



VAPOR MONITORING LOG

Record the results of your monthly leak check for each monitoring well. If a portable field instrument is used to perform the monthly leak check, indicate the meter reading for each well. Elevated readings above background levels indicate a possible leak from the tank system and must be reported to the Department. If an automatic sensor is installed in the well, indicate the type of sensor and "Pass" if the monitor has been checked to see if it is operating properly and the system confirms no leaks have occurred. Mark "Fail" if the system indicates a possible leak. All suspected leaks must be reported within 24 hours to the North Dakota Department of Health, Division of Waste Management 701.328.5166.

1. FACILITY INFORMATION

Facility Name:	Contact Person:	Phone Number:
Address:	City:	

2. VAPOR MONITORING TEST RESULTS

Type of Vapor Monitoring Device: Portable Field Instrument Automatic Sensor

Monitoring Well Location	Date	Person Performing Leak Check	Test Result
MW #1			
MW #2			
MW #3			
MW #4			
MW #5			

Monitoring Well Location	Date	Person Performing Leak Check	Test Result
MW #1			
MW #2			
MW #3			
MW #4			
MW #5			

Monitoring Well Location	Date	Person Performing Leak Check	Test Result
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