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| **UST-6E/23D** | | **Application to Install or Replace Underground Storage Tank Systems**  **(TANK INSTALLATION/TRIENNIAL TESTING)** | | | | | | | | | | | | | | | | | | |  | | |
| * A separate form should be used for each facility. If there are more than five (5) tanks at this facility, make additional copies of this page. * The primary and interstitial space of the tank shall be tested in accordance with the manufacturers written guidelines and PEI/RP100 “Recommended Practice for Installation of Underground Liquid Storage Systems.” * The last periodic tightness test record must be maintained by the tank owner or operator and must be readily available for inspection. * Tanks that are not monitored continuously for releases using vacuum, pressure, or hydrostatic methods must be tightness tested at installation, between 6 and 12 months from installation, and every three years following installation. * The interstitial space of the tank shall be tested using a 3rd party certified interstice tightness test capable of detecting a 0.1 gph leak from the inner or outer wall of the interstice for the tank model that is installed. * If the tank fails a tightness test, it must be replaced or repaired by the manufacturer or the manufacturer’s authorized representative in accordance with the manufacturer’s specifications. Following any repair, the tank must be re-tested for tightness. Also a suspected release report must be submitted on a UST-17A form, *UST Suspected Release 24 Hour Notice.* The suspected release must be investigated, in accordance with 15A NCAC 2N .0603, and any defective equipment repaired/replaced in accordance with 15A NCAC 2N .0404/.0900. Results of the investigation must be submitted on a UST-17B form, *UST Suspected Release 7 Day Notice.* | | | | | | | | | | | | | | | | | | | | | | | |
| **UST FACILITY** | | | | | | | | | | | | | | | | | | | | | | | |
| Owner / Operator Name | | | | | | Facility Name | | | | | | | | Facility ID#: | | | | | | | | | |
| Facility Street Address | | | | | | Facility City | | | | | | | | County | | | | | | | | | |
| **TESTING CONTRACTOR INFORMATION** | | | | | | | | | | | | | | | | | | | | | | | |
| Company Name | | | | | | | | | Phone | | | | | | | E-mail address | | | | | | | |
| Mailing Address | | | | | | | | | City | | | | | | | | State | | | Zip | | | |
|  |  | | | | | | |  |  | |  | | | | | | | | | | | |  |
|  | Print Name of person conducting test | | | | | | |  |  | | Signature of person conducting test | | | | | | | | | | | |  |
|  | | |  | | | | | | | | | | | | | | | | | | | | |
| Identify Tank (Tank Number, etc.) | | | **Tank #** | | | | **Tank #** | | | | | **Tank #** | | | **Tank #** | | | | **Tank #** | | | | |
| **Tank Size**  **Product** | | |  | | | |  | | | | |  | | |  | | | |  | | | | |
|  | | | |  | | | | |  | | |  | | | |  | | | | |
| **UST Type**  (FRP, Steel Jacketed, Steel/CLAD, Other) | | |  | | | |  | | | | |  | | |  | | | |  | | | | |
| **I. Pre-installation testing** | | | | | **Vacuum/Pressure Gauge Range** (indicate units)**:** | | | | | | | | | | | | | | | | | | |
| **Interstitial space - Liquid Filled or Vacuum** | | | | | **Test method:**  Vacuum  Liquid filled/other: | | | | | | | | | | | | | | | | | | |
| Test Date | | |  | | | |  | | | | |  | | |  | | | |  | | | | |
| Begin ị End Test Time | | |  |  | | |  | | |  | |  |  | |  | | |  |  | | |  | |
| Begin ị End Level (liquid) (Indicate units) | | |  |  | | |  | | |  | |  |  | |  | | |  |  | | |  | |
| Begin ị End Pressure/Vacuum (Indicate units) | | |  |  | | |  | | |  | |  |  | |  | | |  |  | | |  | |
| **Liquid visible on inside/outside of tank (if applicable)** | | | Yes  No | | | | Yes  No | | | | | Yes  No | | | Yes  No | | | | Yes  No | | | | |
| **Test Result** | | | Pass  Fail | | | | Pass  Fail | | | | | Pass  Fail | | | Pass  Fail | | | | Pass  Fail | | | | |
| **II. Post-installation/triennial testing** | | | | | **Tightness Test Model** (if applicable)**:**  **Vacuum/Pressure Gauge Range** (indicate units)**:** | | | | | | | | | | | | | | | | | | |
| **Interstitial space - Liquid Filled/Other.** | | | | | **Test method:**  Vacuum  Liquid filled/other: | | | | | | | | | | | | | | | | | | |
| Test Date: Begin ị End | | |  |  | | |  | | |  | |  |  | |  | | |  |  | | |  | |
| Begin ị End Test Time | | |  |  | | |  | | |  | |  |  | |  | | |  |  | | |  | |
| Begin ị End Level (liquid) (Indicate units) | | |  |  | | |  | | |  | |  |  | |  | | |  |  | | |  | |
| Begin ị End Pressure/Vacuum (Indicate units) | | |  |  | | |  | | |  | |  |  | |  | | |  |  | | |  | |
| **Liquid visible on inside of tank**  (FRP tanks prior to receiving fuel) | | | Yes  No  N/A | | | | Yes  No  N/A | | | | | Yes  No  N/A | | | Yes  No  N/A | | | | Yes  No  N/A | | | | |
| **Manufacturer test data sheets attached** (e.g., Xerxes Truchek, CSI Standpipe Test) | | | Yes  N/A | | | | Yes  N/A | | | | | Yes  N/A | | | Yes  N/A | | | | Yes  N/A | | | | |
| **Test Result** | | | Pass  Fail | | | | Pass  Fail | | | | | Pass  Fail | | | Pass  Fail | | | | Pass  Fail | | | | |
| **Comments:** | | | | | | | | | | | | | | | | | | | | | | | |
| NORTH CAROLINA DEPARTMENT OF ENVIRONMENTAL QUALITY, DIVISION OF WASTE MANAGEMENT, UST SECTION  1646 MAIL SERVICE CENTER, RALEIGH, NC 27699-1646 PHONE (919) 707-8171 FAX (919) 715-1117 http://www.wastenotnc.org 11/2022 | | | | | | | | | | | | | | | | | | | | | | | |