

Application to Install or Replace UST Systems (Piping Pre-Installation Testing)

(for components installed on or after 11/1/2007)



This form must be used to document pre-installation pipe integrity testing (for piping not monitored continuously for releases using vacuum, pressure, or hydrostatic methods) for UST systems installed on or after November 1, 2007 (this includes existing UST systems that have installed or replaced the piping on or after November 1, 2007).

- If there are more than five (5) piping systems at this facility, make additional copies of this page.
- The primary containment and interstitial space of the piping shall be tested in accordance with the manufacturers written guidelines and PEI/RP100 "Recommended Practice for Installation of Underground Liquid Storage Systems."
- If the piping 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 piping must be re-tested for tightness.

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

I certify, under penalty of law, that the testing data provided on this form documents the UST system equipment was tested in accordance with the manufacturer's guidelines and the applicable national industry standards listed in 15A NCAC 2N .0900.

_____ Print Name of person conducting test	_____ Signature of person conducting test
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Identify piping system (By Tank Number, Stored Product, etc.)	Tank #	Tank #	Tank #	Tank #	Tank #
Tank Size					
Product					
Piping Type (DW FRP, DW Flex, Other)					
Piping Configuration	<input type="checkbox"/> Gravity <input type="checkbox"/> Manifold <input type="checkbox"/> Pressurized <input type="checkbox"/> Suction	<input type="checkbox"/> Gravity <input type="checkbox"/> Manifold <input type="checkbox"/> Pressurized <input type="checkbox"/> Suction	<input type="checkbox"/> Gravity <input type="checkbox"/> Manifold <input type="checkbox"/> Pressurized <input type="checkbox"/> Suction	<input type="checkbox"/> Gravity <input type="checkbox"/> Manifold <input type="checkbox"/> Pressurized <input type="checkbox"/> Suction	<input type="checkbox"/> Gravity <input type="checkbox"/> Manifold <input type="checkbox"/> Pressurized <input type="checkbox"/> Suction
Piping Manufacturer					
Pipe Model (Part No.)					

Test Date					
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A. Primary Pipe Test (Air or Inert gas test) Installation Only (Indicate units for all measurements)

Begin End test time					
Begin End pressure					
Primary 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

B. Secondary Interstice Test (Indicate units for all measurements)

Begin End test time					
Begin End pressure					
Secondary 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 and explanation of failing results and other problems noted during inspection:
