ECOLOGO-G

Leak Testing Checklist

for Underground Storage Tanks (USTs)

*This checklist certifies testing activities conducted in accordance with Chapter 173-360A WAC. Read instructions on pages 4-7.*

UST ID #: \_\_\_\_\_\_\_\_\_\_

County: \_\_\_\_\_\_\_\_\_\_

|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **PASS** – All Section VI services performed have passing results.  **FAIL** – One or more components tested in Section VI require repair and re-testing. | | | | | | **Date Tests Conducted:   /  /** | | | | | | |
| **I. UST Facility** | | | **II. Certified Service Provider** | | | | | | | | | |
| Facility Compliance Tag #: A **\_\_\_\_** | | | Service Provider Name: | | | | | | | | | |
| UST ID #: | | | Company Name: | | | | | | | | | |
| Site Name: | | | Address: | | | | | | | | | |
| Site Address: | | | City: | | | | | State: | | | Zip: | |
| City: | | | Phone: | | | Email: | | | | | | |
| County: | | | ICC Certification Type: | | | | | | | | | |
| Site Phone: | | | ICC Cert. #: | | | | | | | Exp. Date: | | |
| **III. UST Owner/Operator** | | | | | | | | | | | | |
| Name: | | Phone: | | Email: | | | | | | | | |
| **IV. UST System Information**  **Observations on test day.** | | | | | | | | | | | | |
| 1. Tank ID #, as registered with Ecology or identified on ATG | | | | |  | |  | |  | | |  |
| 2. Tank Status. OP (Operational); TC (Temporary Closure) | | | | |  | |  | |  | | |  |
| 3. Product stored, including % of alternative fuels | | | | |  | |  | |  | | |  |
| 4. Tank or compartment capacity (gallons) | | | | |  | |  | |  | | |  |
| 5. Product pumping/flow method. Note as: P (Pressurized); NS (Non-safe Suction); SS (Safe Suction); Si (Siphon); GR (Gravity Fed) | | | | |  | |  | |  | | |  |
| **Abbreviations for lines 6 and 7 below:**  **Steel (ST); Fiberglass (FRP); Clad Steel (CLAD); Flexible (FLEX); Double Wall (DW); Single Wall (SW); Not Visible (NV)** | | | | | | | | | | | | |
| 6. Tank material and construction observed | | | | |  | |  | |  | | |  |
| 7. Pipe material and construction observed | | | | |  | |  | |  | | |  |
| **V. Reason for Services Performed**  **(Check all that apply)** | | | | | | | | | | | | |
| Annual testing  3-year testing | Test after install/repair  Return UST system to operation | | | | Other (explain): | | | | | | | |

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **VI. Services Performed**  ***Required: Include verification for each test performed.*** | | | | | | | | | | |
|  |  |  | | **# pass** | | **# fail** | **# repaired**  **& passing** | | |  |
| **Services:** | | | | |  |  | |  | **Descriptions required: (see instructions p. 4-7)** | |
| ALLD Test **(attach data)** | | | | |  |  | |  |  | |
|  | Test method used:  Test method cert. exp. date: | | | | | | | |
| Line Tightness Test **(attach data)** | | | | |  |  | |  |  | |
|  | Test method used:  Test method cert. exp. date: | | | | | | | |
| |  | | --- | | Electronic Monitoring System Tests | | | | | |  |  | |  |  | |
|  | Controller manufacturer/model  Controller cert. exp. date | | | |
| Monitor/controller  Probe  Sump Sensor Functionality  Tank Annular Sensor Functionality | | | |
| Overfill Equipment Test | | | Auto shutoff | |  |  | |  |  | |
| Ball float valve | |  |  | |  |
| Overfill alarm | |  |  | |  |
| Fill/Spill Bucket Test (**attach data**) | | | | |  |  | |  |  | |
| Tank-Top or Transition Sump Test  (**attach data**) | | | | |  |  | |  |  | |
| UDC Sump Test (**attach data**) | | | | |  |  | |  |  | |
| |  |  | | --- | --- | | Tank Tightness Test  **(attach data**)  3rd-party certified test: | | |  | Test method used:  Test method cert. exp. date: | | | | | |  |  | |  |  | |
| Other | | | | |  |  | |  |  | |
| **VII. Explanations/Problems Encountered:**  *Provide additional test information. Explain irregularities. Describe problems encountered and how addressed.* | | | | | | | | | | |
|  | | | | | | | | | | |

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **VIII. UST Site and System Diagram**  *Diagram required. Include North arrow.* | | | | | | | | |
|  | | | | | | | | |
| **Persons submitting false information are subject to formal enforcement**  **and/or penalties under Chapter 173-360A WAC.** | | | | | | | | |
| **IX. Final Check** | | | | | | | | |
| **Mark the following:** | | | | | | **yes** | **no** | **n/a** |
| 1. All checked services tested per recommended practices, code and/or manufacturer’s requirements, and in accordance with state regulations. | | | | | |  |  |  |
| 2. Owner/operator provided with copy of the checklist and testing results. | | | | | |  |  |  |
| 3. Any faulty equipment or necessary repairs explained to owner/operator or site contact. | | | | | |  |  |  |
| **X. Required Signatures** | | | | | | | | |
|  |  |  |  |  |  | | | |
|  | Date |  | Signature of Certified Service Provider |  | Print or Type Name | | | |
|  |  |  |  |  |  | | | |
|  | Date |  | Signature of Tank Owner or Authorized Representative |  | Print or Type Name | | | |

Leak Testing Checklist

**Instructions**

**Tank owner/operator:**

1. Within 24 hours, report failed tests resulting in a suspected or confirmed release to the appropriate Ecology regional office.
2. Submit signed checklist and supporting documentation to Ecology within 30 days of testing, using one of the following methods. Do not include these instructions pages with your submittal

**Upload PDF to TCP External US Mail**

**Document Submittal (TEDS):** WA Department of Ecology

Use Secure Access Washington (SAW) account;Underground Storage Tank (UST) Section

Add TEDS as a new service; PO Box 47655

Contact (360) 407-7170 for more information. Olympia, WA 98504-7600

**Service providers**:

1. Completion of this checklist is confirmation of services performed in accordance with Chapter 173-360A WAC.
2. Refer to Table 920-1 in the UST regulation for a list of services and required certifications.
3. With the checklist, include the test data recorded. Include make and model number for all tanks, piping, sensors, ATGs, ALLDs, overfill devices, and spill buckets, if they can be determined.
4. The service provider must be certified to operate the equipment used for testing.

Checklist sections:

I-III. **UST Facility; Certified Service Provider; UST Owner/Operator:** Provide the UST facility compliance tag# (small license plate) and/or UST ID#; ICC-certified service provider information; and owner/operator information.

1. **UST System Information**: Provide site-specific information about tanks and piping only if visually verified during the site visit. To report product stored, use products listed at dispensers. **Do not use Ecology records to complete this section**.
2. **Reasons Services Performed:** Check appropriate box or explain if different.
3. **Services Performed:** Check all that apply and detail the location and number of components tested, plus test method used. Find an example of Section VI on page 7.

* **ALLD:** List the ALLD test method and service provider’s test method certification expiration date in the space provided. If an electronic ALLD is tested, the tester must also document proof of certification on the ATG or other controller. Attach the ALLD test data (including ALLD make/model) to this checklist. Verify the ALLD is third-party certified for use with the particular piping run (volume, through-put, etc.).

Per the method specified, perform the test from the furthest/highest elevation point of each piping run. If satellite dispensers are installed, perform the test on each entire piping run from the furthest satellite dispenser. If the ALLD does not pass the function test when tested at the farthest point in the line, it is a failed test for that piping run, including if the main dispenser solenoid is blocking the satellite line. In the comments, indicate the dispenser number where testing was conducted.

* + **Line Tightness Test:** In the space provided, note the test method and service provider’s certification expiration date for that method.

If the piping run includes satellite lines, ensure the entire piping run is tested. Follow manufacturer testing procedures, verify the test method is third-party certified for the piping run being tested, and indicate the dispenser number.

* + **Electronic Monitoring System Tests**: Record the monitor make, model, and tester’s certification expiration date for it. If the monitor/controller does not have tester certification by the manufacturer, leave the expiration date blank. List how many of each component was tested (e.g. probes, sensors, etc.). Test requires removing probe(s).
    1. **Monitor/controller and probes -** One-year compliance tests include verifying system configuration/programming, operation of alarms, battery backup, probes, free residual buildup, floats move freely, shafts free from damage, and cables free of kinks/breaks. Verify equipment is third-party certified for use by the particular UST system (i.e. through-put, manifold) and that components are compatible with the product stored. List the recommended practice or code followed.
    2. **Sump Sensor Functionality - (sump sensor, vacuum or pressure):** Test sensors per manufacturer specifications or list the Recommended Practice used. Verify sensors are compatible with the product stored and monitoring system. Ensure sensors are upright and placed in the lowest part of the sump. Note if sensors are not connected to a monitoring system.
    3. **Tank Annular Sensor Functionality (i.e. annular sensor, brine):** Test per manufacturer instructions or list the recommended practice used. Verify the annular space does not contain product or water and monitoring equipment is functional. Verify monitoring equipment is compatible with the product stored and communicating with the controller.
  + **Overfill Equipment Test**: Ensure overfill prevention equipment is set to activate no higher than the required level (i.e. 95% tank capacity for automatic shutoffs; 90% tank capacity for overfill alarms; and 90% or manufacturer specifications for ball floats). Verify alarm is audible when standing at fill ports.

Remove automatic shutoff and ball float devices to confirm functionality. If the ball float device does not pass the test, it cannot be replaced; another functioning form of overfill prevention must be installed. Remove probes to confirm functionality of exterior alarm/float communication at calculated height. Verify conflicting equipment does not affect overfill device operability. Conflict examples: ball float device may not function with suction pumps or coaxial fills; automatic shut-offs may not function with ball float stem inside tank unless the automatic shut-off device is set lower than the ball float stem. If known, include the overfill device make and model and list the recommended practice or code followed.

* + **Fill/Spill Bucket Test**: Include the make, model and whether spill bucket is single wall (SW) or double wall (DW) construction. Note if a test fails due to visual observation only. DW spill buckets that have both walls continuously monitored are exempt from every 3-year testing if inspected and documented monthly. List the Recommended Practice or code followed.
  + **Tank Top or Transition Sump Test**: Required if relying on interstitially monitored piping, including any piping run installed after October 1, 2012. Describe containment sump as SW or DW. If the piping run includes transition sumps, enter those sump tests in this section. Note if a test fails due to visual observation only. DW sumps that have both walls continuously monitored are exempt from every 3-year testing if inspected and documented annually. List the recommended practice or code followed.
  + **UDC Sump Test:** Conducted every three years and at sump installation. Required if relying on interstitially monitored piping. Describe containment sump as SW or DW. Note if a test fails due to visual observation. DW sumps that have both walls continuously monitored are exempt from every 3-year testing if inspected and documented annually. List the Recommended Practice or code followed.
  + **Tank Tightness Test:** The test method and service provider’s test method certification expiration date must be listed. Follow manufacturers testing procedures and verify the test method is third-party certified for the tank/compartment tested.
  + **Other:** Describe all tests conducted that do not fit other service types. For example, pre-testing a tank using a non-third-party-certified method for a *Fuel Request Form*.

1. **Explanations/Problems Encountered:** Describe reason for testing and any problems encountered. For failed test results, include any known details about correcting the problem(s) (e.g. how and when it will be repaired/replaced and which company will do the work).
2. **UST** S**ite and System Diagram:** Include location, number, and description of tanks, piping, dispensers, and all other UST site and system components (such as sumps, fill ports, vents, buildings, etc.). Ensure descriptions in Section IV are consistent with labels on this diagram. Include a north arrow.
3. **Final Check:** Mark the boxes that correctly answer the questions.
4. **Required Signatures:** The ICC-certified service provider and authorized representative must sign and date the completed checklist.

**Example of Section VI:**

See next page.

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **VI. Services Performed**  ***Required: Include verification for each test performed.*** | | | | | | | | | | |
|  |  |  | | **# pass** | | **# fail** | **# repaired**  **& passing** | | |  |
| **Services:** | | | | |  |  | |  | **Descriptions required: (see instructions p. 4-7)** | |
| ALLD Test **(attach data)** | | | | | **3** | **1** | | **1** | **Unl from 7/8; Diesel from 5/6; on road Diesel from satellite 4 (main solenoid not blocking satellite); Unl ALLD replaced and tested.** | |
|  | Test method used:  Test method cert. exp. date: | | | | | | | |
| Line Tightness Test **(attach data)** | | | | | **4** |  | |  | **Unl from 7/8; Diesel from 5/6** | |
|  | Test method used:  Test method cert. exp. date: | | | | | | | |
| |  | | --- | | Electronic Monitoring System Tests | | | | | | **1**  **4**  **3**  **4** | **1** | | EXAMPLE  **1** | **Per RP 1200; VR TLS 350; replaced bulbs. Diesel Sensor replaced.** | |
|  | Controller manufacturer/model  Controller cert. exp. date | | | |
| Monitor/controller  Probe  Sump Sensor Functionality  Tank Annular Sensor Functionality | | | |
| Overfill Equipment Test | | | Auto shutoff | |  |  | |  | **Per RP 1200; Prem probe reprogrammed to tank chart calculation.** | |
| Ball float valve | |  |  | |  |
| Overfill alarm | | **3** | **1** | | **1** |
| Fill/Spill Bucket Test (**attach data**) | | | | | **3** | **1** | |  | **Unl spill bucket needs replacement.** | |
| Tank-Top or Transition Sump Test  (**attach data**) | | | | | **4** |  | |  | **Low level sump test with automatic shutdown of STP.** | |
| UDC Sump Test (**attach data**) | | | | | **4** |  | |  |  | |
| |  |  | | --- | --- | | Tank Tightness Test  **(attach data**)  3rd-party certified test: | | |  | Test method used:  Test method cert. exp. date: | | | | | |  |  | |  |  | |
| Other | | | | |  |  | |  |  | |
| **VII. Explanations/Problems Encountered:**  *Provide additional test information. Explain irregularities. Describe problems encountered and how addressed.* | | | | | | | | | | |
|  | | | | | | | | | | |

**ADA Accessibility**

To request an ADA accommodation, contact Ecology by phone at 360-407-6831 or email at [ecyadacoordinator@ecy.wa.gov](mailto:ecyadacoordinator@ecy.wa.gov), or visit https://ecology.wa.gov/accessibility. For Relay Service or TTY call 711 or 877-833-6341.