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Form

pennsylvania
DEPARTMENT OF ENVIRONMENTAL PROTECTION

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF ENVIRONMENTAL PROTECTION
BUREAU OF ENVIRONMENTAL CLEANUP AND BROWNFIELDS

UNDERGROUND STORAGE TANK
AUTOMATIC LINE LEAK DETECTOR FUNCTIONALITY TESTING FORM

I. FACILITY INFORMATION – Type or print (in ink) all items.		
Facility ID #:	Facility Name:	
Facility Street Address:		
Facility Telephone:	County:	Municipality:
II. TESTER INFORMATION		
Tester Name:	Tester Cert. #:	Tester Telephone:
Company Name:	Company Cert. #:	Test Date:
III. TEST PROCEDURE – Briefly describe procedure(s) used to test the line leak detector(s) (i.e. PEI/RP1200, manufacturer's testing procedure, etc.)		

IV. LINE LEAK DETECTOR TESTING INFORMATION – When more than five LLDs are tested at a facility, use additional testing forms.					
Tank Number					
Product Stored					
Line Number[1]					
Manufacturer					
Model					
Leak Detector Type	☐ Electronic ☐ Mechanical	☐ Electronic ☐ Mechanical	☐ Electronic ☐ Mechanical	☐ Electronic ☐ Mechanical	☐ Electronic ☐ Mechanical
STP Operating Pressure					
A. MECHANICAL LINE LEAK DETECTORS					
Check Valve Holding Pressure					
Metering Pressure					
Opening Time					
Simulated leak causes slow-flow	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Leak detector resets when line pressure is bled off to zero	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
B. ELECTRONIC LINE LEAK DETECTORS					
Simulated leak causes an alarm	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Simulated leak disables the STP[2]	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
V. TEST RESULT[3]	☐ **Pass** ☐ **Fail**	☐ **Pass** ☐ **Fail**	☐ **Pass** ☐ **Fail**	☐ **Pass** ☐ **Fail**	☐ **Pass** ☐ **Fail**

1. Designate each product line, on which a line leak detector was tested, numerically or by code on the site drawing.
2. Required for pressurized piping systems installed after November 10, 2007, using LLD for 3gph piping release detection.
3. Failed line leak detectors must be repaired or replaced immediately.

Facility ID #: _____ **Facility Name:** _____ **Test Date:** _____

VI. COMMENTS

The comments section should be used to note additional information discovered or actions taken during functionality testing that affect compliance at the facility. For example, include comments concerning any observations made by the tester that would affect the test results.

Include actions taken to repair or replace failed devices.

If additional comment sheets are needed, label each sheet with the report header information and attach the sheet(s) to the back of this form.

VII. SITE DRAWING

Provide a detailed site drawing of the applicable UST(s), product piping, and containment structure layout in the space below (or attach a detailed site drawing prepared on a separate sheet). Any other pertinent information should also be included.

VII. OWNER'S REPRESENTATIVE CERTIFICATION

I have reviewed this report. I certify under penalty of law as provided in 18 PA C.S.A. Section 4904(relating to unsworn falsification to authorities), that the information provided by me is true, accurate, and complete to the best of my knowledge and belief.

Signature:	Date Signed:

VIII. TESTER CERTIFICATION

By signing this document as the Tester, I certify under penalty of law as provided in 18 PA C.S.A. Section 4904(relating to unsworn falsification to authorities), that the information provided by me is true, accurate, and complete to the best of my knowledge and belief.

Tester's Signature:	Date Signed: