

2 separate line tests performed. One for CFN; one for retail grades.

Line Tightness testing for CFN was performed at dispenser #15 on CFN island.

Line Tightness testing for grades on retail island were performed at dispenser #5/6.

**WA Leak Testing Checklist:**

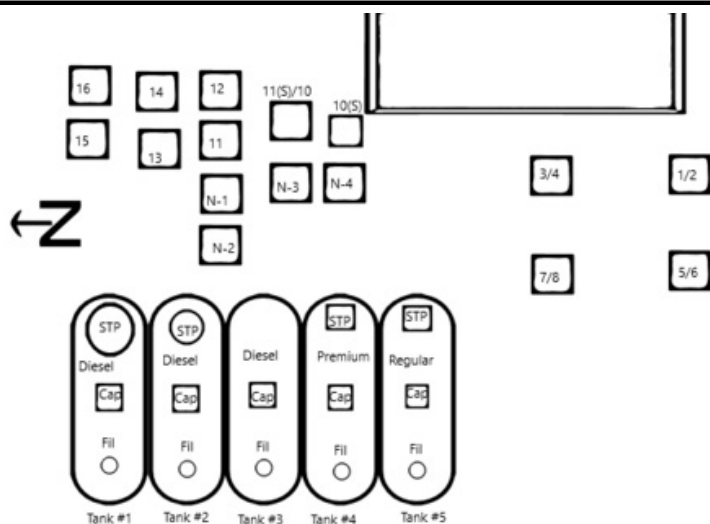
Comments - Some dispenser skirts for retail island have keys broken off in keyway. Difficult to open skirts. Informed assistant.

**VII. CHECKLIST**

<b>The following items shall be initialed by the Certified Service Provider.</b>	<b>YES</b>	<b>NO</b>	<b>N/A</b>
1. Have all checked items been tested per recommended practices, code and/or manufacturer's requirements and in accordance with federal and/or state regulations?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Has the owner/operator been provided with written documentation of the testing results?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Has the owner/operator been made aware of any faulty equipment or necessary repairs?*	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Date work was completed:	04/25/2019		



ECY 070-69 (Rev. jan 2016)

**VIII. SITE DIAGRAM -- include description and/or locations of equipment tested --**



**PERSONS SUBMITTING FALSE INFORMATION ARE SUBJECT TO FORMAL ENFORCEMENT  
AND/OR PENALTIES UNDER CHAPTER 173-360 WAC. .**

IX. REQUIRED SIGNATURES

04/24/2019		Keith Lawty - Tech
Date	Signature of Certified Service Provider	Print or Type Name
04/25/2019		Noah Ness - Clerk
Date	Signature of Tank Owner or Authorized Representative	Print or Type Name

ECY 070-69 (Rev. Jan. 2016)

## Automatic Line Leak Detector Test Results

Company Name: Broadway Service Corporation/Alasker Co  
 Site Name: Flying J Ellensburg  
 Address: 2300 Canyon Rd Ellensburg, WA 98926-9752  
 UST Site ID: 97689  
 Test Date/Time: 04/24/2019 08:30:46 pm

Job ID Number: 83516  
 Technician Name: Keith Lawty  
 License Number: 8589-U3  
 Expiration Date: 10/12/2020

Product: Diesel Tank ID: 1 LD Type: Mechanical	Make: VMI Model: LD2000 Serial#: 16051147	Operating Pressure: 38 Holding Pressure: 36 Bleedback (ml): 3500	<b>Result: Pass</b>
<b>Additional Data For Mechanical Leak Detectors Only</b> Metering Pressure: 20 Step Through Time: 17			
Product: Diesel Tank ID: 2 LD Type: Mechanical	Make: VMI Model: LD2000 Serial#: unreadable	Operating Pressure: 37 Holding Pressure: 32 Bleedback (ml): 325	<b>Result: Pass</b>
<b>Additional Data For Mechanical Leak Detectors Only</b> Metering Pressure: 17 Step Through Time: 8			
Product: Premium Tank ID: 4 LD Type: Mechanical	Make: VMI Model: LD2000 Serial#: unreadable	Operating Pressure: 26 Holding Pressure: 25 Bleedback (ml): 325	<b>Result: Pass</b>
<b>Additional Data For Mechanical Leak Detectors Only</b> Metering Pressure: 18 Step Through Time: 3			
Product: Regular Tank ID: 5 LD Type: Mechanical	Make: VMI Model: LD2000 Serial#: 11121262	Operating Pressure: 26 Holding Pressure: 25 Bleedback (ml): 350	<b>Result: Pass</b>
<b>Additional Data For Mechanical Leak Detectors Only</b> Metering Pressure: 16 Step Through Time: 4			

Leak detector testing conducted in accordance with the procedures and limitations of the LDT 890 leak detector tester. A leak is simulated at the highest point in the line using the LDT 890 calibrated to 3 gph at a metering pressure of 10 psi. The owner or operator of the UST system is required to ensure any failed leak detector is replaced before placing the line back in service.

The results of any sampling, testing, or monitoring shall be maintained for at least five years, or for another reasonable period of time determined by the department or delegated agency, except that the results of tank tightness testing conducted in accordance with CFR 40 Part 280.44 shall be retained until the next test is conducted.

**Comments:** LLD testing for grades on retail pad were tested at dispenser #5/6. LLD testing for CFN island was performed at dispenser #15. LLD for T4(Premium) and T5(Regular) had to be adjusted to achieve passing results.

Technician Name: Keith Lawty

Signature:



Date: 04/24/2019

## Line Tightness Test Results

Company Name: Broadway Service Corporation/Alasker Co  
 Site Name: Flying J Ellensburg  
 Address: 2300 Canyon Rd Ellensburg, WA 98926-9752  
 UST Site ID: 97689  
 Test Date: 04/24/2019

Job ID Number: 83516  
 Technician Name: Keith Lawty  
 License Number: 8589-U3  
 Expiration Date: 10/12/2020

### Line Tightness Test Data

Product:	Diesel	Tank ID:	1	Start Time:	00:00
Approx Length:	200	STP MFG:	Red Jacket 1.5 HP	End Time:	00:30
Size:	2	Operating Pressure:	38	Total Test Time:	30mins
Line Material:	SWF	Test Pressure:	57	Final Leak Rate:	.00000
Wall Type:	Single	Isolation Dispenser:	Solenoid	Impact Valves Operational:	N/A
Boot Back:	N/A	Isolation Pump:	Ball Valve	Check Valve Location:	N/A
Line Type:	Pressure	Initial Cylinder Level:	.090	<b>Result:</b>	Pass
		Final Cylinder Level:	.090		

Product:	Diesel	Tank ID:	2	Start Time:	22:03
Approx Length:	200	STP MFG:	Red Jacket 1.5 HP	End Time:	22:33
Size:	2	Operating Pressure:	37	Total Test Time:	30mins
Line Material:	SWF	Test Pressure:	56	Final Leak Rate:	.00000
Wall Type:	Single	Isolation Dispenser:	Solenoid	Impact Valves Operational:	N/A
Boot Back:	N/A	Isolation Pump:	Ball Valve	Check Valve Location:	N/A
Line Type:	Pressure	Initial Cylinder Level:	0.100	<b>Result:</b>	Pass
		Final Cylinder Level:	0.100		

Product:	Diesel	Tank ID:	3	Start Time:	22:03
Approx Length:	50	STP MFG:	N/A	End Time:	22:33
Size:	2	Operating Pressure:	26	Total Test Time:	30mins
Line Material:	SWF	Test Pressure:	56	Final Leak Rate:	.00000
Wall Type:	Single	Isolation Dispenser:	Solenoid	Impact Valves Operational:	N/A
Boot Back:	N/A	Isolation Pump:	Check Valve	Check Valve Location:	N/A
Line Type:	Siphon Bar	Initial Cylinder Level:	0.100	<b>Result:</b>	Pass
		Final Cylinder Level:	0.100		

Product:	Premium	Tank ID:	4	Start Time:	22:03
Approx Length:	200	STP MFG:	Red Jacket 1.5 HP	End Time:	22:33
Size:	2	Operating Pressure:	26	Total Test Time:	30mins
Line Material:	SWF	Test Pressure:	56	Final Leak Rate:	.00000
Wall Type:	Single	Isolation Dispenser:	Solenoid	Impact Valves Operational:	N/A
Boot Back:	N/A	Isolation Pump:	Ball Valve	Check Valve Location:	N/A
Line Type:	Pressure	Initial Cylinder Level:	0.100	<b>Result:</b>	Pass
		Final Cylinder Level:	0.100		

Product:	Regular	Tank ID:	5	Start Time:	
Approx Length:	200	STP MFG:	Red Jacket 1.5 HP	End Time:	
Size:	2	Operating Pressure:		Total Test Time:	
Line Material:	SWF	Test Pressure:		Final Leak Rate:	
Wall Type:	Single	Isolation Dispenser:		Impact Valves Operational:	
Boot Back:	N/A	Isolation Pump:		Check Valve Location:	N/A
Line Type:	Pressure	Initial Cylinder Level:		<b>Result:</b>	
		Final Cylinder Level:			

Line tightness testing conducted in accordance with the procedures and limitations of the Acurite pipeline tester. A consistent leak rate of .01 gph or higher at 150% of normal operating pressure is considered a failure. The owner or operator of the UST system is required to report all failures to the appropriate agency within 24 hours.

The results of any sampling, testing, or monitoring shall be maintained for at least five years, or for another reasonable period of time determined by the department or delegated agency, except that the results of tank tightness testing conducted in accordance with CFR 40 Part 280.44 shall be retained until the next test is conducted.

**Comments:** 1- CFN 2-Retail diesel 3-Premium 4-Regular 2 separate line tests performed. One for CFN; one for retail grades. Line Tightness testing for CFN was performed at dispenser #15 on CFN island. Line Tightness testing for grades on retail island were performed at dispenser #5/6.

Technician Name: Keith Lawty

Signature:



Date: 04/24/2019