



Post-Installation Testing of New or Replaced Underground Storage Tanks, Product Piping, and/or Motor Fuel Dispensers



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Facility Name: _____

Street Address: _____ City: _____

Select All That Apply: New Install Replacement Upgrade Repair

Was subsurface contamination observed during the above activitie(s)? Yes No

Media affected? Soil Groundwater Other: _____ Quantity: _____

Tank Installation/Replacement (If Applicable):

Manufacturer: _____ Model: _____ (Attach Tank Charts)

Interstice Present: Yes No Interstice Type: Dry Brine Other: _____

Table with 9 columns for Tank ID and 8 rows for Capacity, Diameter, Length, and Material of Construction.

Piping Installation/Replacement (If Applicable):

Manufacturer: _____ Model: _____

Double-walled: Yes No Other Secondary Containment: _____

Table with 9 columns for UST System ID and 3 rows for Pipe Diameter and Material.

Dispenser Installation/Replacement (If Applicable):

Number of New Dispensers: _____ Under Dispenser Containers (UDC) Present ? : Yes No

UDC Manufacturer: _____ UDC Capacity (gallons) or Dimensions (inches): _____

Secondary Containment Monitoring System:

Method used to monitor secondary containment: Sensor Status Report Sensor Log Visual Inspection Log

ATG Console Manufacturer: _____ ATG Console Model: _____

Sensor Manufacturer: _____ Sensor Type/Model: _____

Sensor Locations (Enter "Yes" or "No"):

Tank ID:	No. ____	No. ____	No. ____	No. ____	No. ____	No. ____	No. ____	No. ____
Tank Interstice								
Piping / STP Sump								
Dispenser(s):	# 1/2	# 3/4	# 5/6	# 7/8	# 9/10	# 11/12	# 13/ 14	# 15/16
Dispenser UDC								

Other Sensor Locations: _____

Post-Installation Containment Testing Results (Complete Applicable Sections):

Tank(s):

All new tanks with a dry interstice held vacuum or pressure of _____ for _____ hour(s).

All new tanks with a brine filled interstice were checked for leaks prior to installation and after backfilling and top-slab placement was complete: Yes No

* For brine filled tanks, indicate the reservoir fluid level range (i.e. High/Low alarm levels):

Low Level: _____ inches, High Level: _____ inches **Date Tested :** _____

Piping:

All piping interstices held vacuum or pressure of _____ for _____ hour(s).

All turbine, piping, and transition sumps held vacuum or pressure of _____ for _____ hour(s), **or** were hydrostatically tested above the highest penetration with no change in liquid level for _____ hour(s).

Total sumps tested : _____ **Date Tested :** _____

Dispenser Containment Sump(s):

All under dispenser containers held vacuum or pressure of _____ for _____ hour(s), **or** were hydrostatically tested above the highest penetration with no change in liquid level for _____ hour(s).

Total UDCs Tested: _____ **Date Tested :** _____

Spill Buckets:

All spill buckets held a vacuum or pressure of _____ for _____ hour(s), **or** were hydrostatically tested with no change in liquid level for _____ hour(s).

Total spill buckets tested : _____ **Date Tested :** _____

I certify that the above form has been completed to the best of my ability and the above installation and/or construction activities were performed in accordance with applicable manufacturer recommendations and instructions.

UST Installation Contractor: _____
(Print Name)

NV Certified UTH # : _____

Signature: _____

Date : _____

Company Name: _____