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

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

ADEM AUTOMATIC LINE LEAK DETECTOR (ALLD) and LINE TIGHTNESS TEST REPORT

Site Name:	Owner:
Address:	Address:
City, County, Zip, State, Country:	City, Country, State, Zip, Country:
Facility I.D. #:	Phone #:
Tester Name:	Tester Phone #:
Tester Certification Type:	Certification Expiration: / /
Tester Company:	Test Date:

Site Latitude _____ Longitude _____ **Instructions**

1. Submit this form, attach all test data for every test performed, and submit a completed copy of this form to: Groundwater Branch, PO Box 301463, Montgomery, AL 36130-1463, or fax to: (334) 270-5631, or email to: USTcompliance@adem.alabama.gov. **This form must be completed and included with the test data or the submittal will not be accepted.**
2. This form allows up to 6 ADEM Unique Tank Numbers, assuming that the Facility ID Number and test equipment remain the same.
3. Testing must be performed in accordance with a nationally recognized code of practice (such as PEI RP-1200 or equivalent) or the manufacturer's instructions.
4. Line tightness test equipment used must be approved by ADEM. Visit the NWGLDE website at www.nwglde.org to view a list of release/leak detection equipment/methods that ADEM approves for use in Alabama.
5. Automatic Line Leak Detectors are designed to be tested in-place. Do not remove and test outside of the tank system.
6. Keep a copy of this testing for 3 years. Questions on how to complete this form should be directed to the Groundwater Branch, UST Compliance Unit at (334) 270-5655.

Type of Test Performed - check all that apply: Automatic Line Leak Detector (ALLD) Line Tightness Test

Reason for Test - check all that apply: Annual Test New Installation Required by ADEM Enforcement Action

Manufacturer of ALLD Test Equipment: _____ Model or Version: _____

Manufacturer of Line Tightness Test Equipment: _____ Model or Version: _____

ADEM Unique Tank #	Product Stored					
Piping material	<input type="checkbox"/> fiberglass <input type="checkbox"/> flexible <input type="checkbox"/> steel	<input type="checkbox"/> fiberglass <input type="checkbox"/> flexible <input type="checkbox"/> steel	<input type="checkbox"/> fiberglass <input type="checkbox"/> flexible <input type="checkbox"/> steel	<input type="checkbox"/> fiberglass <input type="checkbox"/> flexible <input type="checkbox"/> steel	<input type="checkbox"/> fiberglass <input type="checkbox"/> flexible <input type="checkbox"/> steel	<input type="checkbox"/> fiberglass <input type="checkbox"/> flexible <input type="checkbox"/> steel
Approx. length of piping run tested (nearest foot)						
Piping capacity (gallons)						

Automatic Line Leak Detector Test

Type of ALLD	<input type="checkbox"/> mechanical <input type="checkbox"/> electronic	<input type="checkbox"/> mechanical <input type="checkbox"/> electronic	<input type="checkbox"/> mechanical <input type="checkbox"/> electronic	<input type="checkbox"/> mechanical <input type="checkbox"/> electronic	<input type="checkbox"/> mechanical <input type="checkbox"/> electronic	<input type="checkbox"/> mechanical <input type="checkbox"/> electronic
Line pressure during ALLD test (psi)						
Measured ALLD leak rate (gph)						
Results of ALLD test	<input type="checkbox"/> pass <input type="checkbox"/> fail <input type="checkbox"/> inconclusive	<input type="checkbox"/> pass <input type="checkbox"/> fail <input type="checkbox"/> inconclusive	<input type="checkbox"/> pass <input type="checkbox"/> fail <input type="checkbox"/> inconclusive	<input type="checkbox"/> pass <input type="checkbox"/> fail <input type="checkbox"/> inconclusive	<input type="checkbox"/> pass <input type="checkbox"/> fail <input type="checkbox"/> inconclusive	<input type="checkbox"/> pass <input type="checkbox"/> fail <input type="checkbox"/> inconclusive

Line Tightness Test

Line pressure during line test (psi)						
Measured line leak rate (gph)						
Results of line tightness test	<input type="checkbox"/> pass <input type="checkbox"/> fail <input type="checkbox"/> inconclusive	<input type="checkbox"/> pass <input type="checkbox"/> fail <input type="checkbox"/> inconclusive	<input type="checkbox"/> pass <input type="checkbox"/> fail <input type="checkbox"/> inconclusive	<input type="checkbox"/> pass <input type="checkbox"/> fail <input type="checkbox"/> inconclusive	<input type="checkbox"/> pass <input type="checkbox"/> fail <input type="checkbox"/> inconclusive	<input type="checkbox"/> pass <input type="checkbox"/> fail <input type="checkbox"/> inconclusive

Repairs Needed	Date of Repair	Description of any Repairs
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Site Contact _____ Lessee _____ Owner _____ Consultant _____	Name _____
Phone _____ Email _____	Address, City, Country, State, Zip, Country: _____

Tester's Signature: _____