



# VERMONT

## LINE LEAK DETECTOR TESTING

Facility ID # \_\_\_\_\_

Test Date: \_\_\_\_\_

1. Tank ID Number				
2. LLD Manufacturer				
3. LLD Model Number				
4. LLD Mechanical or Electronic?	M <input type="checkbox"/>	M <input type="checkbox"/>	M <input type="checkbox"/>	M <input type="checkbox"/>
	E <input type="checkbox"/>	E <input type="checkbox"/>	E <input type="checkbox"/>	E <input type="checkbox"/>
5. Tested Leak Rate (gallons/hour)				
<b>Test Results</b>	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"/>

### Complete the following if any of the LLD tests failed

1. Replaced LLD Manufacturer				
2. LLD Model Number				
3. LLD Mechanical or Electric?	M <input type="checkbox"/>	M <input type="checkbox"/>	M <input type="checkbox"/>	M <input type="checkbox"/>
	E <input type="checkbox"/>	E <input type="checkbox"/>	E <input type="checkbox"/>	E <input type="checkbox"/>
4. Tested Leak Rate (gallons/hour)				
<b>Test Results</b>	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"/>

### Notes:

**Pass/Fail criteria:** It is considered a failure if the leak rate is greater than 3 gallons per hour at 10 lbs per square inch line pressure. The affected LLD or piping system with failure shall be taken out of service until replaced/repared and retested.

Certification - I hereby certify that I am qualified to test the equipment identified in this document and tested for proper operation in accordance with the manufacturer's requirements.

**Technician Name (Print):** \_\_\_\_\_

**Technician Signature:** \_\_\_\_\_