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 Division of Oil and Public Safety – Compliance Section  
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## Interstitial Monitoring

(Revised 11/2013)

### General Information

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

### Interstitial Monitoring Results\*

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

### Interstitial Monitoring Suspected Release Report\*\*

Tank #	Product	Month	Date	Date Suspected Release Reported to OPS	7-Day Investigation Details	7-Day Investigation Results		Date Results Reported to OPS
						Results	Date	

### Interstitial 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 suspected release for **any monthly failure** within 24 hours and complete the Suspected Release Report section of this form.

\*\*Owners/Operators must conduct a 7-Day investigation of **all** suspected releases and report **all** of the results to OPS.