TANK INFORMATION FORM (PART II)

TANK OWNERSHIP: _____   **FACILITY ID#** _____

	TANK #	PIPE	TANK #	PIPE	TANK #	PIPE
TANK SYSTEM NUMBER **Each tank compartment MUST be assigned a TANK #** Start with tank closest to building						
PRODUCT STORED (e.g. Gasoline, Diesel, Kerosene, etc.)						
If the stored product is fuel oil, is it used for anything other than on-premises heating and/or domestic hot water?	Yes	No	Yes	No	Yes	No
STATUS (for each **UST system** check one)						
AGE *(enter year installed, or to be installed)*						
Currently in use						
To be installed						
Temporarily out of service (Date last used __ / __ / __)						
Permanently out of service (Date last used __ / __ / __)						
Is this a recertified, used tank? (YES or NO)	Yes	No	Yes	No	Yes	No
Total Tank CAPACITY (gallons) *(Include all compartments)*						
Tank COMPARTMENTS *(Each tank has one or more compartments – use one column for each compartment and state gallons)*						
Manifolded to another compartment? *(Indicate TANK #)*						
GENERAL INFORMATION (MUST BE COMPLETED for each **UST system** - also show details on sketch map)						
Distance to nearest building?						
Distance to nearest property line (> 5')?						
Distance to public water source, main or distribution lines? *(Leave blank if not applicable.)*						
Distance to nearest private water supply well? *(Please note that this may not be the on-site water supply well.)*						
Distance to public sewer lines?						
Distance to on-site septic system? *(Leave blank if not applicable.)*						
MATERIAL OF CONSTRUCTION						
Tank (check one box for each tank)						
Steel Brand Name						
Fiberglass Brand Name						
Fiberglass Jacketed Steel Brand Name						
Polyethylene Jacketed Steel Brand Name						
Piping (include both primary & secondary)						
Flexible Brand Name						
Fiberglass Brand Name						
Steel						
Copper						
Other (Specify:)						
CORROSION PROTECTION (applicable to metal tanks and pipes only)						
Exterior (check all that apply)						
Sti-P3 Tank						
Impressed Current? (Date Installed __ / __ / __)						
Galvanic Anodes (Date Field Installed __ / __ / __)						
Interior (check all that apply)						
Interior Lining? (Date Installed __ / __ / __)						
Lining Warranty?						
SECONDARY CONTAINMENT (check for "YES", leave blank for "NO")						
Double Wall Tank						
Impervious Liner Tank/Piping						
Double Wall Piping						

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CONTAINMENT SUMPS (check for "YES", leave blank for "NO")						
Tank-Top STP (pump) Sump Tank Sump Double Wall? Yes No						
Tank-Top Manifold Piping Slave Sump						
Dispenser Sumps *(Required for every dispenser with new piping or dispensers)* Dispenser Sump Double Wall? Yes No	Total Number:					
Other (Specify)						
SPILL PREVENTION (check for "YES", leave blank for "NO")						
15 Gallon Containment Manhole Manhole Double Wall Yes No						
Remote Fill *(Strongly Discouraged)* Remote Fill Secondarily Contained ? Yes No Manufacturer of Remote Piping:						
Other (Specify:)						
OVERFILL PREVENTION (check for "YES", leave blank for "NO")						
Float Vent Valve *(Cannot be used w/coaxial stage 1 vapor recovery, suction dispensers, generators, and pressurized or loose fill deliveries)*						
High Liquid Level Alarm *(Must be audible to delivery driver)*						
Automatic Shutoff/Flapper Valve *(Cannot be used w/pressurized or loose fill deliveries)*						
Manual Measurement *(Used oil only)*						
Whistle Alarm *(For use w/ Peddle Truck deliveries)*						
LEAK DETECTION (check all that apply)						
Electronic Interstitial Monitoring Manufacturer & Model						
Weekly Manual Interstitial Monitoring						
In-Tank Monitor Manufacturer & Model						
Suction Pump w/Vertical Check Valve						
Line Test *(enter year of last test)*						

Line Leak Detector *(pressurized systems only)*
    Electronic (Brand Name:)
    Mechanical (Brand Name:)						

Shear Valve *(pressurized systems only)*						
Anti-Siphon Valve *(required for downhill piping runs)*						
Other (Specify:)						
TYPE OF PUMP						
Submersible (Pressurized)						
Suction						
Gravity						
GASOLINE VAPOR RECOVERY (check for "yes")						
Stage I installed? 2-point						
Co-axial (also known as 1-point)						
Stage II disconnected? (Year Disconnected)						