DEPARTMENT OF ECOLOGY
State of Washington

LEAK TESTING CHECKLIST
FOR UNDERGROUND STORAGE TANKS

UST ID #: _____

County: _____

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: / /

I. UST FACILITY	II. CERTIFIED SERVICE PROVIDER
Facility Compliance Tag #:	Service Provider Name:
UST ID #:	Company Name:
Site Name:	Address:
Site Address:	City: State: Zip:
City:	Phone: Email:
Site Phone:	ICC Certification Type:
	ICC Cert. #: Exp. Date:

III. UST OWNER/OPERATOR		
Name:	Phone:	Email:
Mailing Address:	City:	State: Zip:

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)				
2. Date installed (if known)				
3. Tank capacity (gallons)				
4. Tank material (select **NV** if not visually verified): Steel (**ST**); Steel Clad w/ Corrosion Resist (**CLAD**); Fiberglass Reinforced Plastic (**FRP**); **STIp3;** Not Visible (**NV**)				
5. Tank construction (select **NV** if not visually verified): Single Wall (**SW**); Double Wall (**DW**); Compartment (**COMP**); Not Visible (**NV**)				
6. Piping material (select **NV** if not visually verified): Steel (**ST**); Fiberglass reinforced Plastic (**FRP**); Flexible Plastic (**FLEX**); Not Visible (**NV**); Other (specify): _____				
7. Piping construction (select **NV** if not visually verified): Single Wall (**SW**); Double Wall (**DW**); Not Visible (**NV**)				
8. Pumping system: Pressurized (**PR**); Safe Suction (**SS**); Non-Safe Suction (**NSS**); Siphon (**S**)				

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	☐ ALLD Test Method Used: _____ Mfr. Cert. exp. date: _____ ***Manufacturer and model numbers must be provided for each ALLD on the supporting documentation.***	☐	☐	__	
	☐ Line Tightness Test Method used: _____ Mfr. Cert. exp. date: _____	☐	☐	__	
	☐ Line Interstitial (or Sump Sensor) Test	☐	☐	__	
Tanks	☐ Tank Tightness Test (i.e. 3rd-party certified test up to overfill prevention level) Method used: _____ Mfr. Cert. exp. date: _____	☐	☐	__	
	☐ Tank Interstitial (or Tank Sensor) Test	☐	☐	__	
UST Equipment	☐ Monitor Equipment Check	☐	☐	__	
	☐ Overfill Equipment Check (check all that apply) ☐ Auto shutoff device	☐	☐	__	
	☐ Ball float valve	☐	☐	__	
	☐ Overfill Alarm	☐	☐	__	
	☐ Spill Bucket Test	☐	☐	__	
	☐ Tank Sump Test	☐	☐	__	
	☐ Other (describe briefly)	☐	☐	__	

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

VII. CHECKLIST

The following items shall be initialed by the Certified Service Provider.	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?	☐	☐	☐
2. Has the owner/operator been provided with written documentation of the testing results?	☐	☐	☐
3. Has the owner/operator been made aware of any faulty equipment or necessary repairs?*	☐	☐	☐

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

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

The tank owner/operator is responsible for:

1. reporting failed tests to the appropriate Ecology regional office within 24 hours, if the test results in a suspected or confirmed release.
2. signing and submitting a copy of the completed checklist to Ecology at the address listed below.

Mail Checklist to:

Department of Ecology

Underground Storage Tank Section

PO Box 47655

Olympia, WA 98504-7600

- The attached Underground Storage Tank (UST) checklist is required for activities described above. Completing this checklist documents and certifies testing activities are performed and conducted in accordance with Chapter 173-360 WAC.
- This checklist must be filled out completely by an International Code Council (ICC) certified provider for Tank Tightness Testing (which covers tanks, lines and leak detectors) within 30 days following the completion of testing activities.
- To be considered complete, the service provider must attach supporting data and/or documentation of testing or inspections completed by the service provider. Proof of testing equipment certification must also be attached.
- A copy of the completed checklist with supporting documentation must be provided to the tank system owner/operator.

I. **UST Facility:** Complete this section about the UST facility and use the facility compliance tag # (license plate) and/or UST ID # (if known) to help identify the location.

II. **Testing Service Provider:** Complete this section about the ICC certified service provider and company.

III. **UST Owner/Operator:** Complete this section about the owner or operator of the UST facility.

IV. **UST System Information:** Identify tank and piping material and construction only if it is visually verified during the site visit. **Do not use Ecology records to complete this section.**

V. **Services Performed:** Check all that apply and specifically describe which equipment was tested. If several components are tested but only one is found to be failing, check "fail" and provide a description of the observations (i.e. which equipment passed or failed). *Note: the UST regulations do not require all of the equipment listed be tested.* An example of Section V is found on page 6.

a. **ALLD:** The ALLD manufacturer, test method used and manufacturer's test method certification expiration date must be provided.

If the piping has main/satellite dispensers, the test must demonstrate the ALLD functions if there is a leak in the entire piping run, including the line that runs to a satellite dispenser. On the checklist, indicate the dispenser number where the testing equipment was connected. Follow testing procedures described by the manufacturer and be sure to verify the leak detector is third-party certified for the UST system and type of product stored.

EXAMPLE OF SECTION V:

			PASS	FAIL	# tested	Describe: method used, dispenser # used for testing lines and ALLD and other information required to duplicate test results.
Lines	☒	ALLD Test	☒	☐	4	LLDs tested from Disp 7/8
		ALLD Mfr: **Vaporless** Model No.: **LD-2000**				
		Method used: **LDT-890** Mfr. cert. exp. date: **6/7/XX**				
	☒	Line Tightness Test	☒	☐	4	Gas lines tested from Disp 7/8; Diesel lines tested from Disp. 1/2; testing includes all satellite dispensers
		Method used: **Petrotite** Mfr. cert. exp. date: **6/7/XX**				
	☒	Line Interstitial (or Sump Sensor) Test	☐	☒	4	Veeder Root mfr specs.; 1 diesel sump sensor fail; 2 gas sensors pass; 1 transition sump sensor pass.
Tanks	☒	Tank Tightness Test (i.e. 3rd-party certified test up to overfill prevention level)	☒	☐	4	Test includes both ullage and product portions of tank
		Method used: **Alert 8200 U/P** Mfr. cert. exp. date: _____				
	☒	Tank Interstitial (or Tank Sensor) Test	☒	☐	4	Per Veeder-Root mfr specs; liquid sensors
UST Equipment	☒	Monitor Equipment Check	☒	☐	1	TLS-350 CSLD; probes removed; alarms set at correct levels; programming correct
	☒	Overfill Equipment Check (check all that apply) ☒ Auto shutoff device	☒	☐	4	Flappers verified to be operating properly; measured to be installed at 95%
		☒ Ball float valve	☒	☐	4	Visually verified ball float is operational; set at 90%
		☒ Overfill Alarm	☒	☐	4	Verified each tank's probe float set at 90%, audible when tested from ATG
	☒	Spill Bucket Test	☐	☒	3	Per OPW specs; reg unl spill bucket failed hydrostatic test; diesel and premium passed
	☐	Tank Sump Test	☐	☐	__	
	☐	Other (describe briefly)	☐	☐	__	

If you need this document in a format for the visually impaired call the Toxics Cleanup Program at 360-407-7170. Persons with hearing loss, call 711 for Washington Relay Service. Persons with a speech disability, call 877-833-6341.

b. **Line Tightness Test:** The test method and manufacturer's test method certification expiration date must be listed.

   If the piping has main/satellite dispensers, be sure the entire piping run is tested (i.e. all the way to the satellite dispensers). Follow testing procedures described by the manufacturer and verify the test method is third-party certified for the UST system and type of product stored. The service provider must provide proof he is certified to operate the equipment used for testing.

c. **Line Interstitial (or Sump Sensor) Test:** Sensors must be tested per manufacturer specifications or list the Recommended Practice used. Verify the sensors are third-party certified for the product stored.

d. **Tank Tightness Test:**

   i. **Third-party certified test:** The test method and manufacturer's test method certification expiration date must be listed.

      Follow testing procedures described by the third-party certified test method. Be sure the test method is approved for the UST system and product stored. The service provider must provide proof of certification to operate the equipment used for testing.

   ii. **Pre-test:** This test is conducted on the tank ullage and may be used to test tanks prior to receiving fuel. It does not substitute for a third-party certified tank tightness test.

e. **Tank Interstitial (or Annular Sensor) Test:** Interstitial monitoring equipment must be tested as per manufacturer specification or list the Recommended Practice used. Verify the equipment is third-party certified for the product stored.

f. **Monitor Equipment Test:** Include the make and model of automatic tank gauging equipment installed. Describe which components were checked/tested (i.e. probes, sensors, programming, etc.) or list the Recommended Practice used. Be sure to verify the equipment is third-party certified for the UST system and that components are compatible with the product stored.

g. **Dispenser Sump Test:** Describe how the test was conducted or list the Recommended Practice used.

h. **Overfill Equipment Test:** Overfill alarms must be set at 90% tank capacity and verified to be audible to the delivery driver. Describe how the test was conducted or list the Recommended Practice used.

   If ball float valves or automatic shutoffs are installed, describe if they are visually verified and/or removed and inspected for functionality.

i. **Spill Bucket Test:** Describe how the test was conducted or list the Recommended Practice used.

j. **Tank Sump Test:** Describe how the test was conducted or list the Recommended Practice used.

VI. **Comments:** Describe reason for testing and, for failed test results, how and when the problem will be corrected.

VII. **Checklist:** Initial in the appropriate box to answer the questions.

VIII. **Site Diagram:** The site diagram should include location, number and description of tanks and dispensers. Be sure descriptions in Section V are consistent with labels on the site diagram.

IX. **Required Signatures:** The ICC certified service provider must sign and date the completed checklist. The owner/operator must sign and submit the completed checklist to Ecology.

SUPPORTING DATA AND/OR DOCUMENTATION MUST BE ATTACHED FOR THIS CHECKLIST TO BE COMPLETE.