## MISSISSIPPI DEPARTMENT OF ENVIRONMENTAL QUALITY MONTHLY ELECTRONIC INTERSTITIAL MONITORING

- This form may be utilized to document electronic interstitial monitoring of secondarily contained UST systems.
- Interstitial monitoring is required on all secondarily contained UST systems installed after October 1, 2008.
- You must maintain a monthly written record that electronic interstitial monitoring has been accomplished.

UST Facility					Person Conducting Monitoring						
Facility Name		MDEQ Facility ID #		Person's Name							
Physical Address	<u> </u>		Company								
City County			State	City	v						
City		MS							Otato	State	
LIOT Owners		IVIO						Date			
UST Owner				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 (check all that apply)											
☐ Atmospheric (dry) ☐ Hydrostatically Monitored (Brine Filled) ☐ Vacuum Monitored ☐ Pressure Monitored											
Type of Electronic Device (check all that apply)  ☐ Float Switch ☐ Optical ☐ Electrical Resistivity ☐ Other (specify)											
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<ul> <li>MDEQ Electronic Interstitial Monitoring Procedure</li> <li>Document that all sensors are connected to console and apparently functional in the appropriate space below. If your system is</li> </ul>											
capable of producing a "sensor status" report you must attach a copy of the report or it's equivalent to this form.											
2. Document all alarms that may have occurred during the month by completion of this form. If your system is capable of producing an											
"alarm history" report you must attach a copy of the report or it's equivalent to this form for the month.											
3. Investigate and document the cause of the alarm including a measurement of the amount of water and/or fuel observed in inches if											
applicable. Take the appropriate action to resolve the alarm. Consult with your certified contractor if necessary. Attach a copy of all appropriate documentation to this report to show adequate reconciliation of all alarms for the month.											
								houre of	diagovery		
Any unusual operating condit				verea mus I	т ве геропе	ed to MDE			aiscovery.		
Monitoring Results for the Month of							Ye	ar			
Electronic Sensor ID (Location)											
Component Monitored:											
Tank / Pipe / Sump											
Sensors are connected to											
control panel and working?											
Have there been any											
alarms for this month? If											
yes, complete alarm log.  Sensor ID Date of A	\larm	Cause o	f Alarm		Date Res	boylos	Doscril	he action	n taken to re	eclye	
Selisol ID Date of A	Mailli	Cause o	i Alailli		Date Nes	Solveu	Descri	be action	i taken to n	ESUIVE	
A											
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Α											
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