



### 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.

<b>UST REGISTRATION</b>		<b>LUST (IF APPLICABLE)</b>	
UST Site Name:			
Site Address:		City:	Zip:
Contact Person:			Phone:

<b>PERSON CONDUCTING MONITORING (IF DIFFERENT FROM ABOVE)</b>			
Name:		Company:	
Street:		Email:	
City:	State:	Zip:	Phone:
Person's Signature:			Date:

<b>Electronic Interstitial Monitoring</b>	
UST System Components Electronically Monitored (check all that apply)	
<input type="checkbox"/> Double-walled Tank <input type="checkbox"/> Double-walled Pipe <input type="checkbox"/> STP Sump <input type="checkbox"/> Dispenser Sump <input type="checkbox"/> Transition Sump	
Interstitial Space:	
<input type="checkbox"/> Atmospheric (dry) <input type="checkbox"/> Hydrostatically Monitored (Brine Filled) <input type="checkbox"/> Vacuum Monitored <input type="checkbox"/> Pressure Monitored	
Type of Electronic Device	
<input type="checkbox"/> Float Switch <input type="checkbox"/> Optical <input type="checkbox"/> Electrical Resistivity <input type="checkbox"/> 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**

<b>Tank Number</b>						
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					
Have there been any alarms for this month? If "Yes," complete alarm log below.	<input type="checkbox"/> Yes <input type="checkbox"/> No					
<b>Dispenser Number</b>						
Sensors connected to control panel and functional	<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					

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
			<input type="checkbox"/> Yes <input type="checkbox"/> No

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