

**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](mailto:USTcompliance@adem.alabama.gov).

ADEM Unique Tank #:	Tank Capacity (gallons):	Tank Contents:
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**Explanation 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: \_\_\_\_\_