



Wisconsin Department of Agriculture, Trade and Consumer Protection
 Bureau of Weights and Measures
 P O Box 7837 Madison, WI 53707-7837
 (608) 224-4942

FOR OFFICE USE ONLY

 Wis. Admin. Code §ATCP 93.515

ELECTRONIC/MECHANICAL AUTOMATIC LINE LEAK DETECTOR (ALLD) ANNUAL FUNCTIONALITY

Personal information you provide may be used for purposes other than that for which it was originally collected (s. 15.04(1)(m) Wis. Stats.).

OWNER INFORMATION			
NAME		PHONE () -	CELL () -
COMPANY NAME	CONTACT PERSON	E-MAIL	
STREET ADDRESS		<input type="checkbox"/> CITY <input type="checkbox"/> VILLAGE <input type="checkbox"/> TOWN OF	STATE ZIP
SITE INFORMATION			
FACILITY NAME		FACILITY ID #	ASSIGNED ANNIVERSARY MONTH DATE OF TESTING/SERVICING
STREET ADDRESS		<input type="checkbox"/> CITY <input type="checkbox"/> VILLAGE <input type="checkbox"/> TOWN OF	STATE ZIP
CONTRACTOR INFORMATION			
CONTRACTOR NAME		CONTACT PERSON	PHONE () - CELL () -
E-MAIL		WORK ORDER #	

This form is used to document testing and servicing of underground line leak detection and is provided to the tank system owner/operator. Owner/operator must retain test records in accordance with ATCP 93.500(9).

Tech's Manufacturer Certification Number: _____ Exp. Date: _____ Test Equipment /Type (used for test) _____

Product								
Line #								
Leak Detector Manufacturer								
Model:								
Existing / New / Replacement								
Properly Installed	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N
Testing Location: (from highest or farthest shear valve)								
Dispenser Line Manifold	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N
	If lines are manifolded do submersible pumps come on simultaneously? <input type="checkbox"/> Y <input type="checkbox"/> N							
Satellite Included in test	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA
All Shear Valves Open	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N
Test Leak Rate ml/m								
Calibrated Leak in gph:								
Open Time In Seconds (Mechanical)								
Check Valve Holding psi: (Mechanical)								
Metering psi: (Mechanical)								
Did Shutdown Occur (Electronic)	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N
Results:	<input type="checkbox"/> PASS	<input type="checkbox"/> PASS	<input type="checkbox"/> PASS	<input type="checkbox"/> PASS	<input type="checkbox"/> PASS	<input type="checkbox"/> PASS	<input type="checkbox"/> PASS	<input type="checkbox"/> PASS
	<input type="checkbox"/> FAIL	<input type="checkbox"/> FAIL	<input type="checkbox"/> FAIL	<input type="checkbox"/> FAIL	<input type="checkbox"/> FAIL	<input type="checkbox"/> FAIL	<input type="checkbox"/> FAIL	<input type="checkbox"/> FAIL

TECHNICIAN'S SIGNATURE: _____ PRINT NAME: _____ DATE _____

I attest by signature that the equipment identified in this document was tested to meet EPA 3.0GPH@10PSI testing requirements and the information is true, accurate, and complete.

Comments: _____

