

Leak Detection for Piping

Facility Name:

Facility ID#:

Pressurized piping systems require two methods of leak detection; at least one method from Set 1 and one method from Set 2.

UST Information: Answer yes or no to all questions that apply.

| SET 1 - Choose one. Catastrophic (≥ 3.0 gph) product pipe leak detection. | | TAG # |
|--|---|--|--|--|--|--|
| 1 | Is a MLLD (Mechanical Line Leak Detector) operational? Make and Model: | | | | | |
| 2 | Is an in-line (ELLD) present and operational? Make and Model: | | | | | |
| 3 | Has the MLLD or ELLD been tested for functionality at least annually or as instructed by manufacturer? Date of Test: | | | | | |
| 4 | If equipment is capable, is the ELLD programmed to disable the pumping apparatus for any failed leak test? | | | | | |
| 5 | Is interstitial monitoring used to satisfy catastrophic 3.0 gph leak detection? | | | | | |
| 6 | If the facility is not attended when a 3-gph leak is detected does the: TSD – Turbine shut down; OR – Offsite Responder is alerted (auto dialer); LOA – Loud Outdoor Alarm (not console alarm); RF – Restrict Flow | <input type="checkbox"/> TSD <input type="checkbox"/> OR <input type="checkbox"/> LOA <input type="checkbox"/> RF | <input type="checkbox"/> TSD <input type="checkbox"/> OR <input type="checkbox"/> LOA <input type="checkbox"/> RF | <input type="checkbox"/> TSD <input type="checkbox"/> OR <input type="checkbox"/> LOA <input type="checkbox"/> RF | <input type="checkbox"/> TSD <input type="checkbox"/> OR <input type="checkbox"/> LOA <input type="checkbox"/> RF | <input type="checkbox"/> TSD <input type="checkbox"/> OR <input type="checkbox"/> LOA <input type="checkbox"/> RF |

SET 2 – Choose one. Precision test or monthly method.

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|----|---|---|---|---|---|---|
| 7 | Is an annual precision 0.1 gph Line Tightness Test (LTT) conducted? | | | | | |
| 8 | Is the precision 0.1 gph LTT conducted by the ELLD? | | | | | |
| 9 | Is the precision 0.1 gph LTT conducted using an NWGLDE approved method? | | | | | |
| 10 | Date and results of the most recent test. Please supply a copy of the results with the inspection. | | | | | |
| 11 | Are monthly 0.2 gph electronic LLD tests conducted? | | | | | |
| 12 | If question #11 is YES , are passing 0.2-gph ELLD tests available for the past 12 months? (Do not accept history records) | | | | | |
| 13 | If question #12 is marked "NO" , select the months in which passing LD tests are NOT available. 1=Jan, 2=Feb, etc. | 1 2 3 4 5 6 7 8 9 10 11 12 | 1 2 3 4 5 6 7 8 9 10 11 12 | 1 2 3 4 5 6 7 8 9 10 11 12 | 1 2 3 4 5 6 7 8 9 10 11 12 | 1 2 3 4 5 6 7 8 9 10 11 12 |
| 14 | Does the history show records from all 12 months in the last year with the last 2 months having passing results? | | | | | |
| 15 | If questions #7 and #11 are NO , check what monthly method is used. Complete the appropriate inspection page. VM =Vapor monitoring SIR = Statistical Inventory Reconciliation GWM = Groundwater monitoring ISM = Interstitial Monitoring | <input type="checkbox"/> VM <input type="checkbox"/> GWM <input type="checkbox"/> SIR <input type="checkbox"/> ISM | <input type="checkbox"/> VM <input type="checkbox"/> GWM <input type="checkbox"/> SIR <input type="checkbox"/> ISM | <input type="checkbox"/> VM <input type="checkbox"/> GWM <input type="checkbox"/> SIR <input type="checkbox"/> ISM | <input type="checkbox"/> VM <input type="checkbox"/> GWM <input type="checkbox"/> SIR <input type="checkbox"/> ISM | <input type="checkbox"/> VM <input type="checkbox"/> GWM <input type="checkbox"/> SIR <input type="checkbox"/> ISM |

Suction Piping Systems: "European" style suction has only one check valve, which is at the dispenser, and the piping slopes back to the tank.

| | | | | | | |
|----|--|---|---|---|---|---|
| 16 | Does product piping qualify as European (safe) suction? | | | | | |
| 17 | Does any part of the underground piping go lower in elevation than the top of the tank? | | | | | |
| 18 | Does product piping qualify as US Suction? | | | | | |
| 19 | Is a precision 0.1 Line Tightness Test conducted every three years? (Date and results of most recent test.) | | | | | |
| 20 | If question #19 is "NO" , check what monthly method is used? Complete the appropriate compliance page. | <input type="checkbox"/> VM <input type="checkbox"/> GWM <input type="checkbox"/> SIR <input type="checkbox"/> ISM | <input type="checkbox"/> VM <input type="checkbox"/> GWM <input type="checkbox"/> SIR <input type="checkbox"/> ISM | <input type="checkbox"/> VM <input type="checkbox"/> GWM <input type="checkbox"/> SIR <input type="checkbox"/> ISM | <input type="checkbox"/> VM <input type="checkbox"/> GWM <input type="checkbox"/> SIR <input type="checkbox"/> ISM | <input type="checkbox"/> VM <input type="checkbox"/> GWM <input type="checkbox"/> SIR <input type="checkbox"/> ISM |

Comments:

| | | | |
|---------------------|--------|--------------------------|--------|
| | | | |
| (Inspector Initial) | (Date) | (Owner/Operator Initial) | (Date) |