



t: 501-682-0744 | alt. t: 501-682-0856 | f: 501-682-0880 | e: RSTComplianceForms@arkansas.gov

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: LINE TIGHTNESS TEST DATA

Record Minimum Test Rate of 0.1 Gallons Per Hour at 1.5 Times Operating Pressure

Description	Tank #:					
	Line #:					
Line Number/ Product						
Test Method						
Customer Tank ID						
Product Name						
Delivery Type (Suction/ Pressure)						
Test Pressure (psi)						
Test Start Time						
Test End Time						
Final Leak Rate (gph)						
Test Results	Pass Fail					

Comments:

Tester's Name:	
Tester's Signature:	Tester's License #:
	License Exp. Date: