|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Facility Name** | | | | | | **Facility ID** | | |
| **Address** | | | **Tester’s Name** | | | | | |
|  | | | **Test Date** | | | **Phone** | | |
|  | | | | | | | | |
| **Type of containment Sump** | Dispenser  Transition  Tank Top | Dispenser  Transition  Tank Top | | Dispenser  Transition  Tank Top | Dispenser  Transition  Tank Top | | Dispenser  Transition  Tank Top | Dispenser  Transition  Tank Top |
| **Sump ID**  **(eg. dispenser #, tank location, product, etc)** |  |  | |  |  | |  |  |
| **Sump Material** |  |  | |  |  | |  |  |
| **Construction** | Single walled  Double walled | Single walled  Double walled | | Single walled  Double walled | Single walled  Double walled | | Single walled  Double walled | Single walled  Double walled |
| **Liquid and debris removed** | Yes  No | Yes  No | | Yes  No | Yes  No | | Yes  No | Yes  No |
| **Visual Inspection**  **No cracks, holes or separations.** | Pass  Fail | Pass  Fail | | Pass  Fail | Pass  Fail | | Pass  Fail | Pass  Fail |
| **Containment Sump Depth** |  |  | |  |  | |  |  |
| **Height from bottom to top of highest penetration** |  |  | |  |  | |  |  |
| **Start Level** |  |  | |  |  | |  |  |
| **Start Time** |  |  | |  |  | |  |  |
| **Ending Level** |  |  | |  |  | |  |  |
| **End Time** |  |  | |  |  | |  |  |
| **Test Period (Minimum of 1 hour)** |  |  | |  |  | |  |  |
| **Water Level Change** |  |  | |  |  | |  |  |
| **Test Results** | Pass  Fail | Pass  Fail | | Pass  Fail | Pass  Fail | | Pass  Fail | Pass  Fail |
| **Photos indicating water levels attached?** |  |  | |  |  | |  |  |
| **Pass/fail criteria: Must pass visual inspection, test duration at least one hour, must include photos with this form, water level drop of less than 1/8 inch. Ref: PEI/RP 1200 6.5 Test Method** | | | | | | | | |
| **How was the liquid disposed?** | | | | | | | | |
| **Comments**  I certify under penalty of law that the above information is true, accurate and complete. | | | | | | | | |

Aug 2016

**Tester’s Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**