



UST Monthly Electronic Interstitial Monitoring

- This form may be used to document electronic interstitial monitoring of secondarily contained UST systems.
- Interstitial monitoring is required on all secondarily contained UST systems installed after November 28, 2007.
- You must maintain a monthly written record that electronic interstitial monitoring has been conducted by using this form or printouts from your Automatic Tank Gauging (ATG) system or other monitoring system.

UST Registration _____	LUST (if applicable) _____
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UST Site Name: _____

Site Address: _____ City: _____ Zip: _____

Contact Person: _____ Phone: _____

Person Conducting Monitoring (if different from above)

Name: _____ Company: _____

Street: _____ Email: _____

City: _____ State: _____ Zip: _____ Phone: _____

Person's Signature: _____ Date: _____

Electronic Interstitial Monitoring

UST System Components Electronically Monitored (check all that apply)

Double-walled Tank
 Double-walled Pipe
 STP Sump
 Dispenser Sump
 Transition Sump

Interstitial Space:

Atmospheric (dry)
 Hydrostatically Monitored (Brine Filled)
 Vacuum Monitored
 Pressure Monitored

Type of Electronic Device

Float Switch
 Optical
 Electrical Resistivity
 Other (specify): _____

IOWA DNR ELECTRONIC INTERSTITIAL MONITORING PROCEDURE

In order to document compliance with the Electronic Interstitial Monitoring requirements, you must document all three of the following:

1. Sensors are connected to console and functional. If your monitoring system is capable of producing a "Sensor Status" report, retain a copy for your monthly record. You may also attach the copy of the report to this form.
2. Alarms that have occurred have been documented. If your monitoring system is capable of producing an "Alarm History" report, print the reports and retain a copy for your records. You may also attach the copy of the report to this form.
3. Alarms have been satisfactorily reconciled. If your monitoring system is capable of producing an "Alarm Reconciliation" report, print the reports and retain a copy for your records. You may also attach a copy of the report to this form.

If your monitoring system is capable of producing records of items 1-3 above, this form is not required. However, you may still want to use it to help you document secondary containment monthly monitoring. Monitoring records must be kept on site or readily available.

Monitoring Results* for the Month of _____ Year _____						
*Monitoring results for Tank and Dispenser are separate						
Tank Number						
Product Stored (use key below)						
Component monitored: Tank/Pipe/Sump	<input type="checkbox"/> Tank <input type="checkbox"/> Pipe <input type="checkbox"/> STP Sump <input type="checkbox"/> Transition Sump <input type="checkbox"/> UDC	<input type="checkbox"/> Tank <input type="checkbox"/> Pipe <input type="checkbox"/> STP Sump <input type="checkbox"/> Transition Sump <input type="checkbox"/> UDC	<input type="checkbox"/> Tank <input type="checkbox"/> Pipe <input type="checkbox"/> STP Sump <input type="checkbox"/> Transition Sump <input type="checkbox"/> UDC	<input type="checkbox"/> Tank <input type="checkbox"/> Pipe <input type="checkbox"/> STP Sump <input type="checkbox"/> Transition Sump <input type="checkbox"/> UDC	<input type="checkbox"/> Tank <input type="checkbox"/> Pipe <input type="checkbox"/> STP Sump <input type="checkbox"/> Transition Sump <input type="checkbox"/> UDC	<input type="checkbox"/> Tank <input type="checkbox"/> Pipe <input type="checkbox"/> STP Sump <input type="checkbox"/> Transition Sump <input type="checkbox"/> UDC
Sensors connected to control panel and functional	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have there been any alarms for this month? If "Yes," complete alarm log below.	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Dispenser Number						
Sensors connected to control panel and functional	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have there been any alarms for this month? If "Yes," complete alarm log below.	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

KEY: G – Gasoline D – Diesel K – Kerosene E10 E15 E85 B – Biodiesel MO – Motor Oil H – Hazardous Substance J – Jet Fuel A-Av Gas

Alarm Log			
Date of Alarm	Cause of Alarm	How was Alarm Reconciled?	Release reported to DNR?
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No

If a release needs to be reported to the Iowa DNR, please call 515-725-8694.