VISUAL INTERSTITIAL LOG

Monthly Log For Year:_____

USTB	**KENTUCKY DEPARTMENT FOR ENVIRONMENTAL PROTECTION**	*Mail completed form to:* **DIVISION OF WASTE MANAGEMENT UNDERGROUND STORAGE TANK BRANCH 200 FAIR OAKS LANE, SECOND FLOOR FRANKFORT, KENTUCKY 40601 (502) 564-5981 http://waste.ky.gov/ust**	**FOR STATE USE ONLY**

UST FACILITY INFORMATION

Agency Interest (AI) Number:	County:
UST Facility Name:	UST Facility Owner:
Physical Address:	Owner Phone Number:
City, Zip Code:	UST Facility Phone Number:

INTERSTITIAL MONITORING LOG

(Mark for each location a **PASS/FAIL**, **WET/DRY**, **SENSORS NORMAL,** or **OTHER READING** specific to the equipment manufacturer's recommendations to verify that all secondarily contained tanks, contained tank top sumps, piping, other sumps, and under-dispenser containment were checked for releases each month.)

Date Checked	Tanks	Tank Top Sumps	Transition / Intermediate Sumps	Under-Dispenser Containment	Initials	Comments

If you have questions on how to fill out this form or to request a review of UST facility records, please contact the UST Branch at (502) 564-5981 or visit our website at http://waste.ky.gov/ust.

UST SYSTEM OWNER SHALL RETAIN A COPY OF THIS FORM FOR ONE (1) YEAR