MONTHLY INTERSTITIAL MONITORING LOG FOR DOUBLE-WALLED TANKS
North Dakota Department of Health
Division of Waste Management – Underground Storage Tank Program
Revision: 04/2012

Facility Name: _____

Facility Address: _____ City: _____ND Zip Code: _____

Tank ID #: _____ Tank Size: _____

Product Held: _____

Facility Class B Operator Performing Monthly Leak Check:

Print Name: _____

Method of Interstitial Monitoring (check one):

☐ Manual Testing ☐ Pressure or Vacuum Gauge ☐ Vapor Sensor

☐ Hydrostatic Sensor ☐ Electrical Conductivity ☐ Fluid Sensor

Please fill in the date, initials of the person performing, and results of the monthly leak check. If manual testing is performed, indicate the results of the stick reading (i.e., dry or fuel or water detected). If a pressure or vacuum gauge is attached to the interstitial space, indicate the gauge reading. If a continuous automated system is used, indicate pass if the system has been checked to see if it is operating properly and the system confirms no leaks have occurred. Log fail if the system shows a potential leak. **Possible leaks must be reported to the North Dakota Department of Health within 24 hours of the suspected leak at (701) 328-5166.**

Date Monthly Leak Check Performed (mm\dd\yy)	**Initials of Person Performing Leak Check**	**Results of Monthly Interstitial Monitoring (for example: dry or fuel or water detected, gauge reading, pass or fail, etc.)**