

Underground Storage Tank System Tightness Test

(This form must accompany tank/line tightness test results)

Submit to: **Kansas Department of Health and Environment**
Bureau of Environmental Remediation
Storage Tank Section
1000 SW Jackson, Suite 410
Topeka, KS 66612-1367

Phone: 785 296-8061
Fax: 785 559-4260

Date of Test _____
Tester I.D. _____
Company ID _____
Signature _____

Please Print Clearly or Type

I. Facility Information

- A. Facility Name: _____
- B. Facility Address: _____
(Street) (City) (State) (Zip)
- C. Contact Person: _____ Phone: (____) ____ - _____

II. Owner Information

- A. Owner Name: _____
- B. Owner Address: _____
(Street) (City) (State) (Zip)
- C. Owner Contact Person: _____ Phone: (____) ____ - _____

III. Test Information

- A. Test Method: _____ Leak Threshold: _____

IV. Tank Systems Tested

When performing line tests *always* provide corresponding tank information.

KDHE tank no.					
Total Capacity (gals)					
Capacity during Test (gals)					
Year installed					
Pass/Fail					
Leak rate					
3 rd Party Certification met	Yes ___ No ___				

KDHE tank/line no.					
Dispenser type: Safe/Conventional/Pressure					
Mech. Leak Det. or Auto. Line Mon. Model:					
MLD or ALM Pass Function Test: Y/N					
Pass/Fail					
Leak rate					
3 rd Party Certification met	Yes ___ No ___				

V. If tank or line has failed, a release is suspected. To whom has suspected release been reported?

Please direct questions regarding tank and line tests to KDHE, Storage Tank Section, 785-296-8061.