

Triennial UST Piping Integrity Testing
 (for components installed on or after 11/1/2007 or when returning
 any UST system to service from temporary closure)



This form must be used to document pipe integrity testing (for piping not monitored continuously for releases using vacuum, pressure, or hydrostatic methods) for UST systems installed on or after November 1, 2007 (this includes existing UST systems that have installed or replaced the piping on or after November 1, 2007) or for any existing UST system conducting interstitial monitoring of the piping regardless of installation date prior to returning to service from temporary closure.

- If there are more than five (5) piping systems at this facility, make additional copies of this page.
- The primary containment and interstitial space of the piping shall be tested in accordance with the manufacturers written guidelines and PEI/RP100 "Recommended Practice for Installation of Underground Liquid Storage Systems" and/or PEI/RP1200 "Recommended Practices for the Testing and Verification of Spill, Overfill, Leak Detection and Secondary Containment Equipment at UST Facilities."
- The last periodic tightness test record must be maintained by the tank owner/operators and must be readily available for inspection.
- If any periodic test fails, a suspected release report must be submitted on a UST-17A form, *UST Suspected Release 24 Hour Notice*, and investigated in accordance with 15A NCAC 2N .0603, and any defective equipment repaired 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

I certify, under penalty of law, that the testing data provided on this form documents the UST system equipment was tested in accordance with the manufacturer's guidelines and the applicable national industry standards listed in 15A NCAC 2N .0900.

_____ Print Name of person conducting test	_____ Signature of person conducting test
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Identify piping system (By Tank Number, Stored Product, etc.)	Tank #				
Tank Size					
Product					
Piping Type (DW FRP, DW Flex, Other)					
Piping Configuration	<input type="checkbox"/> Gravity <input type="checkbox"/> Manifold <input type="checkbox"/> Pressurized <input type="checkbox"/> Suction	<input type="checkbox"/> Gravity <input type="checkbox"/> Manifold <input type="checkbox"/> Pressurized <input type="checkbox"/> Suction	<input type="checkbox"/> Gravity <input type="checkbox"/> Manifold <input type="checkbox"/> Pressurized <input type="checkbox"/> Suction	<input type="checkbox"/> Gravity <input type="checkbox"/> Manifold <input type="checkbox"/> Pressurized <input type="checkbox"/> Suction	<input type="checkbox"/> Gravity <input type="checkbox"/> Manifold <input type="checkbox"/> Pressurized <input type="checkbox"/> Suction
Piping Manufacturer					
Pipe Model (Part No.)					

Indicate Test Phase: Triennial Testing Post-Installation Return to Service from Temporary Closure

Test Date			
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A. Primary Pipe Test (Note: Must be a third-party certified tightness test) (Attach test data sheets to form)

Line Tightness Test Results Attached	<input type="checkbox"/> Yes <input type="checkbox"/> No				
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B. Secondary Interstice Test (Indicate units) Gauge range (indicate units):

Begin End test time					
Begin End pressure					
Secondary Test Result	<input type="checkbox"/> Pass <input type="checkbox"/> Fail				

Comments and explanation of failing results and other problems noted during inspection:
