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| **UST-6E/23D** | **Application to Install or Replace Underground Storage Tank Systems****(TANK INSTALLATION/TRIENNIAL TESTING)** |  |
| * A separate form should be used for each facility. If there are more than five (5) tanks at this facility, make additional copies of this page.
* The primary and interstitial space of the tank shall be tested in accordance with the manufacturers written guidelines and PEI/RP100 “Recommended Practice for Installation of Underground Liquid Storage Systems.”
* The last periodic tightness test record must be maintained by the tank owner or operator and must be readily available for inspection.
* Tanks that are not monitored continuously for releases using vacuum, pressure, or hydrostatic methods must be tightness tested at installation, between 6 and 12 months from installation, and every three years following installation.
* The interstitial space of the tank shall be tested using a 3rd party certified interstice tightness test capable of detecting a 0.1 gph leak from the inner or outer wall of the interstice for the tank model that is installed.
* If the tank fails a tightness test, it must be replaced or repaired by the manufacturer or the manufacturer’s authorized representative in accordance with the manufacturer’s specifications. Following any repair, the tank must be re-tested for tightness. Also a suspected release report must be submitted on a UST-17A form, *UST Suspected Release 24 Hour Notice.* The suspected release must be investigated, in accordance with 15A NCAC 2N .0603, and any defective equipment repaired/replaced in accordance with 15A NCAC 2N .0404/.0900. Results of the investigation must be submitted on a UST-17B form, *UST Suspected Release 7 Day Notice.*
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| **UST FACILITY** |
| Owner / Operator Name      | Facility Name      | Facility ID#:  |
| Facility Street Address      | Facility City      | County      |
| **TESTING CONTRACTOR INFORMATION** |
| Company Name      | Phone      | E-mail address      |
| Mailing Address      | City      | State     | Zip      |
|  |       |  |  |  |  |
|  | Print Name of person conducting test |  |  | Signature of person conducting test |  |
|  |  |
| Identify Tank (Tank Number, etc.) | **Tank #**      | **Tank #**      | **Tank #**      | **Tank #**      | **Tank #**      |
| **Tank Size****Product** |       |       |       |       |       |
|       |       |       |       |       |
| **UST Type** (FRP, Steel Jacketed, Steel/CLAD, Other) |       |       |       |       |       |
| **I. Pre-installation testing** | **Vacuum/Pressure Gauge Range** (indicate units)**:**       |
|  **Interstitial space - Liquid Filled or Vacuum** | **Test method:** [ ]  Vacuum [ ]  Liquid filled/other:       |
| Test Date |       |       |       |       |       |
| Begin ị End Test Time |       |       |       |       |       |       |       |       |       |       |
| Begin ị End Level (liquid) (Indicate units) |       |       |       |       |       |       |       |       |       |       |
| Begin ị End Pressure/Vacuum (Indicate units) |       |       |       |       |       |       |       |       |       |       |
| **Liquid visible on inside/outside of tank (if applicable)** | [ ]  Yes [ ]  No | [ ]  Yes [ ]  No | [ ]  Yes [ ]  No | [ ]  Yes [ ]  No | [ ]  Yes [ ]  No |
| **Test Result** | [ ]  Pass [ ]  Fail | [ ]  Pass [ ]  Fail | [ ]  Pass [ ]  Fail | [ ]  Pass [ ]  Fail | [ ]  Pass [ ]  Fail |
| **II. Post-installation/triennial testing**  |  **Tightness Test Model** (if applicable)**:**       **Vacuum/Pressure Gauge Range** (indicate units)**:**       |
|  **Interstitial space - Liquid Filled/Other.**  | **Test method:** [ ]  Vacuum [ ]  Liquid filled/other:       |
| Test Date: Begin ị End |       |       |       |       |       |       |       |       |       |       |
| Begin ị End Test Time |       |       |       |       |       |       |       |       |       |       |
| Begin ị End Level (liquid) (Indicate units) |       |       |       |       |       |       |       |       |       |       |
| Begin ị End Pressure/Vacuum (Indicate units) |       |       |       |       |       |       |       |       |       |       |
| **Liquid visible on inside of tank**(FRP tanks prior to receiving fuel) | [ ]  Yes [ ]  No[ ]  N/A | [ ]  Yes [ ]  No[ ]  N/A | [ ]  Yes [ ]  No[ ]  N/A | [ ]  Yes [ ]  No[ ]  N/A | [ ]  Yes [ ]  No[ ]  N/A |
| **Manufacturer test data sheets attached** (e.g., Xerxes Truchek, CSI Standpipe Test) | [ ]  Yes [ ]  N/A | [ ]  Yes [ ]  N/A | [ ]  Yes [ ]  N/A | [ ]  Yes [ ]  N/A | [ ]  Yes [ ]  N/A |
| **Test Result** | [ ]  Pass [ ]  Fail | [ ]  Pass [ ]  Fail | [ ]  Pass [ ]  Fail | [ ]  Pass [ ]  Fail | [ ]  Pass [ ]  Fail |
| **Comments:**      |
| NORTH CAROLINA DEPARTMENT OF ENVIRONMENTAL QUALITY, DIVISION OF WASTE MANAGEMENT, UST SECTION1646 MAIL SERVICE CENTER, RALEIGH, NC 27699-1646 PHONE (919) 707-8171 FAX (919) 715-1117 http://www.wastenotnc.org 11/2022 |