



3-YEAR SPILL BUCKET TESTING FORM

t: 501-682-0744 | alt. t: 501-682-0856 | f: 501-682-0880 | e: RSTComplianceForms@adeq.state.ar.us

SECTION 1: FACILITY INFORMATION

Facility Name:			
Street Address:			
County:			
City:	State:	ZIP Code:	
Phone #:	Facility ID #:		

SECTION 2: OWNER INFORMATION

Owner Name:			
Street Address:			
County:			
City:	State:	ZIP Code:	
Phone #:			

SECTION 3: TESTING CONTRACTOR INFORMATION

Tester Name:	Tester Company:
Contractor License #:	Phone #:

SECTION 4: CERTIFICATION

I certify under penalty of law that the testing data provided on this form is true, accurate, and complete.

Tester

Name	Signature	Date Signed

SECTION 5: INSTRUCTIONS

1. Testing may be done in accordance with a nationally recognized code of practice (PEI-1200 or equivalent) or the manufacturer's instructions.
2. A separate form should be used for each facility. If there are more than five spill buckets at this facility, make additional copies of this page.
3. The last test record must be maintained at the UST site or must be readily available during an inspection. Keep a copy of this form for three years.
4. If any test fails, a report must be submitted to DEQ within 24 hours as a suspected release.

STORAGE TANKS (e.g., 1, 2, 3)	TANK #	TANK #	TANK #	TANK #	TANK #
Product stored:					
Test method used:	Vacuum Pressure Hydrostatic Manufacturer's Instructions	Vacuum Pressure Hydrostatic Manufacturer's Instructions	Vacuum Pressure Hydrostatic Manufacturer's Instructions	Vacuum Pressure Hydrostatic Manufacturer's Instructions	Vacuum Pressure Hydrostatic Manufacturer's Instructions

STORAGE TANKS (e.g., 1, 2, 3)	TANK #	TANK #	TANK #	TANK #	TANK #
Is the basin free of cracks and holes?	Yes No	Yes No	Yes No	Yes No	Yes No
Was water, fuel, trash, and debris removed from the basin prior to testing?	Yes No N/A	Yes No N/A	Yes No N/A	Yes No N/A	Yes No N/A
Drain valve operates and seals properly?	Yes No N/A	Yes No N/A	Yes No N/A	Yes No N/A	Yes No N/A
Fill pipe cap seals properly?	Yes No N/A	Yes No N/A	Yes No N/A	Yes No N/A	Yes No N/A
Hydrostatic testing only: Was enough water added to completely fill the basin?	Yes No	Yes No	Yes No	Yes No	Yes No
Begin/End Test Time:					
Begin/End Reading:					
Measured water level drop in inches accurate to 1/16 inch:					
Results of test?	Pass Fail Inconclusive	Pass Fail Inconclusive	Pass Fail Inconclusive	Pass Fail Inconclusive	Pass Fail Inconclusive
Tester's initials:					
Date tested:					

SECTION 6: TANK REPAIRS

Repairs Needed	Date of Repair	Description of Repairs