

**ADEM STATISTICAL INVENTORY RECONCILIATION (SIR)
7 DAY RELEASE INVESTIGATION REPORT FOR THE MONTHLY PERIOD FROM**
 ____/____/____ **TO** ____/____/____

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

INSTRUCTIONS

1. Complete this form when an investigation of the tank system is required by the ADEM Monthly and/or Annual SIR Form "Reporting Requirements".
2. Submit a copy of completed report within 10 days after completion of an investigation to the following address:

**Alabama Department of Environmental Management
Groundwater Branch/UST Compliance Unit
Post Office Box 301463
Montgomery, Alabama 36130-1463**

OWNER INFORMATION

Facility Name:	Owner:
Address:	Address:
City, State, Zip Code:	City, State, Zip Code:
Facility I.D. Number:	Phone Number:

TANK SYSTEM INFORMATION

Unique Tank Number:	Type of Product in Tank:
Tank Size:	

**THE FOLLOWING EXPLAINS WHY THE ABOVE NOTED TANK SYSTEM DID NOT "PASS"
("FAIL" OR "INCONCLUSIVE").**

- Miscalibrated meter
- Using wrong tank chart
- Tilted Tank
- Incorrect stick or meter readings
- Readings not taken in a consistent manner
- Theft
- Faulty measurement practices
- Disbursement while measurements were being taken
- Data entry errors
- Faulty equipment
- Unable to determine – system tightness test scheduled
- Other: (Explain) _____

PLEASE NOTE: IF THIS INVESTIGATION REVEALS THAT A SUSPECTED RELEASE HAS OCCURRED, REPORT THE SUSPECTED RELEASE TO THE ADEM GROUNDWATER BRANCH BY PHONE AT (334) 270-5655 OR FAX A COPY OF THIS FORM TO (334) 270-5631 WITHIN 24 HOURS OF COMPLETING THIS INVESTIGATION.

CERTIFICATION

I certify under penalty of law that I am familiar with the information submitted on this form, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate and complete.

Signature of owner/operator: _____ Date: _____