



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

SECTION 1: FACILITY INFORMATION						SECTION 2: OWNER INFORMATION					
Facility Name:						Owner's Name:					
Street Address:						Street Address:					
City:						City:					
State:			Zip Code:			State:			Zip Code:		
Facility ID#:						Phone #:					
Testing Company:						Alt. Phone #:				Date:	
SECTION 3: CONTAINMENT SUMPS INFORMATION											
This procedure is to test the leak integrity of containment sumps. See PEI/RP1200 Section 6.5 for the test method.											
Containment Sump ID:											
Containment Sump Material:											
Liquid and Debris Removed From Sump?*			Yes	No		Yes	No		Yes	No	
Visual inspection (No cracks, loose parts or separation of the containment sump.):			Pass	Fail		Pass	Fail		Pass	Fail	
Containment Sump Depth:											
Height From Bottom to Top of Highest Penetration:											
Starting Water Level:											
Test Start Time:											
Ending Water Level:											
Test End Time:											
Test Period (Minimum test time: 1 hour):											
Water Level Change:											
Pass/fail criteria: Must pass visual inspection. Water level drop of less than 1/8 inch.											
Test Results:			Pass	Fail		Pass	Fail		Pass	Fail	
*All liquids and debris must be disposed of properly.											
Comments: 											
Tester's Name:											
Tester's Signature:							Tester's License #:				
							License Exp. Date:				