MONTHLY VISUAL INSPECTION OF PIPING SUMP 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 _____

Date Monthly Leak Check Performed	Result of Monthly Visual Inspections			Inspector's Initials
	Sump Dry	Water Observed (in)	Fuel Observed (in)	

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.