



FACSIMILE TRANSMITTAL

ALASKA DEPARTMENT OF ENVIRONMENTAL CONSERVATION
Division of Spill Prevention and Response
Industry Preparedness Program
Underground Storage Tanks
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TO: LEAK DETECTION PROBATION FILE

PHONE: 907-269-7679

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ADEC UST FACILITY ID NUMBER: _____

Name of Facility: _____

Number of months LD records attached: _____

Number of passing LD records: _____

Recommendation: end probation, or, change to leak
detection method:

**I, the Certified Inspector, have reviewed the attached leak
detection records and believe the records do not indicate a
release of product to the environment.**

Signature: _____

NUMBER OF PAGES (INCL. COVER SHEET): _____

HARD COPY TO FOLLOW: YES _____ NO: _____

Comments: