

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*.

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

Interstitial space - Liquid Filled or Vacuum	Vacuum/Pressure Gauge Range (indicate units):				
	Test method: <input type="checkbox"/> Vacuum <input type="checkbox"/> Liquid filled/other:				
Test Date					
Begin End Test Time					
Begin End Level (liquid) (Indicate units)					
Begin End Pressure/Vacuum (Indicate units)					
Liquid visible on inside/outside of tank (if applicable)	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Test Result	<input type="checkbox"/> Pass <input type="checkbox"/> Fail	<input type="checkbox"/> Pass <input type="checkbox"/> Fail	<input type="checkbox"/> Pass <input type="checkbox"/> Fail	<input type="checkbox"/> Pass <input type="checkbox"/> Fail	<input type="checkbox"/> Pass <input type="checkbox"/> Fail

II. Post-installation/triennial testing

Interstitial space - Liquid Filled/Other.	Tightness Test Model (if applicable):				
	Vacuum/Pressure Gauge Range (indicate units):				
	Test method: <input type="checkbox"/> Vacuum <input type="checkbox"/> Liquid filled/other:				
Test Date: Begin End					
Begin End Test Time					
Begin End Level (liquid) (Indicate units)					
Begin End Pressure/Vacuum (Indicate units)					
Liquid visible on inside of tank (FRP tanks prior to receiving fuel)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Manufacturer test data sheets attached (e.g., Xerxes Truchek, CSI Standpipe Test)	<input type="checkbox"/> Yes <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> N/A
Test Result	<input type="checkbox"/> Pass <input type="checkbox"/> Fail	<input type="checkbox"/> Pass <input type="checkbox"/> Fail	<input type="checkbox"/> Pass <input type="checkbox"/> Fail	<input type="checkbox"/> Pass <input type="checkbox"/> Fail	<input type="checkbox"/> Pass <input type="checkbox"/> Fail

Comments: