

ADEM

ANNUAL CONTAINMENT SUMP INSPECTION LOG FOR YEAR _____

Questions on how to complete this form should be directed to the Groundwater Branch, UST Compliance Section at (334) 270-5655

Facility Name:		Owner:				
Address:		Address:				
City, County, Zip:		City, State, Zip:				
Facility I.D. #:		Phone #:				
Inspector Name:		Inspector Company:			Inspector Phone #:	
ADEM Unique Tank # or Dispenser #						
Product Stored (N/A for dispenser)						
Date of inspection	/ /	/ /	/ /	/ /	/ /	/ /
Type of sump inspected	<input type="checkbox"/> sub pump <input type="checkbox"/> intermediate <input type="checkbox"/> dispenser	<input type="checkbox"/> sub pump <input type="checkbox"/> intermediate <input type="checkbox"/> dispenser	<input type="checkbox"/> sub pump <input type="checkbox"/> intermediate <input type="checkbox"/> dispenser	<input type="checkbox"/> sub pump <input type="checkbox"/> intermediate <input type="checkbox"/> dispenser	<input type="checkbox"/> sub pump <input type="checkbox"/> intermediate <input type="checkbox"/> dispenser	<input type="checkbox"/> sub pump <input type="checkbox"/> intermediate <input type="checkbox"/> dispenser
Lid tight and properly seals out water? (n/a for under dispenser sumps) (check correct box)	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> n/a					
Sump free of water?	<input type="checkbox"/> yes <input type="checkbox"/> no					
Sump free of fuel?	<input type="checkbox"/> yes <input type="checkbox"/> no					
Sump cleaned out?	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> n/a					
Sump free of breaches?	<input type="checkbox"/> yes <input type="checkbox"/> no					
Sump components free of dripping or leaking fuel?	<input type="checkbox"/> yes <input type="checkbox"/> no					
All penetrations (boots, conduits, etc) into sump in good condition?	<input type="checkbox"/> yes <input type="checkbox"/> no					
Piping interstitial space open, or test boots positioned, to allow product to enter sump from primary piping?	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> n/a					
Are sensors positioned vertically near bottom of the Sump?	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> n/a					
During sump inspection, Were the sump sensors tested? If yes, provide sump sensor test results	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Pass <input type="checkbox"/> Fail	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Pass <input type="checkbox"/> Fail	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Pass <input type="checkbox"/> Fail	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Pass <input type="checkbox"/> Fail	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Pass <input type="checkbox"/> Fail	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Pass <input type="checkbox"/> Fail
Piping in good condition?	<input type="checkbox"/> yes <input type="checkbox"/> no					
Initials of inspector						
Repairs Needed	Date of Repair or Replacement	Description of any Repairs				