



Annual Fill Line Test

Facility Location: <u>Hughes YKSD</u>		Test Date: <u>03/29/14</u>	
Current Ambient Temp.:		Start Time for Test:	
Start Pressure:		End Pressure:	
Duration of test: ____ hours and ____ minutes		Pressure Lost(IF Applicable): ____ P.S.I.	
Description of material (e.g., oil, gas, etc.) and any special instructions (e.g., welded, threaded, etc.):			
Type of test to be done: Hydrostatic: ____ Air: ____ Other (specify): _____	Test method to be utilized:		Test gauge calibration Date:
Comments(include any corrective actions taken) <u>no marine pipeline</u>			
Test Conducted by (print name) <u>Wayne Moses</u>	Signature: <u>Wayne Moses</u>	Date: <u>03/29/14</u>	
Test Witnessed by (print name)	Signature:	Date:	

Note: Original of this Report **MUST** remain with the Spill Prevention and Response Plan, and a copy must be fax to R.A.F.S. in Anchorage at

Fax # 1-877-562-0435

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