



STATE OF TENNESSEE
 DEPARTMENT OF ENVIRONMENT AND CONSERVATION
 DIVISION OF UNDERGROUND STORAGE TANKS
 William R. Snodgrass Tennessee Tower
 312 Rosa L. Parks Avenue, 12th Floor
 Nashville, TN 37243-1541

MANUAL TANK GAUGING MONTHLY REPORT

All applicable sections of this report must be legibly completed in their entirety, documenting all results of manual tank gauging. **This method may not be used for tanks of capacity greater than 2,000 gallons. Any tank, regardless of capacity, installed on or after July 24, 2007 may not use this method of release detection.**

- Complete section I through IV for all tanks being monitored.
- Complete Tank Tightness Testing Form when conducting required tank tightness test (required every five years).
- The owner/operator of the underground storage tank (UST) system is to maintain a copy of this report for each month for a period of 12 months.
- Compare weekly readings and the monthly average of the four weekly readings with the standards shown in the following table. If the calculated change exceeds the weekly standard, the tank may be leaking. Also, the monthly average of the four weekly test results must be compared to the monthly standard in the same way. If either the weekly or monthly standards have been exceeded, the tank may be leaking. Contact your local environmental field office to report the suspected release within seventy-two (72) hours and begin release response activities.

Tank Size	Minimum Duration of Test	Weekly Standard (1 test)	Monthly Standard (4 test average)
Up to 550 gallons	36 hours	10 gallons	5 gallons
551-1,000 gallons (when tank diameter is 64")	44 hours	9 gallons	4 gallons
551-1,000 gallons (when tank diameter is 48")	58 hours	12 gallons	6 gallons
551-1,000 gallons (also requires periodic tank tightness testing)	36 hours	13 gallons	7 gallons
1,001-2,000 gallons (also requires periodic tank tightness testing)	36 hours	26 gallons	13 gallons

I. UST FACILITY		II. UST OWNER	
UST Facility ID #:		Name/Company:	
Facility Name:		Address:	
Address:		City, State, Zip:	
City:	County:	Phone: () _____	

III. TESTING INFORMATION

An additional copy of this report is to be completed for each tank that qualifies for the method.

Tank Number ____		Month/Year ____ / ____		
	Week 1	Week 2	Week 3	Week 4
Start Test	Date:	Date:	Date:	Date:
	Time:	Time:	Time:	Time:
First Initial Stick Reading				
Second Initial Stick Reading				
Average Initial Stick Reading				
Initial Gallons (convert inches to gallons) [a]				

	Week 1	Week 2	Week 3	Week 4
End Test	Date:	Date:	Date:	Date:
	Time:	Time:	Time:	Time:
First End Stick Reading				
Second End Stick Reading				
Average End Reading				
End Gallons (convert inches to gallons) [b]				

IV. RESULT CALCULATION

Change in Tank Volume in Gallons + or - [a - b]				
Does tank pass weekly test? (indicate yes or no)				

<p>To determine if the Monthly Standard was achieved, add the four weekly Change in Tank Volume, [a-b], figures, then divide the sum by four and enter result in the next column.</p> <p>Compare the result with the Monthly Standard for this tank size on Page 1.</p> <p>If calculated monthly result is <u>equal to or less than</u> the Monthly Standard, the result is <u>Pass</u>.</p> <p>If the calculated monthly result is <u>more than</u> the Monthly Standard, the result is <u>Fail</u>.</p>	Week 1	+	Week 2	+	Week 3	+	Week 4	/4
	= monthly result							
	Monthly Result			Monthly Standard				

Does tank pass monthly test? (indicate yes or no)	
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Comments:

Signature of Person Completing Form:	Date:
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