



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/

Spill Containment Device (Spill Bucket) Test Report

Spill containment testing procedures must adhere to the DNREC-TMS's spill containment 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 and Product	Manufacturer (if known)	Capacity of spill bucket	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: _____