

PMMIC - Certification of Total Containment Piping Replacement

Site Reg./Policy #: _____ Insured/Facility Owner: _____

Facility/Site Name: _____ Address: _____

Street Address: _____ City/Zip: _____

City/Zip: _____ Phone #: _____

Licensed Contractor/Company performing work: (please print) _____

Date replacement completed: ____/____/____ Iowa License No.: _____

Manufacturer of new pipe installed: _____ Model of pipe: _____

Product pipe delivery system: (pressurized) (unsafe suction) (safe suction) *Circle all applicable*

Type of pipe installed: (single wall) (double wall) – (direct bury) (pipe chase) *Circle all applicable*

Secondary containment sumps at: (**Tank** – New / Existing / None) (**Dispenser** – New / Existing / None)

Please check all applicable items completed:

____ Passing air test performed according to manufacturer's specification for new installation of:
____ primary line / secondary line / pipe chase (if used as secondary containment). *Circle all applicable*

____ Passing precision test (0.1 gph) of new primary line – method _____

____ Passing MLLD recertification test by an Iowa licensed tester/installer using a metered device.

____ Passing certification of electronic line leak detector (ELLD manufacturer _____)

____ Passing certification of sump sensors, after install. Are sensors positive shut-down (yes / no)

____ Third party inspection of installation.

____ Photo documentation of the installation enclosed.

Licensed Installer Signature _____ Date: ____/____/____

Insured (print name) _____

Insured Signature: _____ Date: ____/____/____

****Please FAX completed form to PMMIC @ (515) 334-3013.***