



## VAPOR MONITORING LOG

NORTH DAKOTA DEPARTMENT OF ENVIRONMENTAL QUALITY  
 DIVISION OF WASTE MANAGEMENT – UST PROGRAM  
 SFN 62227 (09/2022)

Telephone: 701-328-5166  
 Fax: 701-328-5200  
 Email: [ndust@nd.gov](mailto:ndust@nd.gov)  
 Website: <https://deq.nd.gov/wm>

Clear Form

Record the results of your 30-day leak check for each monitoring well. If a portable field instrument is used to perform the 30-day leak check, indicate the meter reading for each well. Elevated readings above background levels indicate a possible leak from the tank system and must be reported to the Department. If an automatic sensor is installed in the well, indicate the type of sensor and "Pass" if the monitor has been checked to see if it is operating properly and the system confirms no leaks have occurred. Mark "Fail" if the system indicates a possible leak. All suspected leaks must be reported within 24 hours to the North Dakota Department of Environmental Quality, Division of Waste Management 701-328-5166.

### FACILITY INFORMATION

Facility Name	Contact Person		
Address	City	State	ZIP Code
Telephone Number			

### VAPOR MONITORING TEST RESULTS

Type of Vapor Monitoring Device
<input type="checkbox"/> Portable Field Instrument <input type="checkbox"/> Automatic Sensor

Monitoring Well Location	Date	Person Performing Leak Check	Test Result
MW #1			
MW #2			
MW #3			
MW #4			
MW #5			

Monitoring Well Location	Date	Person Performing Leak Check	Test Result
MW #1			
MW #2			
MW #3			
MW #4			
MW #5			

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