



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 93.510

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.).

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 () -
EMAIL	WI CERTIFICATION #	WORK ORDER #	

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

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							

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.

Comments:

