

**ADEM  
MANUAL INTERSTITIAL MONITORING  
MONTHLY LOG FOR YEAR \_\_\_\_\_**

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

**Owner Information**

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

**Tank System Information**

Unique Tank Number:	Type of Product in Tank:
Tank Size:	Double Wall Piping, check one: <input type="checkbox"/> Yes <input type="checkbox"/> No
Tank Material, check one: <input type="checkbox"/> Steel <input type="checkbox"/> Fiberglass	Piping Material, check one: <input type="checkbox"/> Steel <input type="checkbox"/> Plastic <input type="checkbox"/> Fiberglass

**INTERSTITIAL MONITORING LOG**

- For Sumps and Tank Interstitial Space (if applicable): Designate "P" for product, "W" for water, "P" and "W" for both, and "D" for dry.
- If "P" or "W" or both are indicated, include depth of each in inches.

Month	Date Monitored	Monitor's Initials	Tank Interstitial Space	Piping Sump #1	Piping Sump #2 (if applicable)	Dispenser Sump (if applicable)
January						
February						
March						
April						
May						
June						
July						
August						
September						
October						
November						
December						

Date of any Repairs or Tightness Tests	Description of any Repairs or Tightness Tests

**Comments**

(Include information on liquid removal and disposal from sumps, if applicable.)
