

September 2013

NH DEPARTMENT OF ENVIRONMENTAL SERVICES  
OIL REMEDIATION AND COMPLIANCE BUREAU  
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## TANK AND PIPING TIGHTNESS TESTING FORM FOR AST and UST SYSTEMS

*N. H. Code of Administrative Rules Env-Or 400 and Env-Wm 1402 or Env-Or 300*

The New Hampshire Department of Environmental Services has developed this form to help you document the reporting requirements for tank and piping tightness testing at this storage tank facility. Please consult with the applicable rules (Env-Or 406.11(b) for UST, Env-Wm 1402 or Env-Or 300 for AST).

Facility Name: \_\_\_\_\_ DES Facility # \_\_\_\_\_

Facility Address: \_\_\_\_\_ City \_\_\_\_\_ Zip: \_\_\_\_\_

Where required by rules, the tightness testing method shall have been evaluated by an independent testing laboratory and demonstrated to meet the leak rate detection criteria. The tightness test shall be capable of detecting a system leak rate of 0.10 gallons per hour with a probability of detection of 0.95 and a probability of false alarm of 0.05. The test report and any other documents describing the type of test, contractor, date, materials, all technician testing data, and any other information pertinent to the tightness testing performed shall be kept by the owner for the life of the system. **The test results shall be submitted by the owner to the department no later than 30 days after the date of the test.**

System Information: UST  AST

Tank Number: (for split tanks use 1(a), (b))			
Component(s) Being Tested: (Please Circle One) (Tank = T)(Piping = P)(Full System = FS)			
<b>Date Installed:</b>			
Product Stored: (gas, diesel, etc.)			
Tank and/or Piping Material: (fiberglass, steel, etc.)			
Tank <b>or pipe</b> Capacity: (gallons)			
<b>Please include a drawing of the facility or other information so that the tank or piping in question can be properly located or identified. (As needed, for sites with multiple tanks or conflicting registered tank ID numbers.)</b>			

### Test Information:

Method Used: (Estabrook, EZY 3 Locator, etc.)			
Temperature Measuring Equipment and method:			
Start Time:			
End Time:			
Start Pressure (Include Units):			
End Pressure (Include Units):			
Re-leveling Procedure Used:			
Groundwater Level and/or Water Sensor Used:			
Length of any waiting periods after product delivery, topping, or vapor space disturbances:			
Vapor Pocket Measurement and Elimination Procedure Used:			
Piping, Fittings, or Connections that were tightened or repaired (Please Describe):			

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**Test Results: (Please Circle One)**

**PASS**

**FAIL**

**PASS**

**FAIL**

**PASS**

**FAIL**

**Please include a copy of the field technicians testing records when submitting this test report.**

A leak or failure shall be indicated by a test result of 0.10 gallons per hour or greater or an inconclusive test result. The person conducting the tightness test shall notify the department and facility owner and operator immediately of a system tightness test failure. An investigation shall be conducted within 7 days of the initial test failure to determine the cause of the failure which shall include a second confirming tightness test. The owner shall submit a written report to the department within 30 days of the failure that describes the work performed, the repairs made, and any other actions taken in response to the test failure.

Verification – I hereby certify the validity, method, and accuracy of the test, that the test complies with the requirements of Env-Or 400 or Env-Wm 1402 or Env-Or 300 as applicable, and that I am qualified to perform this test.

Technician Name (print): \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_ Date of Test: \_\_\_\_\_

Testing Company Name: \_\_\_\_\_

Testing Co. Address / State / Zip \_\_\_\_\_

Phone No: (     ) \_\_\_\_\_

Testing Equipment Manufacturer: \_\_\_\_\_

Last Calibration or Maintenance Date of Equipment: \_\_\_\_\_

Tester Certification Number: \_\_\_\_\_