



Colorado Department of Labor and Employment
Division of Oil and Public Safety – Compliance Section
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Groundwater Monitoring

(Revised 12/2013)

General Information

Facility ID #:		Facility Name:												
Facility Address:							City/State/ZIP:							
Contact Name:		Phone Number:		Review Starting Date:		Review Ending Date:								

Groundwater Monitoring Results*

Tank #	Product	All Passed?	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec

Groundwater Monitoring Results Review: Class A or B Operator Information

<input type="checkbox"/> Class A	<input type="checkbox"/> Class B	Certification #:											
Printed Name:						Signature:						Date:	

*Owners/Operators must report a confirmed release for any monthly failure within 24 hours.