



**DEPARTMENT of AGRICULTURE
and NATURAL RESOURCES**

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Containment Sump Equipment Testing Form

Facility Name:				Facility ID:		
Address:		Tester's Name:				
		Test Date:		Phone:		
Type of Containment Sump	<input type="checkbox"/> Dispenser <input type="checkbox"/> Transition <input type="checkbox"/> Tank Top	<input type="checkbox"/> Dispenser <input type="checkbox"/> Transition <input type="checkbox"/> Tank Top	<input type="checkbox"/> Dispenser <input type="checkbox"/> Transition <input type="checkbox"/> Tank Top	<input type="checkbox"/> Dispenser <input type="checkbox"/> Transition <input type="checkbox"/> Tank Top	<input type="checkbox"/> Dispenser <input type="checkbox"/> Transition <input type="checkbox"/> Tank Top	<input type="checkbox"/> Dispenser <input type="checkbox"/> Transition <input type="checkbox"/> Tank Top
Sump ID (e.g. dispenser #, tank #, product, etc.)						
Sump Material						
Construction	<input type="checkbox"/> Single Walled <input type="checkbox"/> Double Walled	<input type="checkbox"/> Single Walled <input type="checkbox"/> Double Walled	<input type="checkbox"/> Single walled <input type="checkbox"/> Double walled	<input type="checkbox"/> Single walled <input type="checkbox"/> Double walled	<input type="checkbox"/> Single walled <input type="checkbox"/> Double walled	<input type="checkbox"/> Single walled <input type="checkbox"/> Double walled
Free of Liquid and Debris	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Visually Free of Cracks, Holes or Separations	<input type="checkbox"/> Yes (Pass) <input type="checkbox"/> No (Fail)	<input type="checkbox"/> Yes (Pass) <input type="checkbox"/> No (Fail)	<input type="checkbox"/> Yes (Pass) <input type="checkbox"/> No (Fail)	<input type="checkbox"/> Yes (Pass) <input type="checkbox"/> No (Fail)	<input type="checkbox"/> Yes (Pass) <input type="checkbox"/> No (Fail)	<input type="checkbox"/> Yes (Pass) <input type="checkbox"/> No (Fail)
Containment Sump Depth						
Height to Top of Highest Penetration						
Start Level						
Start Time						
Ending Level						
End Time						
Test Duration						
Liquid Level Change						
Test Results	<input type="checkbox"/> Pass <input type="checkbox"/> Fail	<input type="checkbox"/> Pass <input type="checkbox"/> Fail	<input type="checkbox"/> Pass <input type="checkbox"/> Fail	<input type="checkbox"/> Pass <input type="checkbox"/> Fail	<input type="checkbox"/> Pass <input type="checkbox"/> Fail	<input type="checkbox"/> Pass <input type="checkbox"/> Fail
Comments:						
Pass/Fail Criteria: Containment sumps must pass both the visual inspection and static testing duration, and must be performed in accordance with a code of practice developed by nationally recognized associations or similar industry standards.						
Was the test liquid disposed or reused? How was the test liquid disposed?						
Additional Comments:						

I certify under penalty of law that the above information is true, accurate and complete.

Tester's Signature_____