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| TR-WM-123 (2/19) Formerly ERS-10778 LLD | | FOR OFFICE USE ONLY |
|  | Wisconsin Department of Agriculture, Trade and Consumer Protection  Bureau of Weights and Measures  P 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 | | | |

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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 3.0GPH@10PSI testing requirements and the information is true, accurate, and complete.

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| Comments: |
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