STATE OF TENNESSEE
DEPARTMENT OF ENVIRONMENT AND CONSERVATION
Division of Underground Storage Tanks
William R. Snodgrass Tennessee Tower
312 Rosa L. Parks Avenue, 12th Floor
Nashville, Tennessee 37243

TANK TIGHTNESS TESTING REPORT

- All applicable sections of this report must be legibly completed in their entirety, documenting all results of the tightness testing. Attach all reports, graphs or documentation generated by the test device.
- For tank installation and repairs, the owner/operator of the underground storage tank (UST) system is to maintain a copy of this report for the operational life of the system. Tests conducted for release **detection** shall be **maintained** until the next test is conducted.

I. UST FACILITY		II. UST OWNER	
UST Facility ID #:		Name/Company:	
Facility Name:		Address:	
Address:		City, State, ZIP:	
City:		Phone:	

III. TANK TESTER			
Tester's Name:		Company:	
Address:		Phone:	
City, State,:		Testing Device:	
Date of Test:		Certification Expiration (if applicable):	
Certification Date and Number:		Device Calibration Date (if required):	

IV. TANK AND UST SYSTEM INFORMATION

Reason for Test: ☐ Release investigation ☐ Installation ☐ Repair ☐ Release Detection ☐ Other

SINGLE WALL TANKS		DOUBLE WALL TANKS	
Tank pit backfill material:		Tank interstice (Dry Brine, Pressure, Vacuum, Other)	
Depth of water in tank pit:		Method used to measure brine levels:	
Method used to determine depth to water:			

- Each tank compartment below should correspond with the most recent Notification for underground Storage Tanks (CN-1260).
- An additional copy of this report is to be completed if more than five (5) compartments are in use at the facility.

Tank Compartment Number					
Product: Gas, Diesel, Kerosene, Other					
Tank Capacity: (gal)					
Tank Diameter: (in.)					
Depth of Tank Bottom: (in.)					
Tank Material: (ST, FG, Comp, SW, DW)					
Tank Manifold: (Y/N) indicate which compartments					
Amount of Product during test: (in.)					
Amount of water: (in.)					
Tank percentage full:					
V. TEST INFORMATION					
Date of Test					
Test Riser Location: (Fill, ATG, Vent)					
Vent Line Isolated? (Yes/No)					
Test Duration:					
Starting psi/in H20					
Final psi/in H20					
Calculated Leak Rate wet portion: (gph)					
Test Results-wet portion: (pass/fail)					
Test Results-ullage portion: (pass/fail)					

VI. UST SITE DRAWING

Attach a detailed legible drawing or use the space provided to draw a sketch of the USTSs. Include all details of the tanks, including all tank top manways, tank pit monitoring wells, and vent pipes. Sufficient detail must be given in order to clearly indicate the tanks' location and where the ground water depth was determined. Number all tanks ensuring the numbers correspond with section IV of this form. The test will not be accepted without an approved site map.

TEST AUTHORIZATION

I certify under penalty of law that the tests were conducted according to the protocol of the test method used and was performed in accordance with all regulatory requirements set forth in 0400-18-01-.04(3)(b) and that the submitted information is true, accurate and complete.

Testers Signature : _____ Date: _____