

DRI-SUMP CONTAINMENT TESTING FORM

OKLAHOMA CORPORATION COMMISSION
 PETROLEUM STORAGE TANK DIVISION
 P.O. Box 171
 Oklahoma City, OK 73101

REQUIRED ONCE EVERY THREE (3) YEARS

I. FACILITY INFORMATION

Facility ID:	Date of Test: ____ / ____ / ____
Facility Name:	
Physical Address:	
City & State:	County:
Zip:	Facility Phone:

II. TESTING COMPANY INFORMATION

Company Name:	Company Phone:
Company Address:	
City & State:	Zip:
Tester Name & Certification No:	Certification Date:
Equipment Certification No:	Certification Date:

III. PROCEDURES AND INSTRUCTIONS

Tank ID					
Product Stored					
Sump Type	<input type="checkbox"/> Spill Bucket <input type="checkbox"/> UDC _____ <input type="checkbox"/> Transitional <input type="checkbox"/> STP	<input type="checkbox"/> Spill Bucket <input type="checkbox"/> UDC _____ <input type="checkbox"/> Transitional <input type="checkbox"/> STP	<input type="checkbox"/> Spill Bucket <input type="checkbox"/> UDC _____ <input type="checkbox"/> Transitional <input type="checkbox"/> STP	<input type="checkbox"/> Spill Bucket <input type="checkbox"/> UDC _____ <input type="checkbox"/> Transitional <input type="checkbox"/> STP	<input type="checkbox"/> Spill Bucket <input type="checkbox"/> UDC _____ <input type="checkbox"/> Transitional <input type="checkbox"/> STP
Sump Capacity					
Sump 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
Liquid Present Above Bottom of Sump	<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
<i>*If "Yes" is checked above then the DRI-Sump test method cannot be performed. Please refer to another approved method of testing.</i>					
Liquid & Debris Removed	<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
Visual Inspection (no cracks, loose parts or sump/pipe separation points)	<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
Communication: (in/WC)	Close: _____ Open: _____	VST: _____	Closed Hose = C Open Hose = O VST Connect = V	Formula: C > O C > V V ≥ O	Comments:
Test in Seconds					
Laser Verification	<input type="checkbox"/> Dot (pass) <input type="checkbox"/> Line (fail)	<input type="checkbox"/> Dot (pass) <input type="checkbox"/> Line (fail)	<input type="checkbox"/> Dot (pass) <input type="checkbox"/> Line (fail)	<input type="checkbox"/> Dot (pass) <input type="checkbox"/> Line (fail)	<input type="checkbox"/> Dot (pass) <input type="checkbox"/> Line (fail)

IV. FINAL 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
Comments: _____ _____ _____ _____					
IV. CERTIFICATION (Read and sign after completing all sections)					
I certify under penalty of law that I have personally examined and am familiar with the information submitted on this form and all attached documents (if any), and that I believe that the submitted information is true, accurate and complete.					
X					
Tester Signature			Date		

KEEP THIS RECORD FOR THREE (3) YEARS.