



This form is now available for electronic submittal using the Alabama Environmental Permitting and Compliance System or AEPACS.

[Note: The program encourages the use of an electronic form submittal rather than a paper form submittal.]

Please click the link below to submit this form electronically using AEPACS.

<https://aepacs.adem.alabama.gov/nviro/ncore/external/home>

ADEM UST VOLUMETRIC OVERFILL TANK TIGHTNESS TEST REPORT FORM

READ THIS PARAGRAPH BEFORE COMPLETING FORM:

Tightness test data and results for every test performed are required to be submitted to the Department. This form must be completed and included with the test data or the submittal will not be accepted. Test data must include waiting time between delivery and testing, start time, end time, recorded volume changes and times, correction factors and calculations, and calculated leak rate. All test data must be submitted on 8 1/2" X 11" paper or the submittal will be returned. Note that you can place up to 6 Unique Tank Numbers on one form, assuming that the Facility ID Number and the test equipment remain the same.

Facility ID: _____ Site Name: _____

Site Address: _____

Owner Name: _____ Owner Phone #/ Email: _____

Inspector Company Name/Phone Number _____ / _____

Person Performing Test/Certification Number _____ / _____

Inspector Certification Expiration Date _____

Manufacturer of Test Equipment/Model or Version _____ / _____

Note: The equipment used must be listed on the National Work Group List of Leak Detection Evaluations for UST Systems, latest edition.

Reason for Test (circle all that apply): New Installation; Leak Detection; Required by ADEM; Response to SIR Problem
Site Latitude _____ Longitude _____

Tank:	1	2	3	4	5	6
Unique Tank Number:						
Substance Stored:						
Date of Test:						
Tank Size (Gallons):						
% Full During Test						
Equipment Threshold, GPH:						
Measured Leak Rate, GPH:						
Pass(P), Fail(F) or Inconclusive(I):						
Groundwater Level*:						

*Measured above bottom of tank.

I CERTIFY UNDER PENALTY OF LAW THAT THE TEST WAS CONDUCTED ACCORDING TO THE PROTOCOL OF THE TEST METHOD USED AND WAS PERFORMED IN ACCORDANCE WITH ALL REGULATORY REQUIREMENTS OF ADEM ADMINISTRATIVE CODE RULE 335-6-15 AND THAT THE SUBMITTED INFORMATION IS TRUE, ACCURATE, AND COMPLETE.

Tester's Signature: _____ Date Signed: _____

Return this completed form with test data and results attached to the following address:

**Alabama Department of Environmental Management
Groundwater Branch
P. O. Box 301463
Montgomery, AL 36130-1463**