

Groundwater Monitoring

Facility Name:

Facility ID#:

If applicable, make of sensor:

If applicable, model of sensor:

UST Information: If a question does not apply, leave it blank.

TAG # TAG # TAG # TAG # TAG #

1	Is GWM used as the primary method of tank leak detection?					
2	Is GWM used as the primary method of line leak detection?					
3	Is the well secured to prevent unauthorized access/tampering?					
4	Is the well clearly marked with a black equilateral triangle on a white background and with a suitable warning?					
5	Is groundwater within 20 feet of the ground surface?					
6	Can the monitoring method used detect the presence of free product floating on the groundwater?					
7	Is the well constructed properly? (0.020-inch factory slot PVC piping from above the water level to bottom of well. Surface concrete slopes up to a concreted surface can with a 12"-24" bentonite seal.)					
8	Is the monitoring system automatic?					
9	Is the power box accessible and power light on?					
10	If the equipment is capable, is the console set to temporarily disable the pumping apparatus after a failed leak test?					
11	Is the system monitored monthly?					
12	What method is used? (Check One) B- Bailer; P- Paste; S- Stick; T- Tape; E- Electronic	<input type="checkbox"/> B <input type="checkbox"/> P <input type="checkbox"/> S <input type="checkbox"/> T <input type="checkbox"/> E	<input type="checkbox"/> B <input type="checkbox"/> P <input type="checkbox"/> S <input type="checkbox"/> T <input type="checkbox"/> E	<input type="checkbox"/> B <input type="checkbox"/> P <input type="checkbox"/> S <input type="checkbox"/> T <input type="checkbox"/> E	<input type="checkbox"/> B <input type="checkbox"/> P <input type="checkbox"/> S <input type="checkbox"/> T <input type="checkbox"/> E	<input type="checkbox"/> B <input type="checkbox"/> P <input type="checkbox"/> S <input type="checkbox"/> T <input type="checkbox"/> E
13	If electronic, has the groundwater monitoring equipment been calibrated within the last year, or according to the manufacturers' recommendations?					
14	Are leak detection records available for the past twelve months?					
15	If question #14 is marked "NO", select the months in which LD tests are NOT available. 1 = Jan, 2 = Feb, etc.	1 2 3 4 5 6 7 8 9 10 11 12	1 2 3 4 5 6 7 8 9 10 11 12	1 2 3 4 5 6 7 8 9 10 11 12	1 2 3 4 5 6 7 8 9 10 11 12	1 2 3 4 5 6 7 8 9 10 11 12
16	Does the owner/operator have records that the UST excavation zone was assessed and proper background readings were established during the UST installation in order to confirm a petroleum release? <input type="checkbox"/> YES <input type="checkbox"/> NO					

Comments:

(Inspector Initial)	(Date)	(Owner/Operator Initial)	(Date)