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					
UST types: FRP, Steel Jacketed, Steel/CLAD,	**Indicate units for all measurements:**				
I. Pre-installation testing	**Vacuum/Pressure Gauge Range:**				
Test Date					
Interstitial space - Liquid Filled or Vacuum	**Test method:** ☐ Vacuum ☐ Liquid filled/other:_____				
Begin ¡ End Test Time (liquid)					
Begin ¡ End Level (liquid)					
Begin ¡ End Test Time					
Begin ¡ End Pressure/Vacuum					
Test Result	☐ Pass ☐ Fail	☐ Pass ☐ Fail	☐ Pass ☐ Fail	☐ Pass ☐ Fail	☐ Pass ☐ Fail
Liquid visible on inside/outside of tank (if applicable)	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
II. Post-installation/triennial testing	**Tightness Test Model (if applicable):** _____				
Test Date: Begin ¡ End					
Interstitial space - Liquid Filled/Other.	**Test method:** ☐ Vacuum ☐ Liquid filled/other:_____				
Begin ¡ End Test Time (liquid)					
Begin ¡ End Level (liquid)					
Begin ¡ End Test Time					
Begin ¡ End Pressure/Vacuum					
Test Result	☐ Pass ☐ Fail	☐ Pass ☐ Fail	☐ Pass ☐ Fail	☐ Pass ☐ Fail	☐ Pass ☐ Fail
Liquid visible on inside of tank	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No