



2894 – 106<sup>th</sup> Street, PO Box 7628  
Urbandale, IA 50323  
800-942-1000, 515-334-3001 (phone)  
515-334-3013 (fax)

### 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: (**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: \_\_\_\_/\_\_\_\_/\_\_\_\_