# Groundwater Monitoring

Facility ID#: 35000034

Date GWM System Installed: 1994 Number of Wells: 6/7/07

Distance of well from tank(s): (1) in pit (2) in pit (3) in pit (4) _____

Distance of well from piping: (1) _____ (2) _____ (3) _____ (4) in trench

Site assessment was conducted by: Cruzen

Location of Site Assessment Documentation: main office owner

## Please answer each question for each well

**If there are more than 4 wells, please photocopy this page and complete the information for all additional wells.**

| | Well# 1 | Well# 2 | Well# 3 | Well# 4 |
|---|---|---|---|---|
| **(1)** Well is clearly marked & secured to avoid unauthorized access or tampering? | Y | Y | Y | Y |
| **(2)** Well was opened & presence of water was observed in well at depth of _____ feet? | 39" | 39" | 39" | 39" |

## Please check 'YES' or 'NO' for each question

| | | T | | T |
|---|---|---|---|---|
| **(3)** Wells are used to monitor piping? | YES | ✔ | NO | |
| **(4)** Site assessment was performed prior to installation of wells? | YES | ✔ | NO | |
| **(5)** Documentation of monthly readings is available? | YES | ✔ | NO | |
| **(6)** Specific gravity of product is less than one? | YES | ✔ | NO | |
| **(7)** Hydraulic conductivity of soil between UST system & monitoring wells is not less than 0.01 cm/sec. According to: | YES | ✔ | NO | |
| **(8)** Groundwater is not more than 20 feet from ground surface? | YES | ✔ | NO | |
| **(9)** Wells are sealed from the ground surface to top of filter pack? | YES | ✔ | NO | |
| **(10)** Continuous monitoring device or manual bailing method used can detect the presence of at least one-eighth inch of free product on top of groundwater in well? | YES | ✔ | NO | |
| **(11)** Groundwater is monitored: ☒ Manually on a monthly basis? ☐ Automatically (continuously, or on a monthly basis [Circle one]). | | | | |
| **(12)** If groundwater is monitored manually: Bailer used is accessible & functional? | YES | ✔ | NO | |
| **(13)** If groundwater is monitored automatically: Monitoring box is operational? | YES | | NO | |
| **(14)** Checked for presence of sensor in monitoring well? | YES | | NO | |

**Comments** _____

**Inspector's Signature:** _____ **Date:** Jul 10, 2007