|  |  |  |
| --- | --- | --- |
| TR-WM-125 (2/17) Formerly ERS-10778 LT (9/13) | | FOR OFFICE USE ONLY |
|  | Wisconsin Department of Agriculture, Trade and Consumer Protection  Bureau of Weights and Measures  P O Box 7837 Madison, WI 53707-7837  (608) 224-4942 |  |
| Wis. Admin. Code §ATCP 93.510 |
| LINE TIGHTNESS TEST REPORT | | | |

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.).

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| OWNER INFORMATION | | | | | | | | | | | |
| NAME | | | | | | PHONE  (   )     - | | | | CELL  (   )     - | |
| COMPANY NAME | | CONTACT PERSON | | | | E-MAIL | | | | | |
| STREET ADDRESS | | | CITY  VILLAGE  TOWN OF | | | | | | STATE | | ZIP |
| SITE INFORMATION | | | | | | | | | | | |
| FACILITY NAME | FACILITY ID # | | | ASSIGNED ANNIVERSARY MONTH | | | | DATE OF TESTING/SERVICING | | | |
| STREET ADDRESS | | | CITY  VILLAGE  TOWN OF | | | | | | STATE | | ZIP |
| CONTRACTOR INFORMATION | | | | | | | | | | | |
| CONTRACTOR NAME | | CONTACT PERSON | | | | | PHONE  (   )     - | | | CELL  (   )     - | |
| EMAIL | WI CERTIFICATION # | | | | WORK ORDER # | | | | | | |

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| --- | --- | --- | --- | --- | --- |
| TYPE OF TESTING EQUIPMENT | | | | | |
| Brand: |  | Model: |  | Material Approval #: |  |

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| --- | --- | --- | --- | --- | --- | --- | --- |
| Line Test: | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| Product Type |  |  |  |  |  |  |  |
| Pump Manufacturer |  |  |  |  |  |  |  |
| Pressure (P) or Suction (S) |  |  |  |  |  |  |  |
| Tank Isolation Method |  |  |  |  |  |  |  |
| Dispenser Isolation Method |  |  |  |  |  |  |  |
| Testing location |  |  |  |  |  |  |  |
| Test Pressure |  |  |  |  |  |  |  |
| Pipe Construction |  |  |  |  |  |  |  |
| Time Completed |  |  |  |  |  |  |  |
| Time Started |  |  |  |  |  |  |  |
| Total Test Time in Minutes |  |  |  |  |  |  |  |
| Initial Cylinder Level |  |  |  |  |  |  |  |
| Final Cylinder Level |  |  |  |  |  |  |  |
| Final Hourly Leak Rate |  |  |  |  |  |  |  |
| Test Results |  |  |  |  |  |  |  |

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|  |  |  |  |  |
| TECHNICIAN’S SIGNATURE: | | PRINT NAME: | | DATE |

I attest by signature that the equipment identified in this document was tested to meet EPA 0.1gph testing requirements and the information is true, accurate, and complete.

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| Comments:       \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |