ADEM
STATISTICAL INVENTORY RECONCILIATION (SIR)
7 DAY RELEASE INVESTIGATION REPORT
FOR THE PERIOD FROM_/_/_/ TO_/_/_/ 

Questions on how to complete this form should be directed to the Groundwater Branch, UST Compliance Unit at (334) 270-5655

Facility Name: ____________________________ Owner: ____________________________

Address: ____________________________ Address: ____________________________

City, State, Zip Code: ____________________________ City, State, Zip Code: ____________________________

Facility I.D. #: ____________________________ Phone #: ____________________________

Instructions

1. Complete this form when an investigation of the tank system is required by the ADEM Monthly and/or Annual SIR Form “Reporting Requirements”.
2. Submit a completed copy of this form within 10 days of performing SIR to: Groundwater Branch, PO Box 301463 Montgomery, AL 36130-1463, or fax to: (334) 270-5631, or email to: USTcompliance@adem.alabama.gov.

ADEM Unique Tank #: ____________________________ Tank Capacity (gallons): ____________________________

Tank Contents: ____________________________

Explaination of Why the Above Tank System Did Not “Pass” (“Fail” or “Inconclusive”)

☐ Miscalibrated meter
☐ Using wrong tank chart
☐ Tilted tank
☐ Incorrect stick or meter readings
☐ Readings not taken in a consistent manner
☐ Theft
☐ Faulty measurement practices
☐ Disbursement while measurements were being taken
☐ Data entry errors
☐ Faulty equipment
☐ Unable to determine – system tightness test scheduled for (date) ____________________________
☐ Other: (please explain) ______________________________________________________________

PLEASE NOTE: IF THIS INVESTIGATION REVEALS THAT A SUSPECTED RELEASE HAS OCCURRED, REPORT THE SUSPECTED RELEASE TO THE ADEM GROUNDWATER BRANCH BY PHONE AT (334) 270-5655 OR FAX A COPY OF THIS FORM TO (334) 270-5631 WITHIN 24 HOURS OF COMPLETING THIS INVESTIGATION.

Certification

I certify under penalty of law that I am familiar with the information submitted on this form, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate and complete.

Signature of owner/operator: ____________________________ Date: ____________________________

ADEM Form #460 m1 8/02 m2 (revised 3/18)