



# Triennial Containment Sump Integrity Test Form for Underground Storage Tank Systems Oil Remediation and Compliance Bureau



RSA 146-C, Env-Or 406.07, 406.14, 406.15

ATTENTION: This form is a document used to facilitate the submission of information required under Env-Or 400. Nothing in this form is required to be submitted to the Department unless such a requirement is expressly stated in the rules. If there is any inconsistency between this document and the adopted rules, only those requirements specified in the rules are applicable and enforceable. Use of this form to submit information required under the rules is OPTIONAL.

The owner/operator must submit a copy of the test report to NHDES within 30 days of testing.

Facility Information	
NHDES Site #	Facility ID #
Facility Name:	
Physical Address of Facility:	Town/City:
Owner Information	
Name:	
Mailing Address:	
Daytime Phone: (    )    -	Email (Optional):

Test Date: \_\_\_\_\_

1. Containment model number and manufacturer's name (List out all manufacturers and models if different.):

\_\_\_\_\_

2. Test Method: \_\_\_\_\_

## CONTAINMENT SUMP INTEGRITY TEST RESULTS:

	Tank #				
3.	Specify if Tank Top , Dispenser, or Transition Sump (TT, D, or TRANS)				
4.	The primary and secondary containment, if applicable, is free of debris, water, and regulated substance. (Y or N)				
5.	Start time of test.				
6.	Liquid or pressure level at beginning of test. (hydrostatic: inches to the nearest 1/8 inch) (vacuum: inches water column or hg)				
7.	End time of test.				
8.	Liquid or pressure level at end of test. (hydrostatic: inches to the nearest 1/8 inch) (vacuum: inches water column or hg)				
9.	<b>In summary, the spill bucket is confirmed to be in proper operation per manufacturer's requirements.</b> Enter "P" for Pass or "F" for Fail				

If your answer is **No** for any of the above, then describe on the reverse side of this form how and when these items will be corrected. Any tightness test failure shall be reported to NHDES within 24 hours of receiving notice of failure. Please be aware that no transfer shall be made to a UST system that is not equipped with spill containment as required by Env-Or 405.05.

NHDES email: [orcb.wmd@des.nh.gov](mailto:orcb.wmd@des.nh.gov)

Telephone: (603) 271-3899 Fax: (603) 271-2181 TDD Access: Relay NH (800) 735-2964

P.O. BOX 95, Concord, NH 03302-0095

[www.des.nh.gov](http://www.des.nh.gov)

**Certification** - I hereby certify that I'm qualified to test the equipment identified in this document and tested for proper operation in accordance with Env-Or 400 and manufacturer's requirements.

Testing Company Name: \_\_\_\_\_ Testing Company Phone #: \_\_\_\_\_

Testing Company Address: \_\_\_\_\_

Technician Name (Print): \_\_\_\_\_ Technician Signature: \_\_\_\_\_

**Describe how and when any "No" items will be corrected:**