DEP5041 (April 2011) 401 KAR 42:040

## **VISUAL INTERSTITIAL LOG**

Monthly Log For Year:\_



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	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.)

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	estions on h	estions on how to fill out this	estions on how to fill out this form or to request a	estions on how to fill out this form or to request a review of UST facility rec	estions on how to fill out this form or to request a review of UST facility records, please co

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 <a href="http://waste.ky.gov/ust">http://waste.ky.gov/ust</a>.