



Notification For Underground Storage Tanks

Tank Identification Number	Tank No.	Tank No.	Tank No.	Tank No.	Tank No.
7. Piping Attributes (check all that apply) <ul style="list-style-type: none"> Bare Steel <input type="checkbox"/> Galvanized Steel <input type="checkbox"/> Fiberglass Reinforced Plastic <input type="checkbox"/> Flexible Plastic <input type="checkbox"/> Copper <input type="checkbox"/> Cathodically Protected (impressed current) <input type="checkbox"/> Cathodically Protected (sacrificial anodes) <input type="checkbox"/> Double Walled <input type="checkbox"/> Secondary Containment <input type="checkbox"/> Airport Hydrant Piping <input type="checkbox"/> Unknown <input type="checkbox"/> Other, Specify Here _____ 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Piping Delivery Type (check all that apply) <ul style="list-style-type: none"> Safe Suction (no valve at tank) <input type="checkbox"/> U.S. Suction (valve at tank) <input type="checkbox"/> Pressure <input type="checkbox"/> Gravity Feed <input type="checkbox"/> 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Substance Currently Stored (or last stored in the case of closed tanks) (check all that apply) <ul style="list-style-type: none"> Gasoline (containing ≤ 10% ethanol) <input type="checkbox"/> Diesel <input type="checkbox"/> Biodiesel <input type="checkbox"/> Kerosene <input type="checkbox"/> Heating Oil <input type="checkbox"/> Used Oil <input type="checkbox"/> Gasoline Containing >10% Ethanol (specify amount of ethanol) _____ Diesel Containing >20% Biodiesel (specify amount of biodiesel) _____ Other, specify here _____ 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hazardous Substance <input type="checkbox"/> CERCLA Name Or CAS Number _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mixture Of Substances <input type="checkbox"/> Please Specify Substances Here _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>