

EJIF - Above Ground Storage Tank Appendix

MUNICIPALITY/AUTHORITY: _____ DATE: _____

Please complete the following for all ASTs owned or operated by the facility that were not listed on the initial survey:

| Item | Tank 1 | Tank 2 | Tank 3 |
|---|--------|--------|--------|
| Facility Name | | | |
| Street Address | | | |
| Tank Volume (gallons) | | | |
| Tank Contents | | | |
| Date of Installation (mm/dd/yy) | | | |
| Tank Construction Indicate material and single/double wall | | | |
| Secondary Containment (yes or no) Indicate type: single/double wall, concrete, dyke, etc.; and capacity | | | |
| Tank Manufacturer | | | |
| Leak Detection (yes or no) Indicate manufacturer | | | |
| Spill Containment (yes or no) | | | |
| Overfill Protection (yes or no) Indicate if audible and/or visual alarm is present | | | |
| External Protection (yes or no) Indicate type | | | |
| Tank Use (dispensing fuel, emergency generator, heating, etc.) | | | |
| Tank In Use (if no, indicate date taken out of service) | | | |
| Describe surface area beneath tank (soil, concrete, asphalt, etc.) | | | |
| Indicate approximate distance of tank from nearest structure. | | | |
| Integrity testing performed (yes or no) Attach most recent testing results | | | |
| Is the AST painted white, or a similar light color? | | | |
| Underground Piping? (yes or no) | | | |
| Piping Construction Indicate material and single/double wall | | | |
| Leak Detection (yes or no) Indicate type and attach most recent testing results | | | |
| Corrosion Protection (yes or no) Indicate type and attach most recent testing results | | | |
| If tank contains 2000+ gallons of gasoline, please list Air Permit. | | | |
| Is Stage II Vapor Recovery Present? (yes or no) | | | |

Please indicate the total volume of petroleum and non-petroleum products stored aboveground at the facility.

Petroleum _____ gallons

Non-petroleum _____ gallons

Tanks Removed _____