OKLAHOMA CORPORATION COMMISSION – PETROLEUM STORAGE TANK DIVISION
P. O. Box 171, Oklahoma City, OK 73101
(405) 521-4683

MANUAL INTERSTITAL MONITORING

YEAR _____ **FACILITY NAME** _____ **OCC FACILITY ID NUMBER** _____

FACILITY ADDRESS _____ **CITY** _____ **ZIP** _____ **PHONE** _____

TANK ID AND PRODUCT STORED _____ **TANK SIZE** _____ **DOUBLE WALL TANK MATERIAL (STEEL OR FIBERGLASS)** _____

DOUBLE WALL PIPING MATERIAL (FLEX OR FIBERGLASS) _____

FOR TANK INTERSTICE AND SUMPS :
DESIGNATE "P" FOR PRODUCT; "W" FOR WATER; "M" FOR MIX OF WATER/PRODUCT; "D" FOR DRY

INSPECTION DATA

MONTH & DAY INSPECTED	TANK ANNULAR SENSOR OR BRINE LEVEL OK	SUBMERSIBLE PUMP SUMP	TRANSITION OR OTHER PIPING SUMP	SUMPS AND DISPENSER ID NUMBERS	YOUR SIGNATURE

DESCRIPTION OF REPAIRS MADE AND DATES:

_____

_____

_____

_____

TIGHTNESS TESTING

_____

_____

_____

KEEP THIS RECORD ON FILE FOR AT LEAST ONE YEAR