

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. If a shaded question does not apply, leave it blank.

SET 1 - Choose one. Catastrophic (≥ 3.0 gph) product pipe leak detection.

	TAG #	TAG #	TAG #	TAG #	TAG #
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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	Are records available showing each ALLD passed an annual functionality test? Submit test results with inspection. 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 alerted (auto dialer, etc.); 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. Annual precision test or monthly method.

7	Are records of an annual precision 0.1 gph Line Tightness Test (LTT) available?																																																																	
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	Indicate the date of the most recent test. Submit test results with inspection. Date of Test:																																																																	
11	Are monthly 0.2 gph electronic LLD tests conducted?																																																																	
12	If question #11 is "YES" , are records of 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 ELLD tests are NOT available. 1=Jan, 2=Feb, etc.	<table border="1" style="font-size: 8px; border-collapse: collapse;"> <tr><td>1</td><td>2</td><td>3</td></tr> <tr><td>4</td><td>5</td><td>6</td></tr> <tr><td>7</td><td>8</td><td>9</td></tr> <tr><td>10</td><td>11</td><td>12</td></tr> </table>	1	2	3	4	5	6	7	8	9	10	11	12	<table border="1" style="font-size: 8px; border-collapse: collapse;"> <tr><td>1</td><td>2</td><td>3</td></tr> <tr><td>4</td><td>5</td><td>6</td></tr> <tr><td>7</td><td>8</td><td>9</td></tr> <tr><td>10</td><td>11</td><td>12</td></tr> </table>	1	2	3	4	5	6	7	8	9	10	11	12	<table border="1" style="font-size: 8px; border-collapse: collapse;"> <tr><td>1</td><td>2</td><td>3</td></tr> <tr><td>4</td><td>5</td><td>6</td></tr> <tr><td>7</td><td>8</td><td>9</td></tr> <tr><td>10</td><td>11</td><td>12</td></tr> </table>	1	2	3	4	5	6	7	8	9	10	11	12	<table border="1" style="font-size: 8px; border-collapse: collapse;"> <tr><td>1</td><td>2</td><td>3</td></tr> <tr><td>4</td><td>5</td><td>6</td></tr> <tr><td>7</td><td>8</td><td>9</td></tr> <tr><td>10</td><td>11</td><td>12</td></tr> </table>	1	2	3	4	5	6	7	8	9	10	11	12	<table border="1" style="font-size: 8px; border-collapse: collapse;"> <tr><td>1</td><td>2</td><td>3</td></tr> <tr><td>4</td><td>5</td><td>6</td></tr> <tr><td>7</td><td>8</td><td>9</td></tr> <tr><td>10</td><td>11</td><td>12</td></tr> </table>	1	2	3	4	5	6	7	8	9	10	11	12
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14	Does the history show test records for all 12 months in the last year with the last 2 months having passing results?																																																																	
15	If questions #7 and #11 are "NO" , check all monthly methods used. Complete the appropriate inspection pages. 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? Submit test results with inspection. Date of test:				
20	If question #19 is "NO" , check all monthly methods used? Complete the appropriate inspection pages.	<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)