|  |  |
| --- | --- |
| TR-WM-125 (2/17) Formerly ERS-10778 LT (9/13) | 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 93.510 |
| LINE TIGHTNESS TEST REPORT |

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.).

|  |
| --- |
| 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(   )     -      |
| EMAIL      | WI CERTIFICATION #      | WORK ORDER #      |

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| --- |
| TYPE OF TESTING EQUIPMENT |
| Brand: |       | Model: |       | Material Approval #: |       |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Line Test: | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| Product Type |       |       |       |       |       |       |       |
| Pump Manufacturer |       |       |       |       |       |       |       |
| Pressure (P) or Suction (S) |       |       |       |       |       |       |       |
| Tank Isolation Method |       |       |       |       |       |       |       |
| Dispenser Isolation Method |       |       |       |       |       |       |       |
| Testing location |       |       |       |       |       |       |       |
| Test Pressure |       |       |       |       |       |       |       |
| Pipe Construction |       |       |       |       |       |       |       |
| Time Completed |       |       |       |       |       |       |       |
| Time Started |       |       |       |       |       |       |       |
| Total Test Time in Minutes |       |       |       |       |       |       |       |
| Initial Cylinder Level |       |       |       |       |       |       |       |
| Final Cylinder Level |       |       |       |       |       |       |       |
| Final Hourly Leak Rate |       |       |       |       |       |       |       |
| Test Results |       |       |       |       |       |       |       |

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

I attest by signature that the equipment identified in this document was tested to meet EPA 0.1gph testing requirements and the information is true, accurate, and complete.

|  |
| --- |
| Comments:       \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |