

Regulated UST Information Data Sheet

Installation: _____
Building: _____
Unit POC: _____

Tank No.: _____
Phone Number: _____

Tank Specifications

Capacity: _____ Date Tank Installed: _____
Contents: _____

Tank Construction

Type of Tank: Single Wall Double Wall
Tank Material: Steel Fiberglass Other _____

Cathodic Protection: Yes No N/A

Release Detection: Yes No

Inventory Control	<input type="checkbox"/>	(Monthly testing)
Manual Tank Gauging	<input type="checkbox"/>	(Restricted use based on tank size)
Tank Tightness Testing	<input type="checkbox"/>	(Restricted use based on date of tank)
Automatic Tank Gauging	<input type="checkbox"/>	(Monthly testing)
Vapor Monitoring (TRACER)	<input type="checkbox"/>	(Monthly testing)
Groundwater Monitoring	<input type="checkbox"/>	(Monthly testing)
Interstitial Monitoring	<input type="checkbox"/>	(Monthly testing)
Other	_____	(Monthly testing)

Spill Prevention Equipment: Yes No

Overfill Prevention Equipment: Yes No

Product Lines

Type of Pipes: Single Wall Double Wall
Pressurized Pipe Suction Pipe
Pipe Material: Steel Fiberglass Other _____

Cathodic Protection: Yes No N/A

Release Detection: Yes No (Varies with pressurized or suction pipe)

Automatic Line Leak Detectors	<input type="checkbox"/>	(Continual monitoring, annual inspection)
Line Tightness Testing	<input type="checkbox"/>	(Annual testing)
Vapor Monitoring (TRACER)	<input type="checkbox"/>	(Monthly testing)
Groundwater Monitoring	<input type="checkbox"/>	(Monthly testing)
Interstitial Monitoring	<input type="checkbox"/>	(Monthly testing)
Other	_____	(Monthly testing)

Notes:

UST Program Manager: _____ Date _____