



**New Jersey Department of Environmental Protection**  
**Site Remediation and Waste Management Program**

**UNDERGROUND STORAGE TANK**  
**FACILITY CERTIFICATION QUESTIONNAIRE**

Date Stamp  
 (For Department use only)

Completion of this UST Facility Certification Questionnaire will satisfy the registration requirements of the Underground Storage of Hazardous Substances Act, N.J.S.A. 58:10A-21 et seq., and the Underground Storage Tank Rules N.J.A.C. 7:14B et. seq. **An owner or operator's submission of false, inaccurate, or incomplete information on this Questionnaire constitutes a violation of these regulations and may result in a delay or denial of a Registration.**

**SECTION A. GENERAL FACILITY INFORMATION**

UST Facility # (Program Interest ID): \_\_\_\_\_

UST Facility Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

Municipality: \_\_\_\_\_ (Township, Borough or City)

County: \_\_\_\_\_ Zip Code: \_\_\_\_\_

List the name and contact information of the owner of the real property on which the UST facility is located and the municipal Block and Lot numbers of the property:

Real Property Owner: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Municipality: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

|               |                |               |                |
|---------------|----------------|---------------|----------------|
| Block # _____ | Lot #(s) _____ | Block # _____ | Lot #(s) _____ |
| Block # _____ | Lot #(s) _____ | Block # _____ | Lot #(s) _____ |
| Block # _____ | Lot #(s) _____ | Block # _____ | Lot #(s) _____ |

**1. Type of Submission (Check all that apply)**

- a)  Registration of a newly installed underground storage tank(s). **(Complete Attachment A)**
- b)  Registration of an existing underground storage tank not presently registered. **(Complete Attachment A)**
- c)  Change, correction, or amendment to an existing facility registration **(Check type of change, correction, or amendment below)**
- d)  Annual renewal

*If "c" is checked above, please check the appropriate type of change, correction, or amendment below (check all that apply)*

- |   |  |
|---|--|
| <input type="checkbox"/> UST Facility Name and/or Address     | <input type="checkbox"/> Change in Type of Product(s) Stored <b>(Complete Attachment A - 3)</b>  |
| <input type="checkbox"/> UST Facility Owner and/or Address    | <input type="checkbox"/> Substantial Modification(s) <b>(Complete Attachment A - 12B)</b>        |
| <input type="checkbox"/> UST Facility Operator and/or Address | <input type="checkbox"/> Tank(s) and/or Piping <b>(Complete Attachment A)</b>                    |
| <input type="checkbox"/> Property Owner Name                  | <input type="checkbox"/> Closure <b>(Complete Attachment A - 3, 4, 10C)</b>                      |
| <input type="checkbox"/> Class A or B Operator                | <input type="checkbox"/> Financial Responsibility <b>(Attach whole policy listing all tanks)</b> |
| <input type="checkbox"/> Billing Contact Person               |  |
| <input type="checkbox"/> Other (please specify): _____        |  |

2. Total number of regulated underground storage tanks at facility: \_\_\_\_\_

3. Total capacity of regulated underground storage tanks at facility (gallons): \_\_\_\_\_

**4. Facility Type**

- State                       County/Municipal                       Charitable / Public School                       Farm  
 Commercial/Industrial                       Federal                       Residential

5. Is this facility a retail service station?.....  Yes     No  
 6. Is this facility a heating oil sales / distribution center? .....  Yes     No

**SECTION B. UST FACILITY OWNER AND OPERATOR INFORMATION**

**1. UST Facility Owner (Owner of tanks)**

Name of UST Facility Owner: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Municipality: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Name of UST Facility Owner Contact: \_\_\_\_\_ Title: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Municipality: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Ext: \_\_\_\_\_ Fax: \_\_\_\_\_

Email Address: \_\_\_\_\_

*If the owner is a corporation, a limited liability company, a partnership, a limited partnership, or other form of business complete the following:*

NJ Business Entity 10-digit ID #: \_\_\_\_\_ Type of business entity: \_\_\_\_\_

Date of original business formation or date registration filed with the State: \_\_\_\_\_

Name of the corporate officer, partner, or other person with primary decision making authority regarding this UST Facility: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

**2. UST Facility Operator**     Same as UST Facility Owner    *(Attach additional pages if necessary)*

If change to facility operator, check one:

- Add this operator     Replace prior operator with this operator

Name of UST Facility Operator: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Municipality: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Name of UST Facility Operator Contact: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Municipality: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Ext: \_\_\_\_\_ Fax: \_\_\_\_\_

Email Address: \_\_\_\_\_

If the operator is a corporation, a limited liability company, a partnership, a limited partnership, or other form of business complete the following:

NJ Business Entity 10-digit ID #: \_\_\_\_\_ Type of business entity: \_\_\_\_\_

Date of original business formation or date registration filed with the State: \_\_\_\_\_

Name of the corporate officer, partner, or other person with primary decision making authority regarding this UST Facility: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Ext: \_\_\_\_\_ Fax: \_\_\_\_\_

Email Address: \_\_\_\_\_

### 3. Class A Operator

Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Municipality: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Ext: \_\_\_\_\_ Fax: \_\_\_\_\_

Email Address: \_\_\_\_\_

Provide the NJ Registration and Validation Numbers, which can be found on the examination results page. If you received training/certification in another state, provide the name of the state from which you received training and attach formal documentation of training received and/or record of a passing evaluation.

NJ Registration Number: \_\_\_\_\_ and Validation Number: \_\_\_\_\_

**OR, if training received out of state:**

Name of State where training occurred: \_\_\_\_\_ (attach training documentation)

### 4. Class B Operator Same as Class A Operator

Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Municipality: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Ext: \_\_\_\_\_ Fax: \_\_\_\_\_

Email Address: \_\_\_\_\_

Provide either the NJ examination result numbers or, if you received training/certification in another state, provide the name of the state from which you received training and attach formal documentation of training received and/or record of a passing evaluation.

NJ Registration Number: \_\_\_\_\_ and Validation Number: \_\_\_\_\_

**OR, if training received out of state:**

Name of State where training occurred: \_\_\_\_\_ (attach training documentation)

### 5. Billing Contact Check the appropriate box:

Same as Facility Owner  Same as Facility Operator  Other – provide contact information below

Name of UST Facility: \_\_\_\_\_

Name of UST Facility Billing Contact: \_\_\_\_\_ Title: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Municipality: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Ext: \_\_\_\_\_ Fax: \_\_\_\_\_

Email Address: \_\_\_\_\_

**SECTION C. FINANCIAL RESPONSIBILITY** *(Attach additional pages if necessary)*

**Include entire Financial Responsibility Assurance Mechanism Document**

Type of Mechanism (e.g., Insurance): \_\_\_\_\_

Carrier/Issuing Institution: \_\_\_\_\_

Name of Insured: \_\_\_\_\_ Policy Number: \_\_\_\_\_

Effective Date: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Limit of Liability: Each "Occurrence" or "Incident": .. \_\_\_\_\_

Limit of Liability: Aggregate: ..... \_\_\_\_\_

Limit of Defense Costs: ..... \_\_\_\_\_

*(Defense costs must be subject to a separate policy limit as provided in 42 U.S.C. § 280.97)*

Retroactive Dates(s): \_\_\_\_\_

*(attach or Identify Insurer's Schedule of Covered UST Systems Providing This Information)*

**SECTION D. ATTACHMENTS**

The owner and operator can submit attachments to the NJDEP electronically by emailing them to: [spustregistration@dep.nj.gov](mailto:spustregistration@dep.nj.gov). The owner and operator must save the documents in Adobe Portable Document Format (PDF) and then add them as attachments to the email. The owner and operator shall include in the email subject line the UST Facility # (Program Interest ID) and the year, separated by a comma.

*Example:* You are submitting for XYZ facility in Hamilton Twp. with the UST Facility # of 013164. So, the Email Subject Line should be only: 013164,2016.

Indicate below how you have included each of the following attachments with this submission:

Attached   Emailed

- |                          |                          |  |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | <b>Attachment A – Specific Tank Information</b> <i>(if applicable)</i>   |
| <input type="checkbox"/> | <input type="checkbox"/> | <b>Facility Site Plan</b> <i>(if applicable)</i>   |
|                          |                          | You are required to submit a Facility Site Plan only for the initial registration of a tank or if there are any changes to the physical configuration of the tank system or property. You must include in the facility site plan the location of the tanks, lines, pumps, dispensers, fill pipes, and other features of the underground storage tank system, including the distance from existing buildings and property boundaries; |
| <input type="checkbox"/> | <input type="checkbox"/> | <b>Financial Responsibility Assurance Mechanism</b> <i>(entire document always required)</i>   |
| <input type="checkbox"/> | <input type="checkbox"/> | <b>Owner's</b> copy of written authorization authorizing the signature above. <i>(if applicable)</i>   |
| <input type="checkbox"/> | <input type="checkbox"/> | <b>Operator's</b> copy of written authorization authorizing the signature above. <i>(if applicable)</i>  |
| <input type="checkbox"/> | <input type="checkbox"/> | <b>Other</b> <i>(specify):</i> _____   |

**SECTION E. INSTALLER CERTIFICATION**

*(To be completed by installer for new UST installations or returning out-of-service USTs to service)*

**Purpose of Certification** *(check all that apply)*

- Certification of New UST Installation
- Certification that out-of-service USTs are properly designed and capable of being put back into service

Check the applicable boxes to indicate the methods used to comply with installation/return-to-service requirements.

*(Attach additional pages if necessary)*

| Tank Identification Number   | Tank No.                 | Tank No.                 | Tank No.                 | Tank No.                 |
|--|--------------------------|--------------------------|--------------------------|--------------------------|
|  | <input type="text"/>     | <input type="text"/>     | <input type="text"/>     | <input type="text"/>     |
| Installer certified by tank and piping manufacturers                             | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Installer certified or licensed by the NJDEP                                     | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Installation is/will be in accordance with manufacturers installation checklists | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Company: \_\_\_\_\_ Installation-Entire UST System License #: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Municipality: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Ext: \_\_\_\_\_ Fax: \_\_\_\_\_

Email Address: \_\_\_\_\_

**Signature of UST installer certifies that the UST System and/or out-of-service UST system is/are properly designed and capable of being put back into service:**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Name: \_\_\_\_\_ Title: \_\_\_\_\_

**SECTION F. FACILITY OWNER CERTIFICATION****Must be signed as follows:**

- For a corporation, by a responsible corporate official.
- For a partnership or sole proprietorship, by a general partner or the proprietor, respectively.
- For a municipality, County, State, Federal or other public agency, by either a principal executive officer or ranking elected official.
- For a person other than those indicated above, a duly authorized representative.

*"I certify under penalty of law that:*

- 1. I have read, understand, and have followed the applicable rules and instructions for this New Jersey Underground Storage Tank Facility Certification Questionnaire;*
- 2. I have personally examined and am familiar with the information submitted in this New Jersey Underground Storage Tank Facility Certification Questionnaire and all attached documents;*
- 3. I believe, based on my inquiry of those individuals responsible for obtaining the information, that the submitted information is true, accurate and complete;*
- 4. This facility is in compliance with N.J.A.C. 7:14B; and*
- 5. I am the person required, pursuant to N.J.A.C. 7:14B-2.2, to sign this New Jersey Underground Storage Tank Facility Certification Questionnaire for the owner of this facility.*
- 6. I am aware that there are significant civil penalties for knowingly submitting false, inaccurate or incomplete information and that I am committing a crime of the fourth degree if I make a written false statement which I do not believe to be true. I am also aware that if I knowingly direct or authorize the violation of any statute or regulation, I am personally liable for penalties."*

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Name: \_\_\_\_\_ Title: \_\_\_\_\_

UST Facility #: \_\_\_\_\_

**SECTION G. FACILITY OPERATOR CERTIFICATION****Must be signed as follows:**

- For a corporation, responsible corporate official.
- For a partnership or sole proprietorship, by a general partner or the proprietor, respectively.
- For a municipality, County, State, Federal or other public agency, by either a principal executive officer or ranking elected official.
- For a person other than those indicated above, a duly authorized representative.

*"I certify under penalty of law that:*

- 1. I have read, understand, and have followed the applicable rules and instructions for this New Jersey Underground Storage Tank Facility Certification Questionnaire;*
- 2. I have personally examined and am familiar with the information submitted in this New Jersey Underground Storage Tank Facility Certification Questionnaire and all attached documents;*
- 3. I believe, based on my inquiry of those individuals responsible for obtaining the information, that the submitted information is true, accurate and complete;*
- 4. This facility is in compliance with N.J.A.C. 7:14B; and*
- 5. I am the person required, pursuant to N.J.A.C. 7:14B-2.2, to sign this New Jersey Underground Storage Tank Facility Certification Questionnaire for an operator of this facility.*
- 6. I am aware that there are significant civil penalties for knowingly submitting false, inaccurate or incomplete information and that I am committing a crime of the fourth degree if I make a written false statement which I do not believe to be true. I am also aware that if I knowingly direct or authorize the violation of any statute or regulation, I am personally liable for penalties."*

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Name: \_\_\_\_\_ Title: \_\_\_\_\_

UST Facility #: \_\_\_\_\_

**Annual renewal with a billing invoice**

If a billing invoice has been received for an **annual renewal (only)**, send the completed UST Facility Certification Questionnaire (USTFCQ) with attachments, the applicable \$50 fee, and the invoice payment stub to:

NJ Department of Treasury  
Division of Revenue  
PO Box 417  
Trenton, NJ 08646-0417

**All Other Types of Submissions**

All other submissions for initial registrations, modifications and responses to deficiencies must be submitted to the address below. Send the completed USTFCQ with attachments and any applicable fee to:

NJ Department of Environmental Protection  
Site Remediation and Waste Management Program  
Bureau of Case Assignment and Initial Notice  
UST Registration & Billing Unit  
401-05H  
PO Box 420  
Trenton, NJ 08625-0420

## ATTACHMENT A

### SPECIFIC TANK INFORMATION

ALL regulated underground storage tanks, including those taken out of operation (*unless the tank was removed from the ground prior to 9/3/86*) must be registered. Report all tank/piping status changes.

| Tank Identification Number   | Tank No.                 | Tank No.                 | Tank No.                 | Tank No.                 |                          |                          |                          |                          |
|--|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
|  | [ ]                      | [ ]                      | [ ]                      | [ ]                      |                          |                          |                          |                          |
| <b>1. Date Tank Installed</b> ( <i>mm/dd/yyyy</i> )  | _____                    | _____                    | _____                    | _____                    |                          |                          |                          |                          |
| <b>2. Tank Size</b> ( <i>gallons</i> )   | _____                    | _____                    | _____                    | _____                    |                          |                          |                          |                          |
| <b>3. Tank Contents</b> ( <i>check one</i> )<br><i>Please note that each compartment is considered a separate tank system.</i> |                          |                          |                          |                          |                          |                          |                          |                          |
| <b>A. Leaded Gasoline</b>  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                          |                          |                          |                          |
| <b>B. Unleaded Gasoline</b>  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                          |                          |                          |                          |
| <b>C. Alcohol Enriched Gasoline (&gt; 10%)</b>   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                          |                          |                          |                          |
| <b>D. Light Diesel Fuel (No. 1-D)</b>  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                          |                          |                          |                          |
| <b>E. Medium Diesel Fuel (No. 2-D)</b>   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                          |                          |                          |                          |
| <b>F. Waste Oil</b>  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                          |                          |                          |                          |
| <b>G. Kerosene (No. 1)</b>   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                          |                          |                          |                          |
| <b>H. Heating Oil (No. 2) Complete 11C</b>   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                          |                          |                          |                          |
| <b>I. Heating Oil (No. 4) Complete 11C</b>   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                          |                          |                          |                          |
| <b>J. Heating Oil (No. 6) Complete 11C</b>   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                          |                          |                          |                          |
| <b>K. Aviation Fuel</b>  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                          |                          |                          |                          |
| <b>L. Motor Oil</b>  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                          |                          |                          |                          |
| <b>M. Lubricating Oil</b>  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                          |                          |                          |                          |
| <b>N. Automatic Transmission Fluid</b>   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                          |                          |                          |                          |
| <b>O. Hazardous Waste</b> ( <i>Specify ID Number</i> )   | _____                    | _____                    | _____                    | _____                    |                          |                          |                          |                          |
| <b>P. Coolant/Antifreeze</b>   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                          |                          |                          |                          |
| <b>Q. Other</b> ( <i>please specify</i> )<br><br>CAS Number ( <i>Hazardous substances only</i> )                               | _____<br>_____           | _____<br>_____           | _____<br>_____           | _____<br>_____           |                          |                          |                          |                          |
| <b>4. Tank &amp; Piping Construction</b><br><i>(Check at least one for each Tank and Piping)</i>                               | <b>Tank</b>              | <b>Piping</b>            | <b>Tank</b>              | <b>Piping</b>            | <b>Tank</b>              | <b>Piping</b>            | <b>Tank</b>              | <b>Piping</b>            |
| <b>A. Bare steel</b>   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <b>B. Cathodically Protected Metal</b>   |                          |                          |                          |                          |                          |                          |                          |                          |
| 1. Sacrificial Anode (SA)  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Impressed Current (IC)  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Date SA/IC installed:  | _____                    | _____                    | _____                    | _____                    | _____                    | _____                    | _____                    | _____                    |
| Date of last <b>passing</b> CP inspection:   | _____                    | _____                    | _____                    | _____                    | _____                    | _____                    | _____                    | _____                    |
| <b>C. Fiberglass-Coated Steel</b> ( <i>Tank Only</i> )   | <input type="checkbox"/> |                          | <input type="checkbox"/> |                          | <input type="checkbox"/> |                          | <input type="checkbox"/> |                          |
| <b>D. Fiberglass-Reinforced Plastic</b>  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |



| Tank Identification Number   | Tank No.                     |                             | Tank No.                     |                             | Tank No.                     |                             | Tank No.                     |                             |
|--|------------------------------|-----------------------------|------------------------------|-----------------------------|------------------------------|-----------------------------|------------------------------|-----------------------------|
|  | <input type="text"/>         |                             | <input type="text"/>         |                             | <input type="text"/>         |                             | <input type="text"/>         |                             |
|  | Tank                         |                             | Tank                         |                             | Tank                         |                             | Tank                         |                             |
| <b>E. Internally Lined</b>   |                              |                             |                              |                             |                              |                             |                              |                             |
| Single lining  | <input type="checkbox"/>     |                             | <input type="checkbox"/>     |                             | <input type="checkbox"/>     |                             | <input type="checkbox"/>     |                             |
| Double walled lining   | <input type="checkbox"/>     |                             | <input type="checkbox"/>     |                             | <input type="checkbox"/>     |                             | <input type="checkbox"/>     |                             |
| Date Internal Lining Installed:  | _____                        |                             | _____                        |                             | _____                        |                             | _____                        |                             |
| Date of last <b>passing</b> inspection:  | _____                        |                             | _____                        |                             | _____                        |                             | _____                        |                             |
| <b>F. Other</b> (Please specify, include Brand Name)                               |                              |                             |                              |                             |                              |                             |                              |                             |
| <b>5. Piping Operation</b><br>(Check one for each tank system)                     |                              | Piping                      |                              | Piping                      |                              | Piping                      |                              | Piping                      |
| <b>A. Pressurized Piping</b>   |                              | <input type="checkbox"/>    |                              | <input type="checkbox"/>    |                              | <input type="checkbox"/>    |                              | <input type="checkbox"/>    |
| <b>B. American Suction Piping</b>  |                              | <input type="checkbox"/>    |                              | <input type="checkbox"/>    |                              | <input type="checkbox"/>    |                              | <input type="checkbox"/>    |
| <b>C. European Suction Piping</b>  |                              | <input type="checkbox"/>    |                              | <input type="checkbox"/>    |                              | <input type="checkbox"/>    |                              | <input type="checkbox"/>    |
| <b>D. Supply/Return</b> (Heating Oil Piping Only)                                  |                              | <input type="checkbox"/>    |                              | <input type="checkbox"/>    |                              | <input type="checkbox"/>    |                              | <input type="checkbox"/>    |
| <b>6. Tank &amp; Piping Structure</b><br>(Check all that apply for Tank & Piping)  | Tank                         | Piping                      | Tank                         | Piping                      | Tank                         | Piping                      | Tank                         | Piping                      |
| <b>A. Single Wall</b>  | <input type="checkbox"/>     | <input type="checkbox"/>    | <input type="checkbox"/>     | <input type="checkbox"/>    | <input type="checkbox"/>     | <input type="checkbox"/>    | <input type="checkbox"/>     | <input type="checkbox"/>    |
| <b>B. Double Wall</b>  | <input type="checkbox"/>     | <input type="checkbox"/>    | <input type="checkbox"/>     | <input type="checkbox"/>    | <input type="checkbox"/>     | <input type="checkbox"/>    | <input type="checkbox"/>     | <input type="checkbox"/>    |
| <b>C. Secondary Containment</b><br>(e.g. Externally Lined)                         | <input type="checkbox"/>     | <input type="checkbox"/>    | <input type="checkbox"/>     | <input type="checkbox"/>    | <input type="checkbox"/>     | <input type="checkbox"/>    | <input type="checkbox"/>     | <input type="checkbox"/>    |
| <b>D. No piping exists</b>   | <input type="checkbox"/>     | <input type="checkbox"/>    | <input type="checkbox"/>     | <input type="checkbox"/>    | <input type="checkbox"/>     | <input type="checkbox"/>    | <input type="checkbox"/>     | <input type="checkbox"/>    |
| <b>7. Type of Monitoring/Detection</b><br>(Check all that apply for Tank & Piping) | Tank                         | Piping                      | Tank                         | Piping                      | Tank                         | Piping                      | Tank                         | Piping                      |
| <b>A. Statistical Inventory Reconciliation</b>                                     | <input type="checkbox"/>     | <input type="checkbox"/>    | <input type="checkbox"/>     | <input type="checkbox"/>    | <input type="checkbox"/>     | <input type="checkbox"/>    | <input type="checkbox"/>     | <input type="checkbox"/>    |
| <b>B. Manual Tank Gauging</b>  | <input type="checkbox"/>     |                             | <input type="checkbox"/>     |                             | <input type="checkbox"/>     |                             | <input type="checkbox"/>     |                             |
| <b>C. Inventory Control</b>  | <input type="checkbox"/>     |                             | <input type="checkbox"/>     |                             | <input type="checkbox"/>     |                             | <input type="checkbox"/>     |                             |
| <b>D. Interstitial</b>   | <input type="checkbox"/>     | <input type="checkbox"/>    | <input type="checkbox"/>     | <input type="checkbox"/>    | <input type="checkbox"/>     | <input type="checkbox"/>    | <input type="checkbox"/>     | <input type="checkbox"/>    |
| <b>E. Tightness Test</b>   | <input type="checkbox"/>     | <input type="checkbox"/>    | <input type="checkbox"/>     | <input type="checkbox"/>    | <input type="checkbox"/>     | <input type="checkbox"/>    | <input type="checkbox"/>     | <input type="checkbox"/>    |
| <b>F. Ground Water Observation Wells</b>   | <input type="checkbox"/>     | <input type="checkbox"/>    | <input type="checkbox"/>     | <input type="checkbox"/>    | <input type="checkbox"/>     | <input type="checkbox"/>    | <input type="checkbox"/>     | <input type="checkbox"/>    |
| <b>G. Vapor Observation Wells</b>  | <input type="checkbox"/>     | <input type="checkbox"/>    | <input type="checkbox"/>     | <input type="checkbox"/>    | <input type="checkbox"/>     | <input type="checkbox"/>    | <input type="checkbox"/>     | <input type="checkbox"/>    |
| <b>H. In-Tank (Auto Monitoring Gauge)</b>  | <input type="checkbox"/>     |                             | <input type="checkbox"/>     |                             | <input type="checkbox"/>     |                             | <input type="checkbox"/>     |                             |
| <b>I. In-Line Electronic Pressure Monitoring</b>                                   |                              | <input type="checkbox"/>    |                              | <input type="checkbox"/>    |                              | <input type="checkbox"/>    |                              | <input type="checkbox"/>    |
| <b>J. Automatic Line Leak Detector</b>   |                              | <input type="checkbox"/>    |                              | <input type="checkbox"/>    |                              | <input type="checkbox"/>    |                              | <input type="checkbox"/>    |
| <b>K. None</b>   | <input type="checkbox"/>     | <input type="checkbox"/>    | <input type="checkbox"/>     | <input type="checkbox"/>    | <input type="checkbox"/>     | <input type="checkbox"/>    | <input type="checkbox"/>     | <input type="checkbox"/>    |
| <b>8. Overfill Protection</b><br>(Check one for each tank)                         | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| <b>9. Spill Containment Around Fill Pipe</b><br>(Check one for each tank)          | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

| Tank Identification Number   | Tank No.<br><input type="text"/>           | Tank No.<br><input type="text"/>           | Tank No.<br><input type="text"/>           | Tank No.<br><input type="text"/>           |
|--|--|--|--|--|
| <b>10. Tank Status Information</b>   |  |  |  |  |
| <b>A. In-Use</b>   | <input type="checkbox"/>                   | <input type="checkbox"/>                   | <input type="checkbox"/>                   | <input type="checkbox"/>                   |
| <b>B. Out of Service</b><br>Date Taken Out of Service (mm/dd/yyyy)<br>Out of Service extension approval #: | <input type="checkbox"/><br>_____<br>_____ | <input type="checkbox"/><br>_____<br>_____ | <input type="checkbox"/><br>_____<br>_____ | <input type="checkbox"/><br>_____<br>_____ |
| <b>C. Closed</b><br>1. Removed<br>Date Removed (mm/dd/yyyy)<br>Activity #                                  | <input type="checkbox"/><br>_____<br>_____ | <input type="checkbox"/><br>_____<br>_____ | <input type="checkbox"/><br>_____<br>_____ | <input type="checkbox"/><br>_____<br>_____ |
| 2. Abandoned-In-Place<br>Date Abandoned-In-Place<br>Activity #   | <input type="checkbox"/><br>_____<br>_____ | <input type="checkbox"/><br>_____<br>_____ | <input type="checkbox"/><br>_____<br>_____ | <input type="checkbox"/><br>_____<br>_____ |
| <b>11. Tank Use Information</b><br>(Check if applicable)   |  |  |  |  |
| <b>A. Emergency Back-up Generator</b>  | <input type="checkbox"/>                   | <input type="checkbox"/>                   | <input type="checkbox"/>                   | <input type="checkbox"/>                   |
| <b>B. Sump</b>   | <input type="checkbox"/>                   | <input type="checkbox"/>                   | <input type="checkbox"/>                   | <input type="checkbox"/>                   |
| <b>C. Heating Oil Tanks</b><br>If you checked I, J or K under item 3, check one of the following:          |  |  |  |  |
| 1. Heating Oil for on-site consumption   | <input type="checkbox"/>                   | <input type="checkbox"/>                   | <input type="checkbox"/>                   | <input type="checkbox"/>                   |
| 2. Heating Oil for sale or distribution  | <input type="checkbox"/>                   | <input type="checkbox"/>                   | <input type="checkbox"/>                   | <input type="checkbox"/>                   |
| <b>12. Other Information</b><br>(Complete if applicable)   |  |  |  |  |
| <b>A. Date of Sale or Transfer (mm/dd/yyyy)</b>  | _____                                      | _____                                      | _____                                      | _____                                      |
| <b>B. Substantial Modification #</b>   | _____                                      | _____                                      | _____                                      | _____                                      |