



MONTHLY PIPING INTERSTITIAL MONITORING RECORD

North Dakota Department of Health

Division of Waste Management – Underground Storage Tank Program

Revision: 04/2012

Facility Name: _____

Facility Address: _____ City: _____ ND Zip Code: _____

Sump ID: _____ Type of Interstitial Monitoring (i.e., float sensor, etc.) _____

| Month | OK (✓) | Alarm (✓) | Reason for Alarm (i.e., water, fuel, etc.) |
|-----------|--------|-----------|--|
| January | | | |
| February | | | |
| March | | | |
| April | | | |
| May | | | |
| June | | | |
| July | | | |
| August | | | |
| September | | | |
| October | | | |
| November | | | |
| December | | | |

Note: If fuel is observed in the dispenser or submersible sumps, there exists a potential leak in your piping system. The source of the fuel must be investigated and corrective action taken to address the leak. In addition, if a release of product has occurred, it must be reported to the North Dakota Department of Health's Underground Storage Tank Program at (701) 328-5166.