

| Gas Station Tanks Form | |
|---|--|
| Owner Name | <input type="text"/> |
| Station Address | <input type="text"/> |
| | City: <input type="text"/> State: <input type="text"/> Zip: <input type="text"/> |
| Tanks | How many tanks are located at the above address? <input type="text"/> |
| Nozzles | What is the maximum number of gasoline nozzles that may be used at this location? <input type="text"/> |
| Tank #1 | |
| Type of petroleum liquid | <input type="text"/> |
| Is your fuel storage | <input type="checkbox"/> Aboveground or <input type="checkbox"/> Underground |
| Do you have | <input type="checkbox"/> Splash fill <input type="checkbox"/> Submerged Fill |
| Do you have | <input type="checkbox"/> Phase I Vapor Recovery <input type="checkbox"/> Phase II Vapor Recovery |
| Provide the maximum gallons of throughput per year: | <input type="text"/> |
| Provide your tank capacity (Gallons) | <input type="text"/> |
| Is this tank | <input type="checkbox"/> Vertical or <input type="checkbox"/> Horizontal |
| Provide the year that this tank was installed | <input type="text"/> |
| Tank #2 | |
| Type of petroleum liquid | <input type="text"/> |
| Is your fuel storage | <input type="checkbox"/> Aboveground or <input type="checkbox"/> Underground |
| Do you have | <input type="checkbox"/> Splash fill <input type="checkbox"/> Submerged Fill |
| Do you have | <input type="checkbox"/> Phase I Vapor Recovery <input type="checkbox"/> Phase II Vapor Recovery |
| Provide the maximum gallons of throughput per year: | <input type="text"/> |
| Provide your tank capacity (Gallons) | <input type="text"/> |
| Is this tank | <input type="checkbox"/> Vertical or <input type="checkbox"/> Horizontal |
| Provide the year that this tank was installed | <input type="text"/> |

| Tank #3 | |
|---|--|
| Type of petroleum liquid | <input type="text"/> |
| Is your fuel storage | <input type="checkbox"/> Aboveground or <input type="checkbox"/> Underground |
| Do you have | <input type="checkbox"/> Splash fill <input type="checkbox"/> Submerged Fill |
| Do you have | <input type="checkbox"/> Phase I Vapor Recovery <input type="checkbox"/> Phase II Vapor Recovery |
| Provide the maximum gallons of throughput per year: | <input type="text"/> |
| Provide your tank capacity (Gallons) | <input type="text"/> |
| Is this tank | <input type="checkbox"/> Vertical or <input type="checkbox"/> Horizontal |
| Provide the year that this tank was installed | <input type="text"/> |

The above information is required for all tanks. You may attach additional forms should you have more than three tanks.

Signature: _____

Title:

Date: