Monthly Water/Sump Maintenance Log

- Use this form to record results of visual inspections of each sump at the facility once each month.
- A separate form should be used for each facility. Indicate the year this form is for in the space provided.
- The front of this form has space for six sumps. If there are more than six sumps at this facility, use the back of this form.
- If no liquid is present, mark OK in the appropriate column and row.
- If there is liquid present, note it in the appropriate column and indicate the action taken. Remove any liquid in the sump and dispose of it properly.
- Maintain the last 12 months of these inspections and have them available for state inspection.

UST FACILITY INFORMATION

Name:	Facility ID #:	Year:
Address:	City:	Zip:

Date Checked	Sump # 1	Sump # 2	Sump # 3	Sump # 4	Sump # 5	Sump # 6	Action taken if Sump not ok	Initials

D H E C

PROMOTE PROTECT PROSPER

South Carolina Department of Health and Environmental Control