

VI. DESCRIPTION OF UNDERGROUND STORAGE TANKS (Complete for each tank at this location.)

Tank Identification No. (e.g., ABC-123), or Arbitrarily Assigned Sequential Number (e.g., 1,2,3...)	Tank No.	Tank No.	Tank No.	Tank No.	Tank No.	
1. Status of Tank <i>(Mark all that apply)</i>	Currently in Use	<input type="checkbox"/>				
	Temporarily Out of Use	<input type="checkbox"/>				
	Permanently Out of Use	<input type="checkbox"/>				
	Brought into Use after 5/8/86	<input type="checkbox"/>				
		<input type="checkbox"/>				
2. Estimated Age (Years)						
3. Estimated Total Capacity (Gallons)						
4. Material of Construction <i>(Mark one)</i>	Steel	<input type="checkbox"/>				
	Concrete	<input type="checkbox"/>				
	Fiberglass Reinforced Plastic	<input type="checkbox"/>				
	Unknown	<input type="checkbox"/>				
	Other, Please Specify _____					
5. Internal Protection <i>(Mark all that apply)</i>	Cathodic Protection	<input type="checkbox"/>				
	Interior Lining (e.g., epoxy resins)	<input type="checkbox"/>				
	None	<input type="checkbox"/>				
	Unknown	<input type="checkbox"/>				
	Other, Please Specify _____					
6. External Protection <i>(Mark all that apply)</i>	Cathodic Protection	<input type="checkbox"/>				
	Painted (e.g., asphaltic)	<input type="checkbox"/>				
	Fiberglass Reinforced Plastic Coated	<input type="checkbox"/>				
	None	<input type="checkbox"/>				
	Unknown	<input type="checkbox"/>				
Other, Please Specify _____						
7. Piping <i>(Mark all that apply)</i>	Bare Steel	<input type="checkbox"/>				
	Galvanized Steel	<input type="checkbox"/>				
	Fiberglass Reinforced Plastic	<input type="checkbox"/>				
	Cathodically Protected	<input type="checkbox"/>				
	Unknown	<input type="checkbox"/>				
Other, Please Specify _____						
8. Substance Currently or Last Stored in Greatest Quantity by Volume <i>(Mark all that apply)</i>	a. Empty	<input type="checkbox"/>				
	b. Petroleum					
	Diesel	<input type="checkbox"/>				
	Kerosene	<input type="checkbox"/>				
	Gasoline (including alcohol blends)	<input type="checkbox"/>				
	Used Oil	<input type="checkbox"/>				
	Other, Please Specify _____					
	c. Hazardous Substance	<input type="checkbox"/>				
	Please Indicate Name of Principal CERCLA Substance _____					
	OR Chemical Abstract Service (CAS) No. _____					
Mark box <input type="checkbox"/> if tank stores a mixture of substances	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
d. Unknown	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
9. Additional Information (for tanks permanently taken out of service)	a. Estimated date last used (mo/yr)	/	/	/	/	/
	b. Estimated quantity of substance remaining (gal.)					
	c. Mark box <input type="checkbox"/> if tank was filled with inert material (e.g., sand, concrete)	<input type="checkbox"/>				