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| TR-WM-123 (2/19) Formerly ERS-10778 LLD | FOR OFFICE USE ONLY |
|  | Wisconsin Department of Agriculture, Trade and Consumer ProtectionBureau of Weights and MeasuresP O Box 7837 Madison, WI 53707-7837(608) 224-4942 |  |
| Wis. Admin. Code §ATCP 93.515 |
| ELECTRONIC/MECHANICAL AUTOMATIC LINE LEAK DETECTOR (ALLD) ANNUAL FUNCTIONALITY |

Personal information you provide may be used for purposes other than that for which it was originally collected (s. 15.04(1)(m) Wis. Stats.).

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| OWNER INFORMATION |
| NAME      | PHONE(   )     -      | CELL(   )     -      |
| COMPANY NAME      | CONTACT PERSON      | E-MAIL      |
| STREET ADDRESS      | [ ]  CITY [ ]  VILLAGE [ ]  TOWN OF      | STATE   | ZIP      |
| SITE INFORMATION |
| FACILITY NAME      | FACILITY ID #      | ASSIGNED ANNIVERSARY MONTH      | DATE OF TESTING/SERVICING      |
| STREET ADDRESS      | [ ]  CITY [ ]  VILLAGE [ ]  TOWN OF      | STATE   | ZIP      |
| CONTRACTOR INFORMATION |
| CONTRACTOR NAME      | CONTACT PERSON      | PHONE(   )     -      | CELL(   )     -      |
| E-MAIL      | WORK ORDER #      |

This form is used to document testing and servicing of underground line leak detection and is provided to the tank system owner/operator. Owner/operator must retain test records in accordance with ATCP 93.500(9).

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| Tech’s Manufacturer Certification Number: |       | Exp. Date: |       | Test Equipment /Type (used for test) |       |

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| Product  |       |       |       |       |       |       |       |
| Line # |       |       |       |       |       |       |       |
| Leak Detector Manufacturer  |       |       |       |       |       |       |       |
| Model: |       |       |       |       |       |       |       |
| Existing / New / Replacement |       |       |       |       |       |       |       |
| Properly Installed | [ ]  Y | [ ]  N | [ ]  Y | [ ]  N | [ ]  Y | [ ]  N | [ ]  Y | [ ]  N | [ ]  Y | [ ]  N | [ ]  Y | [ ]  N | [ ]  Y | [ ]  N |
| Testing Location: (from highest or farthest shear valve) |       |       |       |       |       |       |       |
| Dispenser Line Manifold  | [ ]  Y | [ ]  N | [ ]  Y | [ ]  N | [ ]  Y | [ ]  N | [ ]  Y | [ ]  N | [ ]  Y | [ ]  N | [ ]  Y | [ ]  N | [ ]  Y | [ ]  N |
|  | If lines are manifolded do submersible pumps come on simultaneously? | [ ]  Y | [ ]  N |
| Satellite Included in test | [ ]  Y | [ ]  N | [ ]  NA | [ ]  Y | [ ]  N | [ ]  NA | [ ]  Y | [ ]  N | [ ]  NA | [ ]  Y | [ ]  N | [ ]  NA | [ ]  Y | [ ]  N | [ ]  NA | [ ]  Y | [ ]  N | [ ]  NA | [ ]  Y | [ ]  N | [ ]  NA |
| All Shear Valves Open | [ ]  Y | [ ]  N | [ ]  Y | [ ]  N | [ ]  Y | [ ]  N | [ ]  Y | [ ]  N | [ ]  Y | [ ]  N | [ ]  Y | [ ]  N | [ ]  Y | [ ]  N |
| Test Leak Rate ml/m |       |       |       |       |       |       |       |
| Calibrated Leak in gph: |       |       |       |       |       |       |       |
| Open Time In Seconds (Mechanical) |       |       |       |       |       |       |       |
| Check Valve Holding psi: (Mechanical) |       |       |       |       |       |       |       |
| Metering psi: (Mechanical) |       |       |       |       |       |       |       |
| Did Shutdown Occur (Electronic) | [ ]  Y | [ ]  N | [ ]  Y | [ ]  N | [ ]  Y | [ ]  N | [ ]  Y | [ ]  N | [ ]  Y | [ ]  N | [ ]  Y | [ ]  N | [ ]  Y | [ ]  N |
| Results: | [ ]  PASS | [ ]  PASS | [ ]  PASS | [ ]  PASS | [ ]  PASS | [ ]  PASS | [ ]  PASS |
| [ ]  FAIL | [ ]  FAIL | [ ]  FAIL | [ ]  FAIL | [ ]  FAIL | [ ]  FAIL | [ ]  FAIL |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  |  |       |  |       |
| TECHNICIAN’S SIGNATURE: | PRINT NAME: | DATE |

I attest by signature that the equipment identified in this document was tested to meet EPA 3.0GPH@10PSI testing requirements and the information is true, accurate, and complete.

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| Comments:        |
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