



# WA Leak Testing Checklist

FOR Underground Storage Tanks

UST ID #: 97436

County : Whatcom

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

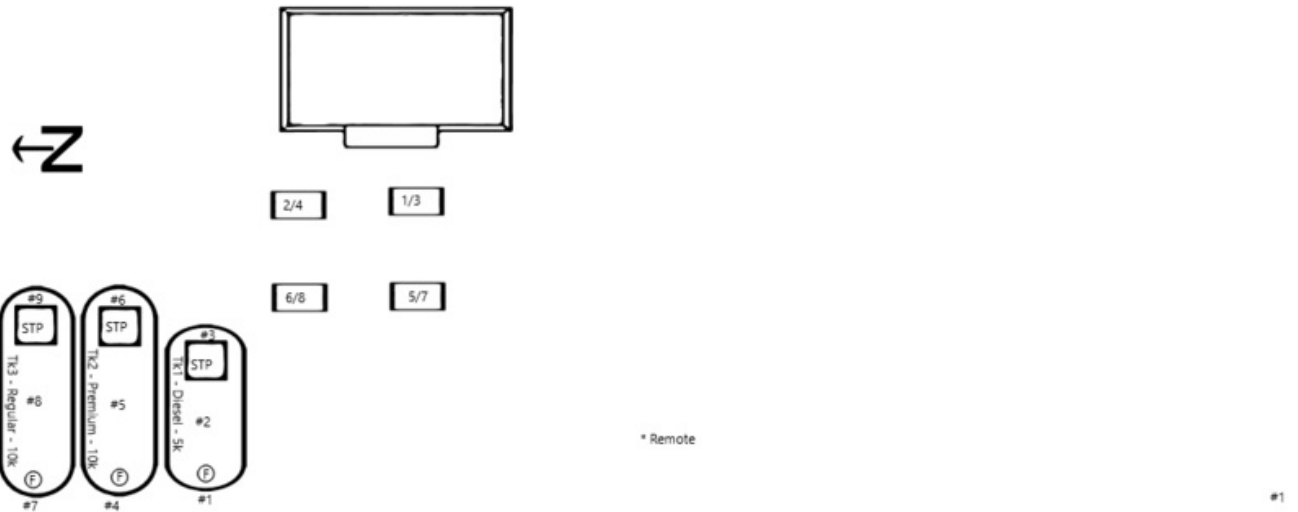
DATE TEST CONDUCTED: 09/25/2019

I. UST FACILITY		II. CERTIFIED SERVICE PROVIDER			
Facility Compliance Tag #:A3508		Service Provider Name: Scott Pike			
UST ID #: 97436		Company Name: Northwest Tank & Environmental Services, Inc.			
Site Name: Parkway Shell		Address: 17407 59th Ave SE			
Site Address: 3124 Old Fairhaven Parkway		City: Snohomish	State: WA	Zipcode: 98296	
City: Bellingham		Phone: (800) 742-9620	Email: info@nwtank.com		
Site Phone: 360-734-9360		ICC Certification Type: Tightness Testing ICBO- U3			
		ICC Cert. #: 5053249-U3		Exp. Date: 07/24/2021	
III. UST OWNER/OPERATOR					
Name: Parkway Shell		Phone: 360-734-9360	Email: gablehouse@comcast.net		
Mailing Address: 3124 Old Fairhaven Parkway		City: Bellingham	State: WA	Zipcode: 98225	
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		
2. Date installed (if known)	Unknown	Unknown	Unknown		
3. Tank capacity (gallons)	5000	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> )	STI-P3	STI-P3	STI-P3		
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		
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		
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> )	SW	SW	SW		
8. Pumping system: Pressurized ( <b>PR</b> ); Safe Suction ( <b>SS</b> ); Non-Safe Suction ( <b>NSS</b> ); Siphon ( <b>S</b> )	Pressure	Pressure	Pressure		

ECY 070-69 (Rev. Jan. 2016)

<b>V. SERVICES PERFORMED (CHECK ALL THAT APPLY)</b> <i>Supporting test data and/or documentation must be attached or this checklist is considered incomplete.</i>				
	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 <span style="float: right;"><input checked="" type="checkbox"/> <input type="checkbox"/> <u>3</u></span> Method Used: <u>LDT 890</u> Mfr. Cert. exp. date: <u>03-07-2020</u> <b>Manufacturer and model numbers must be provided for each ALLD on the supporting documentation.</b>			Tested from 3/4
	<input checked="" type="checkbox"/> Line Tightness Test <span style="float: right;"><input checked="" type="checkbox"/> <input type="checkbox"/> <u>3</u></span> Method Used: <u>Acurite</u> Mfr. Cert. exp. date: <u>03-07-2020</u>			Tested from 3/4
	<input type="checkbox"/> Line Interstitial (or Sump Sensor) Test <span style="float: right;"><input type="checkbox"/> <input type="checkbox"/> <u>—</u></span>			
Tanks	<input type="checkbox"/> Tank Tightness Test (i.e. 3rd-party certified test up to overfill prevention level) <span style="float: right;"><input type="checkbox"/> <input type="checkbox"/> <u>—</u></span> Method Used: _____      Mfr. Cert. exp. date: _____			
	<input type="checkbox"/> Tank Interstitial (or Tank Sensor) Test <span style="float: right;"><input type="checkbox"/> <input type="checkbox"/> <u>—</u></span>			
UST Equipment	<input type="checkbox"/> Monitor Equipment Check <span style="float: right;"><input type="checkbox"/> <input type="checkbox"/> <u>—</u></span>			
	<div style="display: flex; justify-content: space-between;"> <div style="width: 40%;"> <input type="checkbox"/> Overfill Equipment Check (check all that apply)               </div> <div style="width: 50%;"> <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <input type="checkbox"/> Auto shutoff device   <input type="checkbox"/> Ball float valve   <input type="checkbox"/> Overfill Alarm               </div> <div style="width: 5%; text-align: center;"> <input type="checkbox"/>      <input type="checkbox"/>      <input type="checkbox"/>      </div> <div style="width: 50%; text-align: center;"> <input type="checkbox"/> <input type="checkbox"/> <u>—</u>   <input type="checkbox"/> <input type="checkbox"/> <u>—</u>   <input type="checkbox"/> <input type="checkbox"/> <u>—</u> </div> </div> </div> </div>			
				<input type="checkbox"/> Spill Bucket Test <span style="float: right;"><input type="checkbox"/> <input type="checkbox"/> <u>—</u></span>
	<input type="checkbox"/> Tank Sump Test <span style="float: right;"><input type="checkbox"/> <input type="checkbox"/> <u>—</u></span>			
	<input type="checkbox"/> Other (describe briefly) <span style="float: right;"><input type="checkbox"/> <input type="checkbox"/> <u>—</u></span>			
<b>VI. COMMENTS</b> <i>include descriptions to problems encountered and how they were addressed.</i>				
WA Leak Testing Checklist: Comments - Site map is to spec				
<b>VII. CHECKLIST</b>				
<b>The following items shall be initialed by the Certified Service Provider.</b>		YES	NO	N/A
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:		09/25/2019		

**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**

09/25/2019

Date

Signature of Certified Service Provider

Scott Pike - Tech

Print or Type Name

09/25/2019

Date

Signature of Tank Owner or Authorized Representative

Justin - Manager

Print or Type Name

## Automatic Line Leak Detector Test Results

Company Name: Parkway Shell  
Site Name: Parkway Shell  
Address: 3124 Old Fairhaven Parkway Bellingham, WA 98225  
UST Site ID: 97436  
Test Date/Time: 09/25/2019 12:54:09 pm

Job ID Number: 86599  
Technician Name: Scott Pike  
License Number: 5053249-U3  
Expiration Date: 07/24/2021

Product: Diesel Tank ID: 1 LD Type: Mechanical	Make: VMI Model: LD2000 Serial#: Null	Operating Pressure: 24 Holding Pressure: 24 Bleedback (ml): 150	<b>Result: Pass</b>
<b>Additional Data For Mechanical Leak Detectors Only</b> Metering Pressure: 17 Step Through Time: 2			
Product: Diesel Tank ID: 1 LD Type: Mechanical	Make: VMI Model: LD2000 Serial#: Null	Operating Pressure: 21 Holding Pressure: 21 Bleedback (ml): 200	<b>Result: Pass</b>
<b>Additional Data For Mechanical Leak Detectors Only</b> Metering Pressure: 17 Step Through Time: 2			
Product: Regular Tank ID: 3 LD Type: Mechanical	Make: VMI Model: LD2000 Serial#: Null	Operating Pressure: 27 Holding Pressure: 27 Bleedback (ml): 100	<b>Result: Pass</b>
<b>Additional Data For Mechanical Leak Detectors Only</b> Metering Pressure: 10 Step Through Time: 2			

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:

Technician Name: Scott Pike  
Signature:



Date: 09/25/2019

## Line Tightness Test Results

Company Name: Parkway Shell  
 Site Name: Parkway Shell  
 Address: 3124 Old Fairhaven Parkway Bellingham, WA 98225  
 UST Site ID: 97436  
 Test Date: 09/25/2019

Job ID Number: 86599  
 Technician Name: Scott Pike  
 License Number: 5053249-U3  
 Expiration Date: 07/24/2021

### Line Tightness Test Data

Product:	Diesel	Tank ID:	1	Start Time:	13:30
Approx Length:	100	STP MFG:	Red Jacket 3/4 HP	End Time:	14:00
Size:	2	Operating Pressure:	24	Total Test Time:	30mins
Line Material:	SWF	Test Pressure:	340.5	Final Leak Rate:	.00000
Wall Type:	SW	Isolation Dispenser:	Impact Valve	Impact Valves Operational:	Yes
Boot Back:	N/A	Isolation Pump:	Check Valve	Check Valve Location:	N/A
Line Type:	Pressure	Initial Cylinder Level:	0.030	<b>Result:</b>	Pass
		Final Cylinder Level:	0.030		

Product:	Premium	Tank ID:	2	Start Time:	13:30
Approx Length:	100	STP MFG:	Red Jacket 3/4 HP	End Time:	14:00
Size:	2	Operating Pressure:	21	Total Test Time:	30mins
Line Material:	SWF	Test Pressure:	40.5	Final Leak Rate:	.00000
Wall Type:	SW	Isolation Dispenser:	Impact Valve	Impact Valves Operational:	Yes
Boot Back:	N/A	Isolation Pump:	Check Valve	Check Valve Location:	N/A
Line Type:	Pressure	Initial Cylinder Level:	0.030	<b>Result:</b>	Pass
		Final Cylinder Level:	0.030		

Product:	Regular	Tank ID:	3	Start Time:	13:30
Approx Length:	100	STP MFG:	Red Jacket 3/4 HP	End Time:	14:00
Size:	2	Operating Pressure:	27	Total Test Time:	30mins
Line Material:	SWF	Test Pressure:	40.5	Final Leak Rate:	.00000
Wall Type:	SW	Isolation Dispenser:	Impact Valve	Impact Valves Operational:	Yes
Boot Back:	N/A	Isolation Pump:	Check Valve	Check Valve Location:	N/A
Line Type:	Pressure	Initial Cylinder Level:	0.030	<b>Result:</b>	Pass
		Final Cylinder Level:	0.030		

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:

Technician Name: Scott Pike  
 Signature:



Date: 09/25/2019