

ADEM MANUAL TANK GAUGING MONTHLY LOG

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

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

Name of Person Completing Form:

Phone # of Person Completing Form:

Instructions

1. Determine your UST tank capacity and diameter. Only UST sizes indicated in the table below may be tested using this method.
2. The test must be performed once per week. The minimum test duration must be as shown in the table below. No product may be added or removed from the UST during the test.
3. The product level must be measured twice at the beginning and twice at the end of the test period. Determine the initial and final product volume using the average of the initial and final product level measurements. Use your tank chart to convert inches to gallons.
4. Compare the weekly test result with the weekly standard shown in the table below for your tank capacity and diameter.
5. Also, at the end of each 4 week period, compare the monthly average of the 4 weekly test results to the monthly standard shown in the table below for your tank capacity and diameter.
6. If any weekly result or monthly average result exceeds the amount shown in the table below, the UST fails the test and a release from the UST may be occurring. Within 24 hours, call the ADEM Groundwater Branch at (334) 270-5655 to report a suspected leak.
7. Keep a record copy of this testing for 1 year.

UST Capacity and Diameter	Minimum Duration Of Test	Weekly Standard (1 test)	Monthly Standard (4-test average)
Up to 550 gallons	36 hours	10 gallons	5 gallons
551-1,000 gallons (when UST diameter is 64")	44 hours	9 gallons	4 gallons
551-1,000 gallons (when UST diameter is 48")	58 hours	12 gallons	6 gallons

ADEM Unique Tank #:	UST Capacity:	UST Diameter:	Product Stored:
Start Test (month, day, year and time)	First Initial Stick Reading (inches)	Second Initial Stick Reading (inches)	Average Initial Reading (inches)
/ / (am)(pm)			
/ / (am)(pm)			
/ / (am)(pm)			
/ / (am)(pm)			
End Test (month, day, year and time)	First End Stick Reading (inches)	Second End Stick Reading (inches)	Average End Reading (inches)
/ / (am)(pm)			
/ / (am)(pm)			
/ / (am)(pm)			
/ / (am)(pm)			
Weekly Standard Change in Product Volume Initial Volume [a] – End Volume [b] (show positive (+) or negative (-) gallons)	UST Weekly Standard Test Result	Monthly Check for Water or Phase Separated Water at Bottom of UST (inches)	Monthly Standard Divide the Sum of the 4 Weekly Standards by 4 (show positive (+) or negative (-) gallons)
	<input type="checkbox"/> pass <input type="checkbox"/> fail		
	<input type="checkbox"/> pass <input type="checkbox"/> fail		
	<input type="checkbox"/> pass <input type="checkbox"/> fail		
	<input type="checkbox"/> pass <input type="checkbox"/> fail		<input type="checkbox"/> pass <input type="checkbox"/> fail
Repairs Needed	Date of Repair	Description of any Repairs	