



UNDERGROUND STORAGE TANK MANAGEMENT DIVISION
AUTOMATIC LINE LEAK DETECTOR (LLD) FUNCTION CHECK
 This form can be used to comply with UST Control Regulations R61.92, Section 280.34

UST Facility		Person Conducting Test	
Facility ID#	Facility Name	Tester's Name	Phone Number
Physical Address		Testing Company	
City	State	Tester Certified by	
Owner Phone Number		Tester Certification #:	Expiration Date

System Information and Testing Requirements						
Type of Pipe (Steel, FRP, Flex)	Pipe Diameter	Approximate Length of Pipe		Calculated Volume		
Purpose of Test	<input type="checkbox"/> Annual <input type="checkbox"/> New Installation <input type="checkbox"/> Troubleshooting <input type="checkbox"/> Leak Investigation <input type="checkbox"/> Other: _____					
Description	Line#	Line#	Line#	Line#	Line#	Line#
Product						
Dispenser Location LLD test conducted						
LLD Manufacturer						
LLD Model Number						
LLD Serial Number						
STP Cycles on/off	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

Mechanical LLD Test Data Table						
	Line#	Line#	Line#	Line#	Line#	Line#
Full Pump Pressure (psi)						
Holding Pressure (psi)						
Resiliency (ml)						
Metering Pressure (psi)						
Opening Time (seconds)						
Leak Test Pressure (psi)						
Leak test Volume (ml)						
Test Leak Rate (gph)						

Electronic LLD Test Data Table						
Set Up Parameters correct:	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Simulated leak causes audible or visual alarm:	<input type="checkbox"/> Audible <input type="checkbox"/> Visible	<input type="checkbox"/> Audible <input type="checkbox"/> Visible	<input type="checkbox"/> Audible <input type="checkbox"/> Visible	<input type="checkbox"/> Audible <input type="checkbox"/> Visible	<input type="checkbox"/> Audible <input type="checkbox"/> Visible	<input type="checkbox"/> Audible <input type="checkbox"/> Visible
Simulated Leak causes Pump shutdown:	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Number of test cycles before alarm/pump shutdown:						

Test Results						
Test Results	<input type="checkbox"/> Pass <input type="checkbox"/> Fail	<input type="checkbox"/> Pass <input type="checkbox"/> Fail	<input type="checkbox"/> Pass <input type="checkbox"/> Fail	<input type="checkbox"/> Pass <input type="checkbox"/> Fail	<input type="checkbox"/> Pass <input type="checkbox"/> Fail	<input type="checkbox"/> Pass <input type="checkbox"/> Fail
If test failed was new LLD installed:	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

Comments:

I hereby certify that all the information contained in this report is true, accurate, and in full compliance with legal requirements. Per SC Underground Storage Tank Regulations 61.92, 280.45 (b)(i), records of this testing must be kept for a period of three years.

Tester's Signature: _____ Date: _____



Automatic Line Leak Detector Function Check for Underground Storage Tanks (USTs)

General Information:

The primary purpose of this form is to provide consistency in the automatic line leak detector function check requirements as outlined by the South Carolina Underground Storage Tank Regulations 61-92.

Please type or print in ink. Also, please be sure that you have signatures in ink.

Who must complete this form?

Any person or their authorized representative (such as a tester or contractor) that conducts automatic line leak detector function checks.

What USTs are included?

An UST system is defined as any one or combination of tanks that is used to contain an accumulation of regulated substances, and whose volume (including connected underground piping) is 10 percent or more beneath the ground. Regulated USTs store petroleum or hazardous substances. This includes UST systems with field-constructed tanks and airport hydrant fuel distribution systems.

What Tanks are Excluded from these Requirements?

- Tanks removed from the ground prior to January 1, 1986;
- Farm or residential tanks of 1,100 gallons or less used to store motor fuel for noncommercial purposes;
- Tanks storing heating oil for use on the premise being stored;
- Septic tanks;
- Certain pipeline facilities regulated under Chapters 601 and 603 of Title 49;
- Surface impoundments, pits, ponds, or lagoons;
- Storm water or wastewater collection systems;
- Flow-through process tanks;
- Liquid traps or associated gathering lines directly related to oil or gas production and gathering operations;
- Tanks on or above the floor of underground areas, such as basements or tunnels;
- Tanks with a capacity of 110 gallons or less;
- Wastewater treatment tank systems;
- UST systems containing radioactive materials that are regulated under the Atomic Energy Act of 1954;

- UST systems that are part of an emergency generator system at nuclear power generation facilities regulated by the Nuclear Regulatory Commission under 10 CFR part 50.

What Substances are Covered?

These requirements apply to USTs containing petroleum or certain hazardous substances. Petroleum includes gasoline, used oil, diesel fuel, crude oil, or any fraction thereof which is liquid at standard conditions of temperature and pressure (60 degrees F and 14.7 pounds per square inch absolute). Hazardous substances are those found in Section 101 (14) of the Comprehensive Environmental Response Compensation and Liability Act (CERCLA) of 1980 with the exception of those substances regulated as hazardous waste under Subtitle C of the Resource Conservation and Recovery Act (RCRA).

Instructions for Completing the Containment Sump Integrity Form:

UST Facility Information: Enter name and complete address of the facility, the permit identification number for the facility, and the owner phone number.

Person Conducting the Test: Enter the tester's name and their company including the city and state from which they operate and their certification information.

System and Testing Information:

- 1) Indicate all relevant information regarding the piping.
- 2) Purpose of the test: Indicate by checking the box why the test was being conducted.
- 2) Complete all information pertaining to the product, location of test, information regarding the manufacturer/model and serial number of the LLD and whether the STP cycles on/off.

Mechanical LLD Test Data Table: Please complete this section if a mechanical line leak detector was tested. Please provide all of the details regarding the methodology for the line leak detector(s) being tested.

Electronic LLDs Test Data Table: Please complete this section if an electronic line leak detector was tested. Please provide all of the details regarding the methodology for the line leak detector(s) being tested.

Test Results: Check if the line leak detectors tested passed or failed. Indicate if repairs were made for failing lines.

Comments: Add any comments or notes, particularly if there were any failing results.

Testers Signature: The person conducting the test must sign and date the test.

Office Mechanics and Filing:

After completing the form, retain a copy in your files. If this is completed in response to an inspection, please forward it to the Department for your review. It will become part of your permanent file.

Contact Information: Please contact the UST Division at (803) 898-0589 for further information.