



Department of Natural Resources  
 and Environmental Control  
 Tank Management Section  
 391 Lukens Drive  
 New Castle, DE 19720  
 302-395-2500 (phone)  
 302-395-2555 (fax)  
[www.dnrec.delaware.gov/Tanks/](http://www.dnrec.delaware.gov/Tanks/)

### Containment Sump (Tank Top and Dispenser) Test Report

Containment sump testing procedures must adhere to the DNREC-TMS's containment sump testing procedures or other manufacturer approved testing procedures previously approved by the DNREC-TMS. All reports must contain the information on this form. If alternative procedures are used, the procedures document and a letter of approval from the component manufacturer must be attached to the test results form.

#### Facility Information

ID # \_\_\_\_\_  
 Facility Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City, State, Zip: \_\_\_\_\_  
 Phone #: \_\_\_\_\_  
 Fax #: \_\_\_\_\_

#### Owner Information

Owner Contact: \_\_\_\_\_  
 Company Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City, State, Zip: \_\_\_\_\_  
 Phone #: \_\_\_\_\_  
 Fax #: \_\_\_\_\_

#### Tester's Information

Company: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City, State, Zip: \_\_\_\_\_

Phone #: \_\_\_\_\_  
 Fax #: \_\_\_\_\_

#### Test Results

Tank ID or Dispenser Number	Manufacturer (if known)	Pass/Fail

#### Certification

I certify, under penalty of law, that I have adhered to the proper test procedures and that the information presented here is true, accurate, and complete.

Tester's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print or Typed Name and Title: \_\_\_\_\_