

VISUAL INTERSTIAL MONITORING MONTHLY LOG	MONTH, YEAR:
	GEORGIA ENVIRONMENTAL PROTECTION DIVISION UNDERGROUND STORAGE TANK PROGRAM

UST FACILITY INFORMATION (Please print clearly)
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Facility ID Number:	County:
Facility Name:	Facility Owner Name:
Facility Address:	Contact Phone: ()
City, Zip Code:	Facility Phone: ()
Date:	Recorder's Name:

INTERSTITIAL MONITORING LOG Indicate for each location PASS (✓) or FAIL (X) to verify that all secondarily contained tanks, contained tank top sumps, piping, other sumps, and under-dispenser containment were checked for releases. For instructions on the use and completion of this form, please contact the USTMP Main Line (404-362-2687).
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TANK DETAILS	VISUAL LOG			Comments (e.g., Reason for Failure, Cause of Failure, Corrective Action)	INITIAL
	TANK	SUMP & TRANSITIONAL SUMP	UNDER DISPENSER CONTAINMENT		
Tank #: Product Type: Dispenser #:					
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UST SYSTEM OWNER SHALL RETAIN A COPY OF COMPLETED LOG FOR THREE (3) YEARS.

(CONTINUE LOG ON ADDITIONAL PAGE IF NEEDED)