



**TEXAS COMMISSION ON ENVIRONMENTAL QUALITY
PRODUCT STORAGE TANK
MONITORING EVENT SUMMARY AND STATUS REPORT**

Complete All Applicable Blanks:

Date: _____

GENERAL INFORMATION	
LPST ID No.:	Assigned TCEQ Coordinator:
Facility ID No.:	Responsible Party:
Facility Name:	
Facility Address:	
Facility City:	County:
Reporting Period:	
Reporting Frequency: <input type="checkbox"/> Quarterly <input type="checkbox"/> Semiannually	
PHASE-SEPARATED PRODUCT AND TOTAL FLUIDS RECOVERY AND FLUID DISPOSITION	
Number of monitoring wells impacted with phase-separated product:	
Product recovery method:	
Amount of product recovered during previous reporting period (gallons):	
Total product recovered to date (gallons):	
Disposition of all fluids recovered during previous quarter, including purged groundwater:	
SAMPLING EVENTS	
Date samples were collected:	
List monitoring wells sampled:	
Date analyses performed:	
Were any holding time exceeding?	<input type="checkbox"/> YES <input type="checkbox"/> NO
If yes, explain:	
GAUGING EVENT	
Date all monitoring wells were gauged:	
Groundwater flow direction:	
Was the static groundwater level above the top of the well screen in any wells?	<input type="checkbox"/> YES <input type="checkbox"/> NO
If yes, indicate which wells:	
Is the aquifer (<i>check one</i>):	<input type="checkbox"/> unconfined <input type="checkbox"/> semi-confined <input type="checkbox"/> confined

STATUS

Number of existing monitoring wells:

Were any existing monitoring wells damaged? YES NO

If yes, explain:

Has the groundwater contaminant plume been defined? YES NO

Any ongoing assessment activities? YES NO

If yes, indicate type of assessment activities:

Any ongoing remediation activities? YES NO

If yes, indicate type of remediation:

Also, discuss the effectiveness of this remedial technology at this site:

Any significant changes in the subsurface conditions? YES NO

If yes, explain:

REPORT PREPARATION

Project Manager:

Company:

CAPM No.: _____ Expiration Date: _____

Telephone No.: _____ Fax No.: _____

Signature: _____ Date: _____

Corrective Action Specialist:

Company:

CAS No.: _____ Expiration Date: _____

Telephone No.: _____ Fax No.: _____

Signature: _____ Date: _____

Name of Responsible Party contact:

Telephone No.: _____ Fax No.: _____

Signature: _____ Date: _____

Attachments: Cumulative list of analytical results, cumulative list of groundwater level and phase-separated product thickness measurements (if applicable), groundwater gradient map.