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NWS EARLE
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UNDERGROUND STORAGE TANK CLOSURE PLAN NWS EARLE NJ
9/1/1992
ERM PROGRAM MANAGEMENT COMPANY

Underground Storage Tank Closure Plan

*Naval Weapons Station Earle
Colts Neck, New Jersey*

September 1992

ERM Program Management Company
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1	Underground Storage Tank Closure Plan Approval Application
2	Standard Reporting Form
3	UST Location Maps
4	UST Registration Questionnaire

1.0

INTRODUCTION

Pursuant to the New Jersey Department of Environmental Protection and Energy's (NJDEPE) recently promulgated Underground Storage Tank (UST) regulations, The United States Navy has contracted ERM Program Management Company (ERM) to prepare a Closure Plan Approval Application for 59 UST systems located at The Naval Weapons Station Earle (NWS Earle), Colts Neck, New Jersey.

This Closure Plan is organized in the following manner:

- Section 1 of this Closure Plan contains both site location and tank location maps, as well as a tabular summary of UST information;
- Section 2 of this Closure Plan consists of the Tank Decommissioning Plan, which describes the procedures proposed for excavation and removal of the underground storage tanks; and
- Section 3 of this Closure Plan consists of the Site Assessment Plan which will define, through observation and measurement, whether evidence of a release is present.

The completed Closure Plan Approval Application for all of the USTs is submitted as Attachment 1 to this Closure Plan; the Standard Reporting Form is included as Attachment 2 to this Closure Plan. Additionally, three copies of the UST Closure Implementation Schedule have been included as part of Attachment 2.

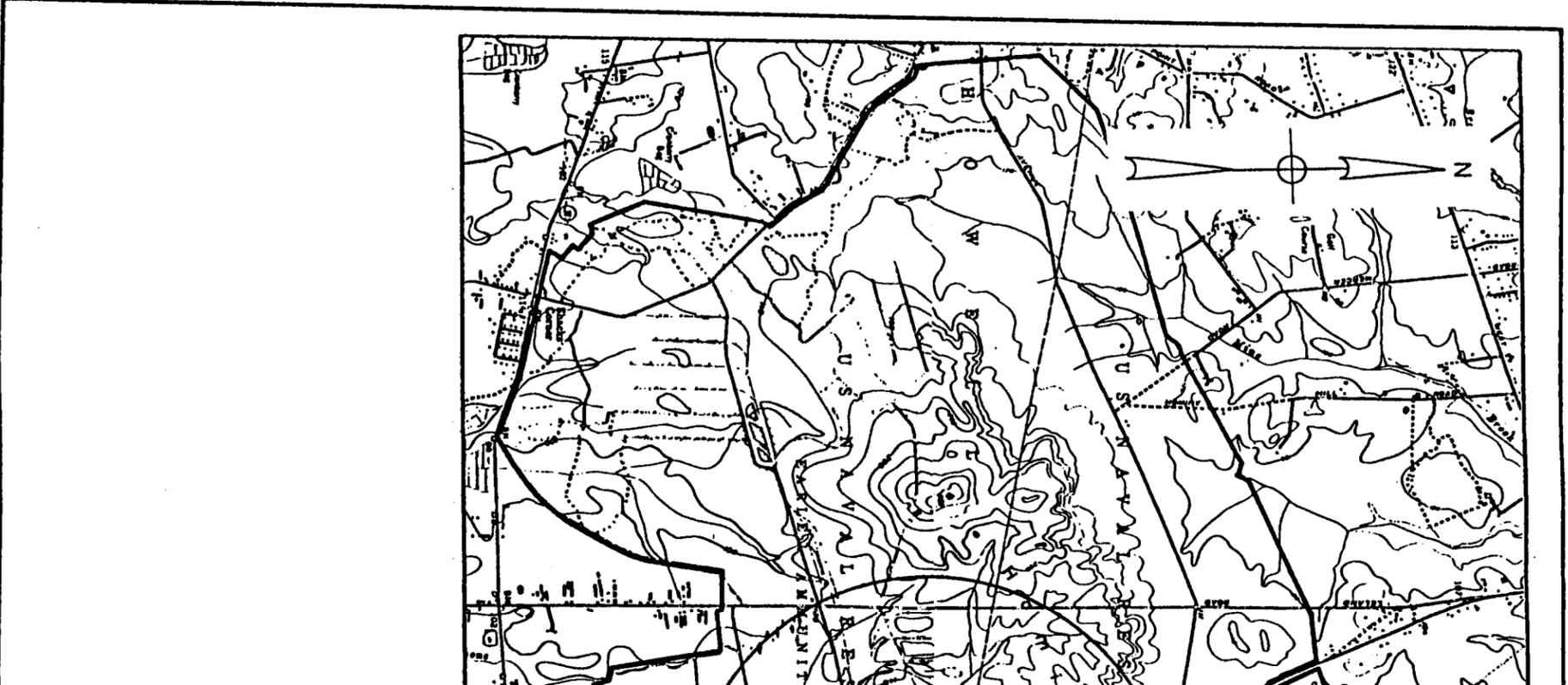
1.1

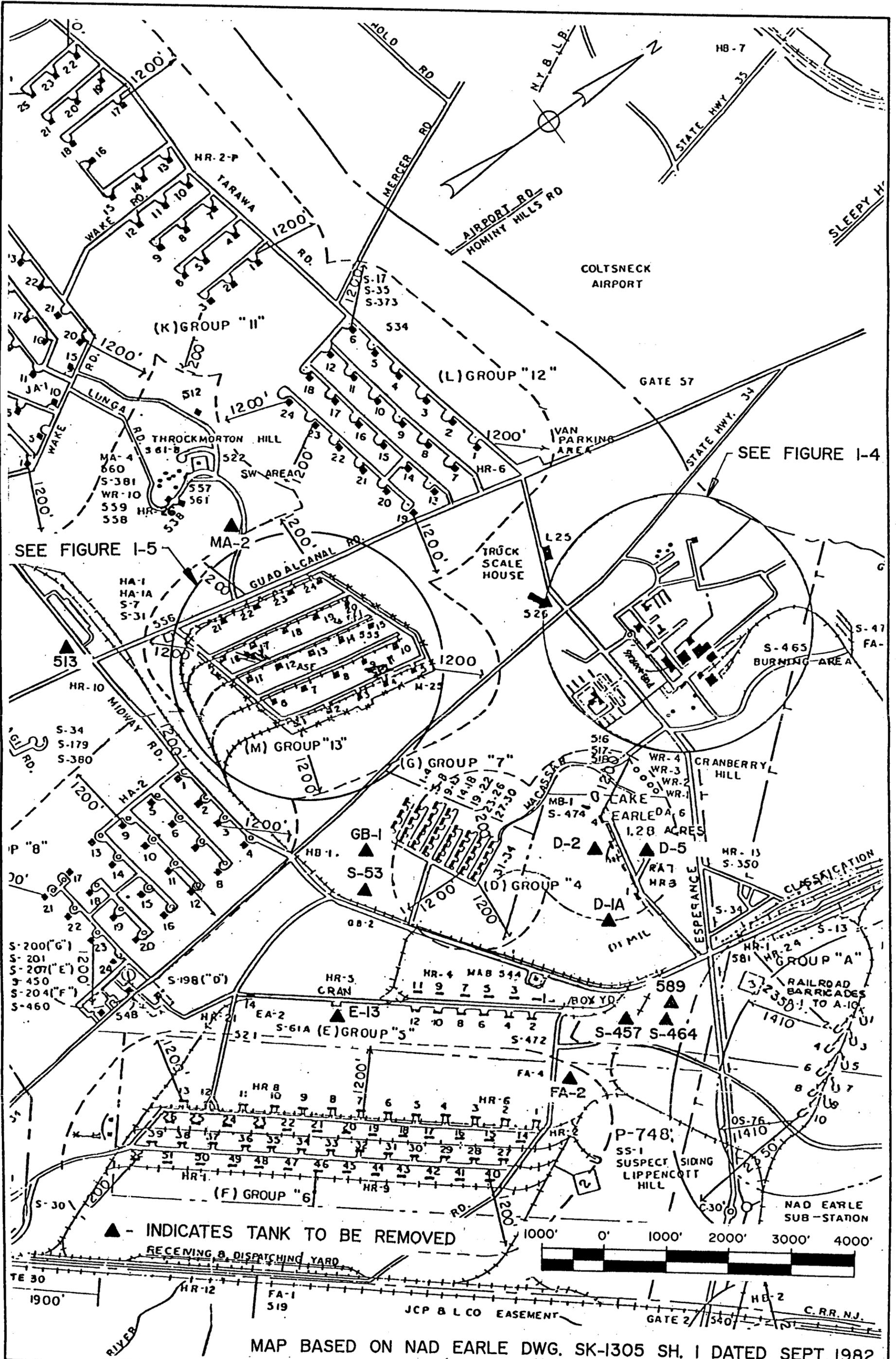
SITE LOCATION AND UST LOCATION INFORMATION

The NWS Earle comprises approximately nine square miles in area, and is located in east central New Jersey between the towns of Freehold and Tinton Falls, New Jersey (see Figure 1-1). New Jersey State Route 34 roughly bisects the NWS Earle facility in a northeast-southwest direction.

The tank systems designated for closure are located in several areas throughout the base and require several scaled maps to properly identify their locations:

- The Site Location Map (Figure 1-2) shows the main NWS Earle property, twelve (12) of the UST locations detailed in this closure plan, and two areas where greater detail is necessary to identify other UST locations. These areas are included as two separate and expanded maps (Figures 1-4 and 1-5).





MAP BASED ON NAD EARLE DWG. SK-1305 SH. 1 DATED SEPT. 1982

DRAWN	W.C.H.	SCALE	AS SHOWN
CHECKED		DATE	5-19-92
W.O. No.	PM4-24-03-01		

FIGURE I-2
SITE MAP
NWS EARLE



- The Waterfront Site Map (Figure 1-3) shows the the loading area of the base, which contains fourteen (14) of the USTs detailed in this Closure Plan.
- The Inland Area Site Map (Figure 1-4) shows the base's main housing and administrative buildings, and twenty-six (26) of the USTs detailed in this Closure Plan.
- The 'M' Group Site Map (Figure 1-5) shows the remaining seven (7) building/tank locations in high security weapons storage areas.

1.2

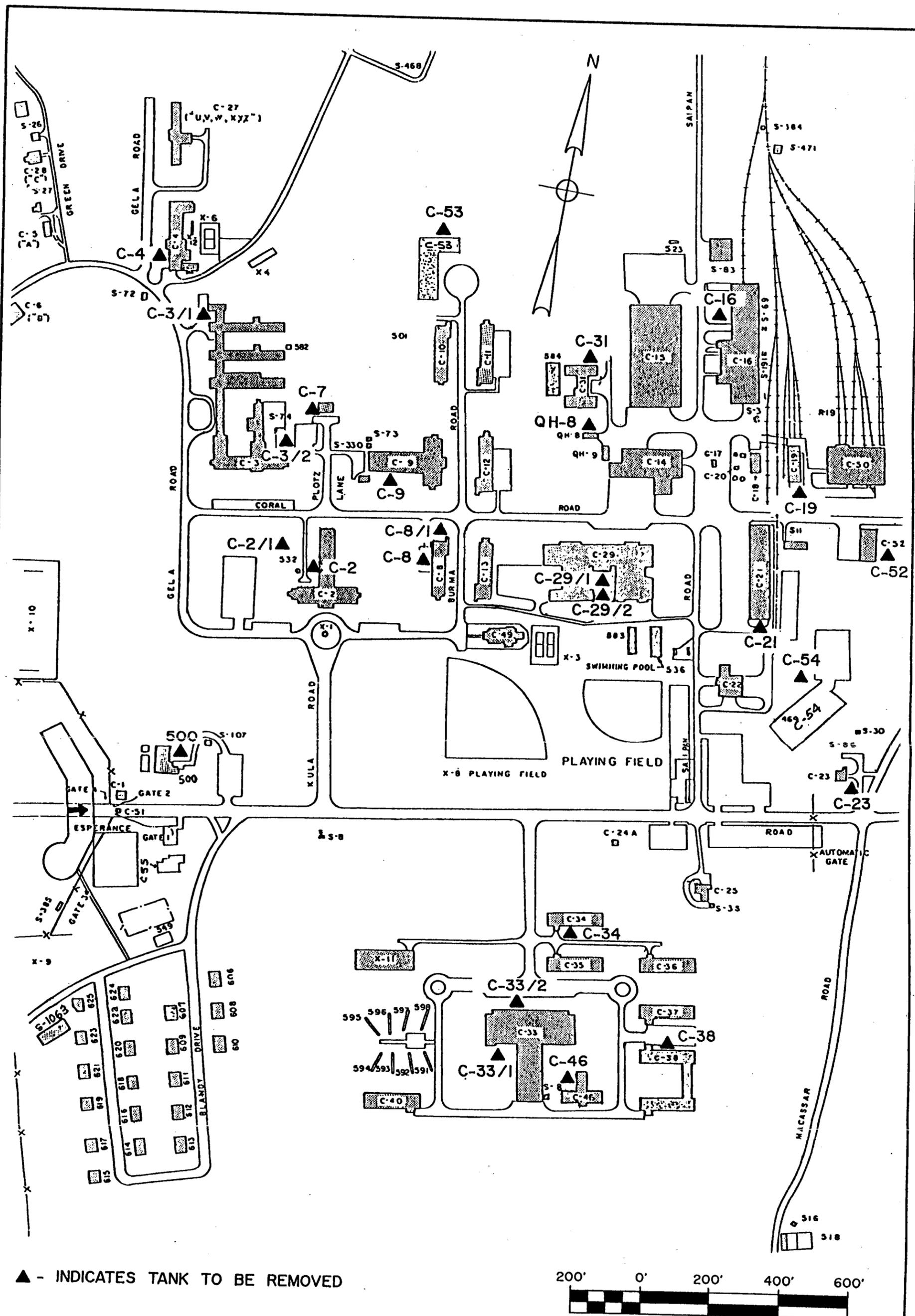
AREA-SPECIFIC UST LOCATION MAPS

Tank location maps, based on the interpretation of historical drawings and supplemental Ground Penetrating Radar (GPR) data gathered in April 1992 to confirm the precise orientation and location of the tanks and associated piping, are included in Attachment 3. These maps show the location of each UST and any piping associated with the tank in conjunction with the adjacent building serviced by each UST, and the corresponding building's identification number. These scaled maps also include undeterminable underground anomalies and other buildings and objects identified by the GPR surveys which were identified to facilitate the tank removal processes.

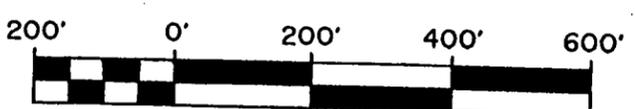
1.3

SUMMARY OF UST INFORMATION

The 59 tanks proposed for closure in this Plan are listed in Table 1-1 sequentially by year of proposed removal, then ordered alphabetically and numerically by building designation and tank number. Throughout this report, the tanks will be referred to by these designations. The USTs scheduled for closure include tanks that range in size from 225 to 15,000 gallons, and contain either No. 2 fuel oil or diesel fuel. The majority of the tanks are constructed of single-walled steel and range in age from one to thirty years. The data were transcribed from the most recent NJDEPE/ BUST Underground Storage Tank Registration Questionnaires maintained by the NWS Earle-Office of Public Works. These questionnaires may be directly referenced and are contained at the end of this report in Attachment 4.



▲ - INDICATES TANK TO BE REMOVED

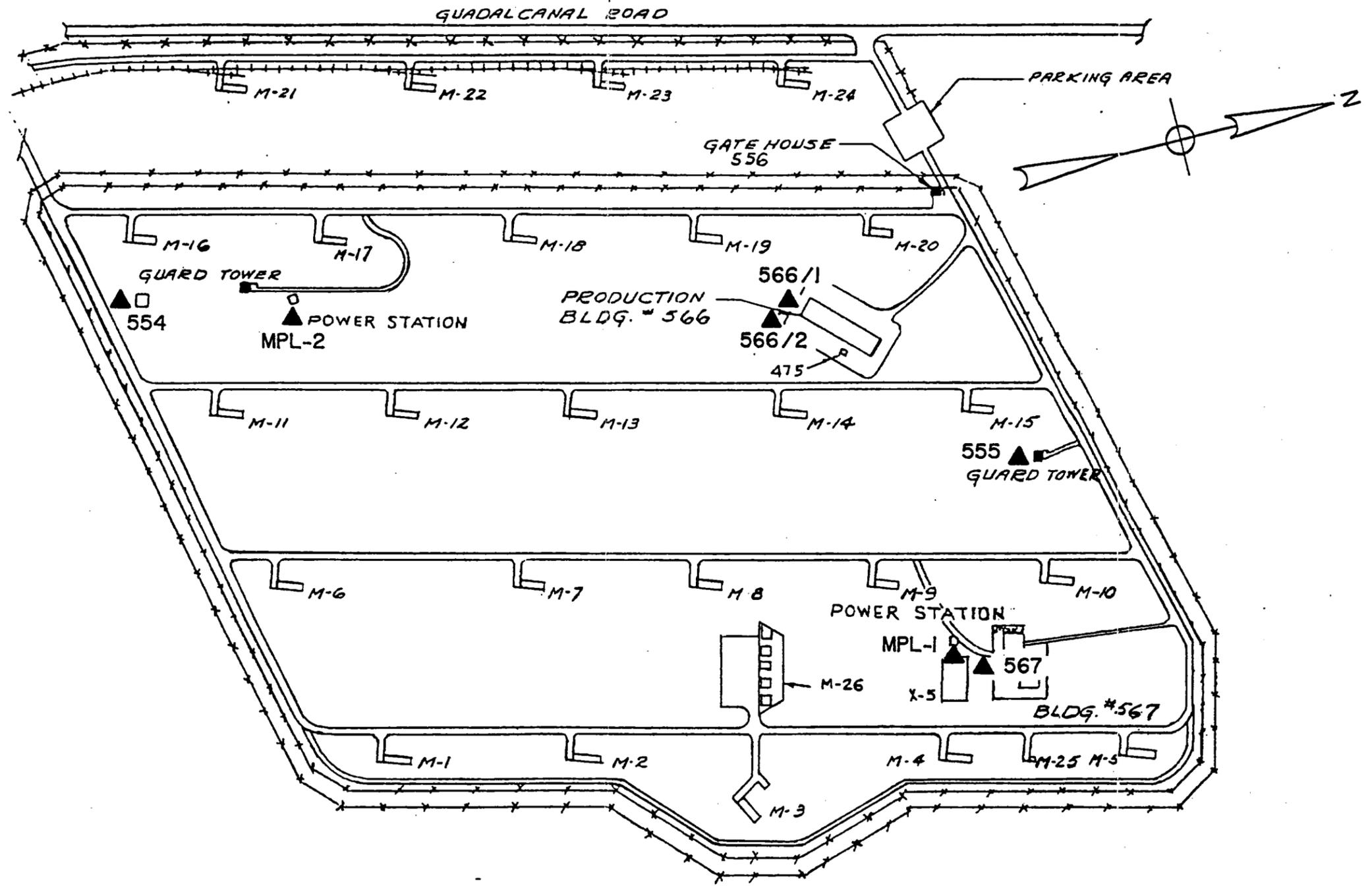


MAP BASED ON NAD EARLE DWG. SK-1305 SH. 2 DATED SEPT. 1982

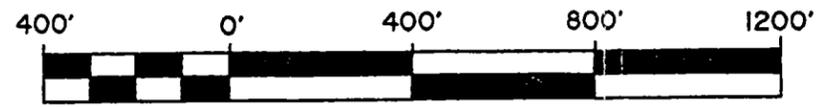
DRAWN	W.C.H.	SCALE	AS SHOWN
CHECKED		DATE	5-19-92
W.O. No.	PM4-24-03-01		

FIGURE I-4
INLAND AREA SITE MAP
NWS EARLE





▲ - INDICATES TANK TO BE REMOVED



MAP BASED ON NWS EARLE DWG. SK-1431-A-1 DATED - AS OF 1983

SCALE AS SHOWN

DATE 5-19-92

FIGURE I-5
"M" GROUP SITE MAP
NWS EARLE

DRAWN W.C.H.

CHECKED

W.O. No. PM4-24-03-01



TABLE 1-1
Naval Weapons Station Earle
Underground Storage Tank List
Colts Neck, New Jersey

Removal During Fiscal Year	UST Bldg./Tank No.	Age (yrs)	Size (gal.)	Tank Material of Construction	Tank ID #	Contents	Building/ UST Location On Site Figure No.	BUST Questionnaire Tank No.	UST Position Building Attachment Figure No.
1992	C7	18	1000	Coated Steel	0018	No. 2 Fuel Oil	1-4	14	3
1992	C8/02	28	5000	Coated Steel	C8/02	No. 2 Fuel Oil	1-4	20	5
1992	R9	37	9000	Coated Steel	R9/01	No. 2 Fuel Oil	1-3	9	25
1992	R11	27	5000	Coated Steel	R11/1	No. 2 Fuel Oil	1-3	9	27
1993	C2/01	Unknown	550	Coated Steel	C021	No. 2 Fuel Oil	1-4	1	1
1993	C4	27	5000	Coated Steel	C4/01	No. 2 Fuel Oil	1-4	20	2
1993	C8/01	04	550	Coated Steel	C081	No. 2 Fuel Oil	1-4	1	4
1993	C9	27	15000	Coated Steel	C9/01	No. 2 Fuel Oil	1-4	4	6
1993	C19	23	5000	Coated Steel	C19/1	No. 2 Fuel Oil	1-4	5	7
1993	C29/1	27	15000	Coated Steel	C29/1	No. 2 Fuel Oil	1-4	5	8
1993	C29/2	11	1500	Coated Steel	0012	No. 2 Fuel Oil	1-4	13	8
1993	C52	8	500	Coated Steel	C52/1	No. 2 Fuel Oil	1-4	10	9
1993	D1A	30	1000	Coated Steel	0054	No. 2 Fuel Oil	1-2	17	10
1993	D2	16	10000	Coated Steel	D2/01	No. 2 Fuel Oil	1-2	6	11
1993	D5	25	5000	Coated Steel	D5/01	No. 2 Fuel Oil	1-2	7	12
1993	E13	28	5000	Coated Steel	E13/1	No. 2 Fuel Oil	1-2	7	3
1993	FA2	30	1000	Coated Steel	0053	No. 2 Fuel Oil	1-2	17	14
1993	GB1	27	5000	Coated Steel	GB1/1	No. 2 Fuel Oil	1-2	7	15
1993	MA2	37	8350	Coated Steel	MA2/1	No. 2 Fuel Oil	1-2	7	16
1993	MPL-1	N/A	550	Coated Steel	MPL1	No. 2 Fuel Oil	1-5	2	17
1993	MPL-2	N/A	550	Coated Steel	MPL2	No. 2 Fuel Oil	1-5	2	18
1993	QH-8	18	750	Coated Steel	0040	No. 2 Fuel Oil	1-4	15	19

TABLE 1-1
Naval Weapons Station Earle
Underground Storage Tank List
Colts Neck, New Jersey

Removal During Fiscal Year	UST Bldg./Tank No.	Age (yrs)	Size (gal.)	Tank Material of Construction	Tank ID #	Contents	Building/ UST Location On Site Figure No.	BUST Questionnaire Tank No.	UST Position Building Attachment Figure No.
1993	R1	3	225	Coated Steel	R011	No. 2 Fuel Oil	1-3	19	20
1993	R2	23	5000	Coated Steel	R2/01	No. 2 Fuel Oil	1-3	8	21
1993	R3	23	5000	Coated Steel	R3/01	No. 2 Fuel Oil	1-3	8	22
1993	R4A	23	5000	Coated Steel	R4A/1	No. 2 Fuel Oil	1-3	9	23
1993	R5	33	1000	Coated Steel	0001	No. 2 Fuel Oil	1-3	12	24
1993	R10	28	5000	Coated Steel	R10/1	No. 2 Fuel Oil	1-3	9	26
1993	R12	30	2000	Coated Steel	0002	No. 2 Fuel Oil	1-3	12	28
1993	S-53	33	750	Coated Steel	40	No. 2 Fuel Oil	1-2	12	29
1993	S464	12	5000	Coated Steel	5464	No. 2 Fuel Oil	1-2	8	30
1993	S-457	20	1000	Coated Steel	0045	No. 2 Fuel Oil	1-2	16	31
1993	513	33	2000	Coated Steel	0050	No. 2 Fuel Oil	1-2	17	32
1993	554/1	N/A	500	Coated Steel	5541	Diesel Fuel	1-5	1	33
1993	555/1	N/A	550	Coated Steel	5551	No. 2 Fuel Oil	1-5	1	34
1993	566/1	09	6000	Coated Steel	5661	No. 2 Fuel Oil	1-5	2	35
1993	566/2	12	4000	Coated Steel	566	No. 2 Fuel Oil	1-5	8	36
1993	567/1	9	2000	Coated Steel	5671	No. 2 Fuel Oil	1-5	2	37
1993	589	12	15000	Coated Steel	589/1	No. 2 Fuel Oil	1-2	10	38
1993	C2	N/A	5000	Coated Steel	C2/01	No. 2 Fuel Oil	1-4	20	39
1993	C34	23	1000	N/A	0052	No. 2 Fuel Oil	1-4	17	45
1994	C3/1	N/A	10000	Coated Steel	C3/1	No. 2 Fuel Oil	1-4	20	40
1994	C3/2	N/A	10000	Coated Steel	C3/2	No. 2 Fuel Oil	1-4	20	41
1994	C16	27	15000	Coated Steel	C16/1	No. 2 Fuel Oil	1-4	5	42
1994	C21	15	2000	Coated Steel	0019	No. 2 Fuel Oil	1-4	14	43
1994	C31	25	15000	Coated Steel	C31/1	No. 2 Fuel Oil	1-4	5	44
1994	500	23	10000	N/A	500	No. 2 Fuel Oil	1-4	8	46

TABLE 1-1
Naval Weapons Station Earle
Underground Storage Tank List
Colts Neck, New Jersey

Removal During Fiscal Year	UST Bldg./Tank No.	Age (yrs)	Size (gal.)	Tank Material of Construction	Tank ID #	Contents	Building/ UST Location On Site Figure No.	BUST Questionnaire Tank No.	UST Position Building Attachment Figure No.
1994	C23	15	1000	Coated Steel	0010	No. 2 Fuel Oil	1-4	13	47
1994	C33/1	18	550	Coated Steel	0051	No. 2 Fuel Oil	1-4	17	48
1994	C33/2	25	1000	Coated Steel	0055	No. 2 Fuel Oil	1-4	18	49
1994	C46	15	3000	Coated Steel	C46/1	No. 2 Fuel Oil	1-4	6	51
1994	C54	N/A	6000	Coated Steel	C54/1	No. 2 Fuel Oil	1-4	3	N/A
1994	R4B	14	5000	Coated Steel	R4B/1	No. 2 Fuel Oil	1-3	9	53
1994	R22	N/A	15000	Coated Steel	R22/1	No. 2 Fuel Oil	1-3	3	54
1995	C38	18	5000	Coated Steel	C38/1	No. 2 Fuel Oil	1-4	6	50
1995	C53	N/A	3000	Coated Steel	C53/1	No. 2 Fuel Oil	1-4	3	52
1995	R15/1	12	3000	Coated Steel	R15/1	No. 2 Fuel Oil	1-3	10	N/A
1995	R15/2	12	3000	Coated Steel	R15/2	No. 2 Fuel Oil	1-3	10	N/A
1995	R23	1	2000	Fiberglass Reinforced Plastic	R23/1	No. 2 Fuel Oil	1-3	11	55

2.0

UNDERGROUND STORAGE TANK DECOMMISSIONING PLAN

The following sections present the procedures to be used in decommissioning the USTs detailed in Table 1-1 of this Closure Plan.

2.1

NOTIFICATION AND PERMITTING

The requisite Underground Storage Tank Closure Plan Approval Applications (CPAA) and Standard Reporting Forms (SRFs) for each tank are submitted as Attachments 1 and 2 of this Closure Plan, respectively. Both of these forms contain general information on the facility, and the nature of the work to be done. The SRF requires that an agenda be included in the form of a weekly schedule after the NJDEPE approves the UST Closure Plan. It should be noted the UST Closure Plan Implementation Schedule is presented in triplicate (for NJDEPE use) as part of the SRF. In addition, a review fee of \$170 for each of the 59 excavations has been included along with the CPAA for a total in the amount of \$10,030.00.

Per the proposed regulations in N.J.A.C. 7:26E-7.1, the NWS Earle construction official and NWS Earle Fire and Safety Departments will be notified prior to implementation of this plan. Finally, all appropriate local permits will be obtained during the two weeks before the start of excavation (see Attachment 2 - Implementation Schedule).

These permits include:

- An excavation permit obtained from the NWS Department of Public Works, and
- A Hot Work permit (for the use of a cutting torch when gaining access to a tank) obtained from the NWS Earle Fire Inspector.

2.2

SCOPE OF WORK

The USTs and associated piping will be excavated, removed and disposed of in accordance with the New Jersey Uniform Construction Code, N.J.A.C. 5:23 and the American Petroleum Institute Bulletin No. 1604 "Recommended Practice for Abandonment and Removal of Used Underground Storage Tanks". Recently collected GPR geophysical data indicate the presence of several unidentifiable subsurface anomalies that apparently run in the vicinity of the USTs. Based on the anomalies'

physical headings and positions, the lines appear to be either electrical or water conduits. Caution will be used during excavation in these areas in order to minimize the risk of disturbing these conduits, or from disturbance of the UST and associated piping which could potentially impact subsurface conditions.

2.2.1 *Removal of Cover*

At each UST location, any existing cover material overlying the USTs will be removed to expose the tanks and associated piping. Excavated material (i.e., soil or asphalt) will be temporarily placed on 10 mil plastic sheeting and securely covered, or in covered roll-off transport containers pending material classification for either re-use as backfill or for off-site disposal. Proper erosion and sedimentation control measures and security will be established surrounding the staging areas. If any concrete is removed incidental to the UST excavations that is visibly stained, this material will be separated from non-stained materials and contained utilizing one of the methods described above.

2.2.2 *Vapor Purging*

The tanks will be monitored with an explosimeter for potentially combustible vapors prior to cleaning and removal. If combustible vapors are detected at levels above 10 percent of the Lower Explosive Limit (LEL), combustible or explosive vapors will be removed from the tanks by displacement with inert gas (e.g. nitrogen, argon or dry ice). Appropriate safety precautions will be implemented during the evacuation of combustible vapors from the tanks to minimize any potential for combustion or explosion. Precautions shall include the venting of gases at a minimum height of 12 feet above grade and 3 feet above any adjacent structure's roof line. The vapor displacement procedure will be repeated for each tank that exhibits the presence of combustible vapors at a concentration exceeding 10 percent of the LEL. Readings of less than 10 percent of the LEL will be obtained before the tanks are considered safe for removal or abandonment without vapor purging. All LEL readings and instrument calibration data will be recorded in bound field books with associated information concerning the physical conditions observed at each location.

2.2.3 *Pipe Cleaning and Disposal of Residuals*

The product and/or return piping associated with all of the tanks will be disconnected and drained into the UST by force of gravity or flushing with pressurized steam/water. The piping associated with the USTs will be disconnected and removed from the tanks. Any residual liquid generated

during pipe flushing/drainage activities will be pumped out of the tanks by a properly licensed hauler using a vacuum truck. The truck will be located upwind of the tank area, and outside the path of probable vapor travel. The vacuum pump exhaust gases will be discharged through a hose of adequate size and length to a safe location located downwind of the truck location and tank area.

2.2.4 *Tank Entry, Cleaning, and Disposal of Residuals*

The tanks will be entered and cleaned after sufficient venting has resulted in LEL levels of less than 10 percent. All detection meters will be routinely calibrated and maintained in accordance with the manufacturers' instructions. In addition, oxygen (O₂) levels between 19.5 and 21.0 percent must be present within the tanks prior to entry. In order to confirm O₂ concentrations, an O₂ meter shall be used to monitor the tank atmosphere. USTs with manways will be accessed directly, while tanks which do not have manways will have an entryway cut into the top of tank. This will be completed after acceptable LEL readings have been achieved and any explosive hazard has been minimized to within acceptable levels.

Following entry, the inside of each tank will be cleaned using a detergent wash which will remove sludge or scale residues. The volume of rinse water will be minimized by use of a high-pressure, low volume water sprayer, or hand cleaning methods. The residual liquids will be removed with a vacuum truck, and transported by a properly licensed hauler to a NJDEPE-approved and properly licensed disposal facility.

2.2.5 *UST Removal and Disposal*

Following cleaning and removal of all residual liquids from the USTs, soil will be removed from around the sides and ends of the tanks using the appropriate excavation equipment, and the tanks will be physically removed from the excavations. The tanks will either be directly placed and secured onto a flatbed truck trailer, or staged securely on plastic sheeting on the ground surface pending removal from the facility. The tanks will be visually inspected for any signs of leakage. Before transport from the site, the tanks will be labelled with information regarding the former contents, size, vapor state, and a warning against re-use. In addition, the tanks will be rendered non-usable by punching or cutting holes through their exterior. Following these procedures, the majority of tanks will be transported from the site to a scrap metal recycling company, where a receipt of sale will be obtained for the closure records. The fiberglass tank will be properly disposed of as industrial debris at a

properly licensed landfill, and a bill of receipt will also be retained for the closure records.

2.2.6 *Excavation and Classification of Affected Soils*

Visibly stained/contaminated soils will be removed from the UST excavations, segregated from non-stained soil into separate piles, and properly secured. Excavated soil will also be screened for the presence of contamination with an organic vapor analyzer (OVA) to provide an additional criterion for segregation. All excavated soil shall be placed onto impermeable 10 mil plastic sheeting in a designated stockpile area near the excavation cavity. The stockpiled soil will be securely covered with the plastic sheeting to prevent erosion and runoff. A berm shall also be established around the base of the soil piles to further minimize the potential for sediment runoff. Safety barricades will be constructed and maintained around both the excavation and any stockpiled soils.

Post-excavation soil samples will be collected from the base of the UST excavation and along the associated piping runs (as required), in order to characterize soil quality (see Section 3.1). Until the analytical results are available, the excavations will be secured and either remain open (if contamination is not suspected to be present), or have plastic sheeting placed into the open excavation and covered to grade with clean backfill. Based on a review of the laboratory analytical results, additional excavation work may be required around the peripheries of the excavation to remove any residual affected soils.

2.2.7 *Management of Affected Soils*

In the case where excavated soils contain evidence of contamination, total petroleum hydrocarbons (TPHC) and other specific analytical testing will be performed through an NJDEPE-certified laboratory to determine whether the excavated soil should be considered hazardous or non-hazardous. For the volatile organic compound (VOC) characterization analyses, one composite soil sample will be taken for every 100 cubic yards of excavated soil; for all other analyses, one sample will be taken every 20 cubic yards of excavated soil. Soil sample results will be compared to NJDEPE limits for TPHC content and RCRA listed constituents, and the materials will be classified as either hazardous or non-hazardous for disposal. If the soil comes up "clean", then it will be used in backfilling the tank excavation. However, if TPHC or VOC analyses exceed the NJDEPE or RCRA hazardous ratings, then the soil will be classified as hazardous and will be disposed of off-site.

2.2.8 *Transport and Disposal of Affected Soils*

Any affected soils will be appropriately characterized, manifested, and transported from the site as hazardous or non-hazardous material, as appropriate. The soil will be transported by a properly licensed hauler, and will be disposed of at a NJDEPE-approved and licensed Transportation Storage Disposal (TSD) facility. The affected soils will be removed from the site as soon as practicable following the completion of tank closure operations, and within any applicable federal or state requirements (e.g., RCRA 90-day rule).

2.2.9 *Backfilling and Site Restoration*

The UST excavations will be backfilled to the existing grade following the removal of visibly stained soil, if any, and the collection of post-excavation soil samples (see Section 3.1). If any groundwater is encountered at the base of the excavations, crushed stone will be used to backfill to the top of the groundwater surface. Any clean soil removed from the excavation (as determined by the soils classification) will be placed back into the excavation. Certified clean fill, similar in texture and grain size to the surrounding native soil, will be used to bring the backfill level to grade. The backfill material will be placed into the excavation and compacted using the appropriate specified lift thicknesses (dependent upon material type and grain size distribution) until the excavation is level with the existing ground surface.

A certification statement will be obtained from the fill supplier describing the type, amount, and source of the certified clean fill material. All bills of lading will be retained for documentation purposes.

2.3 *GENERAL CLOSURE CONSIDERATIONS*

2.3.1 *Health and Safety*

A Health and Safety Plan for all closure activities will be generated in accordance with current OSHA requirements (40 CFR 1910.120). The plan will be reviewed by all personnel and will provide for the protection of on-site personnel involved in all facets of the UST decommissioning activities described in this Closure Plan. Daily safety briefings will be conducted with all personnel involved in the closure activities by the designated Health and Safety Officer.

2.3.2

Regulatory Requirements

All Federal, state, and local laws, ordinances, rules, and regulations that in any manner affect the UST decommissioning activities herein described will be adhered to during the implementation of this plan.

All required local and municipal permits, licenses, and certificates necessary to complete the UST decommissioning activities herein described will be obtained prior to the implementation of the activities described in this Closure Plan. These permits have been outlined previously in Section 2.1 of this Closure Plan.

The tank decommissioning activities will be conducted in conformance with the latest edition of the following guidance documents:

- National Fire Protection Association Publication 327 "Cleaning or Safeguarding Small Tanks or Containers";
- American Petroleum Institute Publication 1604 "Recommended Practice for the Abandonment or Removal of Used Underground Tanks";
- American Petroleum Institute Publication 2015A "A Guide for Controlling Hazards Associated With Tank Entry and Cleaning";
- National Institute for Occupational Safety and Health, "Working in Confined Space"; and
- National Electrical Code.

In the event that any of the codified provisions contained in the above references conflict with one another, or with the provisions of this Closure Plan, the most restrictive of the conflicting provisions will be observed.

2.3.3

Manifests

Manifests and/or bills of lading attesting to transport and receipt of all hazardous and non-hazardous material, including excavated soils, residual liquids, contaminated soils, scrap metals and concrete, and all other material which are transported off-site, will be retained and included as an Appendix to the Closure Plan Implementation Summary Report. Material shall be disposed of only by properly licensed TSD facilities which the United States Navy has specifically approved, and which are consistent with the applicable NJDEPE guidelines for waste disposal.

2.3.4

Release Notification

Should any evidence of a release from any UST system be observed, the NJDEPE Environmental Action Hot-Line (609) 292-7172 will be notified immediately.

3.0

SITE ASSESSMENT PLAN

A site assessment will be performed in order to evaluate whether evidence of contamination is present in the UST excavation or in the soils adjacent to piping runs. During excavation activities, both field observations and various screening methods will be employed and recorded to monitor soil and air quality, as stipulated in the proposed NJDEPE Regulations 7:26E-2.2 and 7:26E-6.4.

3.1

PROPOSED POST-EXCAVATION SAMPLING

As noted in Section 1.2, this Closure Plan contains a detailed Tank Location Map for each UST location (See Attachment 3). These maps show the UST locations and dimensions, as determined from the GPR geophysical data and historical maps. Based on the size and orientation of each tank, ERM has estimated the dimensions of each proposed excavation by adding 3 feet (an average width of a backhoe bucket) to each tank dimension. Based on these excavation dimensions, an estimated total of 404 post-excavation soil samples will be collected from the excavations and submitted to a NJDEPE-certified Tier II laboratory for analysis. All of the tanks require soil sampling. Table 3-1 summarizes the proposed samples, analyses, and methods to be used.

In some cases, there was insufficient geophysical data to detect piping or to delineate the dimensions of the tank. If the tank dimensions could not be accurately defined, the number of post-excavation samples were interpolated between a larger and smaller volume tank. In the event pipes were not detected during the GPR data review, the corresponding number of samples was not determined at this time. However, when the pipes are uncovered during tank excavation, the length of piping will dictate the degree of sampling required in accordance with the proposed regulations N.J.A.C.7:26E-3.9(5). All samples contained in Table 3-1 will be taken and analyzed by the method listed. In the case that evidence of a release is observed, additional soil and groundwater sampling may be required and will be addressed concurrently with notification procedures.

3.1.1

Sampling and Decontamination Procedures

Any sampling heretofore mentioned in this document (Sections 2.2.6, 2.2.7, 3.1) will be conducted under the sampling protocols established in the NJDEPE Guidance Document Remedial Investigation Guide, New Jersey Department of Environmental Protection Division of Hazardous Waste

**Table 3-1
Sampling And Analytical Requirements
Naval Weapons Station Earle
Colts Neck, New Jersey**

UST System	Size (gal.)	Last Known Contents	Sampling and Analytical Requirements		
			Number of Pipe Samples	No. of Post Excavation Samples	Soil Analytes
R2	5000	No. 2 Fuel Oil	4	5	TPHC*
R3	5000	No. 2 Fuel Oil	2	5	TPHC*
R4A	5000	No. 2 Fuel Oil	1	5	TPHC*
R5	1000	No. 2 Fuel Oil	1	5	TPHC*
R9	9000	No. 2 Fuel Oil	None Planned	5	TPHC*
R10	5000	No. 2 Fuel Oil	1	5	TPHC*
R11	5000	No. 2 Fuel Oil	1	5	TPHC*
R12	2000	No. 2 Fuel Oil	1	5	TPHC*
R15/1**	3000	No. 2 Fuel Oil	2	5	TPHC*
R15/2**	3000	No. 2 Fuel Oil	2	5	TPHC*
S-53	750	No. 2 Fuel Oil	2	5	TPHC*
S464	5000	No. 2 Fuel Oil	None Planned	5	TPHC*
S-457	1000	No. 2 Fuel Oil	None Planned	5	TPHC*
513	2000	No. 2 Fuel Oil	2	5	TPHC*
554/1	500	Diesel Fuel	None Planned	5	TPHC*
555/1	550	No. 2 Fuel Oil	1	5	TPHC*
566/1 & 2	6000 & 4000	No. 2 Fuel Oil	4	8	TPHC*
567/1	2000	No. 2 Fuel Oil	4	5	THPC*
589	15000	No. 2 Fuel Oil	1	5	TPHC*
C2	5000	No. 2 Fuel Oil	1	5	TPHC*

* Total Petroleum Hydrocarbon analysis of soil using EPA Method 418, modified for soils. VO+10 analysis required if TPHC level in soil exceeds 1000ppm.

** Frequency of samples interpolated from tank volumes.

Table 3-1
Sampling And Analytical Requirements
Naval Weapons Station Earle
Colts Neck, New Jersey

UST System	Size (gal.)	Last Known Contents	Sampling and Analytical Requirements		
			Number of Pipe Samples	No. of Post Excavation Samples	Soil Analytes
C3/1	10000	No. 2 Fuel Oil	2	7	TPHC*
C3/2	10000	No. 2 Fuel Oil	4	7	TPHC*
C16	15000	No. 2 Fuel Oil	4	7	TPHC*
C21	2000	No. 2 Fuel Oil	2	5	TPHC*
C31	15000	No. 2 Fuel Oil	5	7	TPHC*
C34	1000	No. 2 Fuel Oil	None Planned	5	TPHC*
500	10000	No. 2 Fuel Oil	2	7	TPHC*
C23	1000	No. 2 Fuel Oil	None Planned	5	TPHC*
C33/1	550	No. 2 Fuel Oil	4	5	TPHC*
C33/2	1000	No. 2 Fuel Oil	None Planned	5	TPHC*
C38	5000	No. 2 Fuel Oil	2	5	TPHC*
C46	3000	No. 2 Fuel Oil	None Planned	5	TPHC*
C53	3000	No. 2 Fuel Oil	2	5	TPHC*
C54**	6000	No. 2 Fuel Oil	None Planned	7	TPHC*
R4B	5000	No. 2 Fuel Oil	None Planned	5	TPHC*
R22	15000	No. 2 Fuel Oil	None Planned	7	TPHC*
R23	2000	No. 2 Fuel Oil	None Planned	5	TPHC*

* Total Petroleum Hydrocarbon analysis of soil using EPA Method 418, modified for soils.

VO+10 analysis required if TPHC level in soil exceeds 1000ppm.

** Frequency of samples interpolated from tank volumes

assessment, and to obtain regulatory approval that the Closure Plan has been properly implemented. This report will include a narrative of all UST closure activities, a site map identifying the location of all post-excavation soil samples, and all supporting laboratory analytical results including a summary in tabular form and complete Tier II data packages.

Attachment 1

*Underground Storage Tank Closure Plan
Approval Application*

FOR STATE USE ONLY

UST # _____
Date Rec'd _____
CA # _____
Staff _____

STATE OF NEW JERSEY
DEPARTMENT OF ENVIRONMENTAL PROTECTION

DIVISION OF WATER RESOURCES
BUREAU OF UNDERGROUND STORAGE TANKS
TANK MANAGEMENT SECTION

CN 029, 401 EAST STATE STREET
TRENTON, N.J. 08625-0029

UNDERGROUND STORAGE TANK CLOSURE PLAN
APPROVAL APPLICATION

*Under the provisions of the Underground Storage
of Hazardous Substances Act
in accordance with N.J.A.C. 7:14B-9 et seq.*

This application form shall be used by all applicants who plan to close Underground Storage Tank Systems pursuant to N.J.A.C. 7:14B-9 et seq.

INSTRUCTIONS:

- *Before completing application form please refer to the attached Application Instruction Sheet.*
- *Please print legibly or type.*
- *Fill in all appropriate blanks. This application form requires that additional sheets be attached for some of the information requested. You may call the Bureau of Underground Storage Tanks/Tank Management Section (609/984-3156) for assistance.*
- *Return one original of this form (including all attachments required) and a copy of the complete Standard Reporting Form (SRF) to the address above. You must sign all forms as required and attach a check for the proper fee (see the fee schedule on Page 3). Make check payable to the Treasurer, State of New Jersey.*
- *If the subject facility is not registered the Closure Plan will not be approved.*
- *Please Note: Make sure that all required information on the Standard Reporting Form (SRF) is submitted. The SRF and this Closure Plan Application must be submitted together.*

Date of Application _____

FACILITY REGISTRATION #

UST-0151003

I. FACILITY NAME AND ADDRESS

Naval Weapons Station Earle

Colts Neck, New Jersey 07722

Telephone No. (908) 577-2515

II. THIS CLOSURE PLAN IS FOR:

A. Substance stored in subject tank(s):

1. Petroleum Products

Indicate Type of Product: See Table 1-1 for Summary of Tank-Specific contents and
(Write out product name; e.g.) _____ capaci

- a. Gasoline, Jet Fuel, or Kerosene
- b. Heating Oil (#2, 4, 6), or Diesel
- c. Waste Oil (Please indicate total storage capacity of waste oil
at the facility (including the tank(s) being closed)) _____ gals.

2. Hazardous Substances other than Petroleum Products (Describe)

Indicate Type of Product: N/A
(Write out product name; add sheet if necessary.)

B. Type of Activity: (Circle one)

1. Abandonment of Tank(s)

Attach the closure plan for abandonment, as required by N.J.A.C. 7:14B-9.2(b) or 9.3(b), which must contain the following items:

- a. Implementation schedule (3 copies per N.J.A.C. 7:14B-9.2(a)3)
- b. Site assessment plan
- c. Tank decommissioning plan
- d. A site map
- e. Attach all justification for abandonment-in-place as required by N.J.A.C. 7:14-9.1(d). Attach the certification statement (on the back page) for abandonment-in-place, if applicable.

2. Removal of Tank(s)

Attach the closure plan for removal as required by N.J.A.C. 7:14B-9.2(b) or 9.3(b). The following items must be included:

- a. Implementation schedule (3 copies)
- b. Site assessment plan
- c. Tank decommissioning plan
- d. A site map

3. Temporary Closure

Indicate which situation applies and attach appropriate documentation.

- a. Temporary closure for 12 months or less is subject to requirements of N.J.A.C. 7:14B-9.1(a).
- b. Requesting an extension of temporary closure for more than 12 months per N.J.A.C. 7:14B-9.1(b) must perform site assessment and submit results.

4. Change in Service

Attach documentation that the tank system being changed from the storage of a regulated to a non-regulated substance has been emptied and cleaned and that a site assessment has been performed, as required by N.J.A.C. 7:14B-9.1(e).

III. FEE SCHEDULE

Check the activities below that apply, calculate the Total Fee and submit that amount with this application. Make checks payable to Treasurer, State of New Jersey. Public schools and religious and charitable institutions are exempt from the fees. The owner or operator shall submit a separate fee for each excavation where an activity occurs.

- A. Activities Which Require a Site Assessment X \$ 170
 - 1. Removal or Abandonment without exemption to site assessment requirement
 - 2. Change in service from a regulated substance to a non-regulated substance
 - 3. Extension of period of Temporary Closure
- B. Activities Not Requiring a Site Assessment \$ 80.00
 - 1. Removal or abandonment with valid exemption
- C. Additional Activities
 - 1. Change in service from one regulated substance to another regulated substance NO FEE

APPLICATION REVIEW FEE ^{\$9860} (activities in A, B, C) + \$ 50.00

TOTAL FEE DUE **\$ 9910**

IV. THE BUREAU OF UNDERGROUND STORAGE TANKS WILL REVIEW THE CLOSURE PLAN FOR COMPLETENESS AND APPROPRIATENESS AS SPECIFIED IN SUBCHAPTER 9 OF THE UST REGULATIONS. PLAN APPROVAL WILL INDICATE THAT THE OWNER OR OPERATOR MAY PROCEED WITH THE CLOSURE. FINAL APPROVAL OF THE CLOSURE IS NOT IMPLIED. ALL APPROPRIATE AND APPLICABLE PERMITS, LICENSES AND CERTIFICATES REQUIRED FOR ANY OF THE ABOVE ACTIVITIES FROM ANY LOCAL, STATE AND/OR FEDERAL AGENCIES MUST BE OBTAINED SEPARATELY FROM THIS APPLICATION.

THE SITE ASSESSMENT SAMPLING AND ANALYTICAL REQUIREMENTS WILL BE SENT WITH THE APPROVAL TO PROCEED.

NOTE: Notice of Approval to Proceed or Disapproval will be mailed to the facility address unless some other address is specified here.

Byron Nickerson/ERM, Inc.
855 Springdale Drive
Exton, PA. 19341

SIGNATURE OF CONTACT PERSON

This application form must be signed by a contact person of the owner or operator of the subject facility. The contact person should have overall knowledge of tank decommissioning procedures and the site assessment requirements applicable to the tank closure which is the subject of this application.

NAME (Print or Type) John Pawlis SIGNATURE _____
TITLE Environmental Engineer DATE _____
Office of Public Works
NWS Earle

Attachment 2

Standard Reporting Form



State of New Jersey
DEPARTMENT OF ENVIRONMENTAL PROTECTION
DIVISION OF WATER RESOURCES

CN 029
Trenton, N.J. 08625-0029

ATTN: BUST Program
(609) 984-3156

For State Use Only

Date Rec'd. _____
Auth. _____
Routing _____
UST NO. _____

STANDARD REPORTING FORM
for reporting activities at an UST facility:

- | | |
|---|---|
| <input type="checkbox"/> General Facility Information Changes | <input type="checkbox"/> Sale or Transfer |
| <input type="checkbox"/> Closure (Abandonment or Removal) | <input type="checkbox"/> Substantial Modification |
| <input type="checkbox"/> Temporary Closure | <input type="checkbox"/> Financial Responsibility |
| <input type="checkbox"/> Change in Service | <input type="checkbox"/> Address Change Only |

Check ONLY One Type of Activity - Complete Form For That Activity

(More than one tank can be listed per activity)

*** NOTE *** ALL NEW tank installations at existing registered facilities must submit a Registration Questionnaire for the new tanks.

Answer questions 1 through 5 and others as applicable.

- Company name and address (as it appears on registration questionnaire): Naval Weapons Station Earle
Colts Neck, New Jersey 07722
- Facility name and location (if different from above): _____
- Contact person for this activity: John Pawlis-Environmental Engineer
Telephone Number: (908) 577-2515
- The identification number of the affected tank as it appears in Question Number 12 on the Registration Questionnaire: Refer to Closure Plan Table 1-1, Section 1.3
- Registration Number (if known): UST - 0151003
- For GENERAL FACILITY INFORMATION changes (address, telephone, contact person, etc. - supply NEW information only):
 - Facility name: _____
 - Facility location: _____
 - Owner's mailing address: _____

_____ NJ _____
 - Block: _____ Lot: _____
 - Contact person (facility operator): _____
 - Contact telephone number: (_____) _____ - _____
 - Other (Specify): _____

7. For CLOSURE (abandonment or removal - check all that apply):

a. Abandonment

Attach the necessary implementation schedule (3 copies) and all documentation needed for abandonment per N.J.A.C. 7:14B-9.1 (d).

b. Removal

Attach the necessary implementation schedule (3 copies).

8. For CHANGES IN HAZARDOUS SUBSTANCES STORED (check all that apply): N/A

a. Temporary Closure (12 month maximum time - see N.J.A.C. 7:14B-9.1(b)). Remove all hazardous substances; leave tank in place.

b. Change in service from a regulated substance to a non-regulated substance. Tank must be cleaned and site assessment performed per N.J.A.C. 7:14B-9.1(e).

c. Changes in service from one regulated hazardous substance to another regulated hazardous substance.

Tank No. _____	Old _____	New _____
Tank No. _____	Old _____	New _____
Tank No. _____	Old _____	New _____

(Attach additional sheets if more space is needed)

9. For TRANSFER OF OWNERSHIP:

a. New Owner (operator) _____ N/A

b. New Facility Name _____

_____ NJ _____

_____ County

c. Closing Attorney _____ Tele: (____) _____ - _____

10. For SUBSTANTIAL MODIFICATIONS (to include any retrofitted activity - e.g. the addition of spill/overfill protection, monitoring systems, cathodic protection, etc.):

a. Type of Modification _____

b. * NOTE * Substantial modifications require a permit under N.J.A.C. 7:14B-10.

11. For changes in FINANCIAL RESPONSIBILITY to (check appropriate changes and attach copies of new information):

- a. Policy Type:
- b. Policy Number:
- c. Other:
- d. Company/Carrier:
- e. Expiration Date:

(Specify)

NOTE: ALL appropriate and applicable permits, licenses and certificates required by the above activity(ies) from any local, state and/or federal agencies must be obtained separately from this notification.

CERTIFICATION

This registration form shall be signed by the highest ranking individual at the facility with overall responsibility for that facility (N.J.A.C. 7:14B-2.3 (a) 1).

"I certify under penalty of law that the information provided in this document is true, accurate and complete. I am aware that there are significant civil and criminal penalties for submitting false, inaccurate or incomplete information, including fines and/or imprisonment."

Signature: _____

Name (print or type): Captain Walter M. Migrala, Jr. United States Navy

Commanding Officer, Naval Weapons Station Earle

Title: _____ Date: _____

**IMPLEMENTATION SCHEDULE
NWS EARLE
UST CLOSURE PLAN**

Location: Naval Weapons Station Earle
Colts Neck, New Jersey 07722

Tanks Decommissioned: See Table 1-1, Section 1.3 of Closure Plan

NJDEPE UST Number: 0151003

Upon receipt of Closure Plan Approval, the implementation of this plan will follow the schedule outlined below, pursuant to proposed N.I.A.C. 7:26E-6.5(a):

	<u>Weeks From Notification of Scheduled UST Removal to B.U.S.T.</u>
<u>Task - Closure of 4 USTs in 1992</u>	
Local Permit Application/Approval	2
UST Decommissioning	4
Submission of Tank Closure Summary	8

	<u>Weeks From Notification of Scheduled UST Removal to B.U.S.T.</u>
<u>Task - Closure of 37 USTs in 1993</u>	
Local Permit Application/Approval	2
UST Decommissioning	18
Submission of Tank Closure Summary	22

	<u>Weeks From Notification of Scheduled UST Removal to B.U.S.T.</u>
<u>Task - Closure of 13 USTs in 1994</u>	
Local Permit Application/Approval	2
UST Decommissioning	8
Submission of Tank Closure Summary	14

	<u>Weeks From Notification of Scheduled UST Removal to B.U.S.T.</u>
<u>Task - Closure of 5 USTs in 1995</u>	
Local Permit Application/Approval	2
UST Decommissioning	4
Submission of Tank Closure Summary	8

**IMPLEMENTATION SCHEDULE
NWS EARLE
UST CLOSURE PLAN**

Location: Naval Weapons Station Earle
Colts Neck, New Jersey 07722

Tanks Decommissioned: See Table 1-1, Section 1.3 of Closure Plan

NJDEPE UST Number: 0151003

Upon receipt of Closure Plan Approval, the implementation of this plan will follow the schedule outlined below, pursuant to proposed N.J.A.C. 7:26E-6.5(a):

	<u>Weeks From Notification of Scheduled UST Removal to B.U.S.T.</u>
<u>Task - Closure of 4 USTs in 1992</u>	
Local Permit Application/Approval	2
UST Decommissioning	4
Submission of Tank Closure Summary	8

	<u>Weeks From Notification of Scheduled UST Removal to B.U.S.T.</u>
<u>Task - Closure of 37 USTs in 1993</u>	
Local Permit Application/Approval	2
UST Decommissioning	18
Submission of Tank Closure Summary	22

	<u>Weeks From Notification of Scheduled UST Removal to B.U.S.T.</u>
<u>Task - Closure of 13 USTs in 1994</u>	
Local Permit Application/Approval	2
UST Decommissioning	8
Submission of Tank Closure Summary	14

	<u>Weeks From Notification of Scheduled UST Removal to B.U.S.T.</u>
<u>Task - Closure of 5 USTs in 1995</u>	
Local Permit Application/Approval	2
UST Decommissioning	4
Submission of Tank Closure Summary	8

**IMPLEMENTATION SCHEDULE
NWS EARLE
UST CLOSURE PLAN**

Location: Naval Weapons Station Earle
Colts Neck, New Jersey 07722

Tanks Decommissioned: See Table 1-1, Section 1.3 of Closure Plan

NJDEPE UST Number: 0151003

Upon receipt of Closure Plan Approval, the implementation of this plan will follow the schedule outlined below, pursuant to proposed N.J.A.C. 7:26E-6.5(a):

	<u>Weeks From Notification of Scheduled UST Removal to B.U.S.T.</u>
<u>Task - Closure of 4 USTs in 1992</u>	
Local Permit Application/Approval	2
UST Decommissioning	4
Submission of Tank Closure Summary	8

	<u>Weeks From Notification of Scheduled UST Removal to B.U.S.T.</u>
<u>Task - Closure of 37 USTs in 1993</u>	
Local Permit Application/Approval	2
UST Decommissioning	18
Submission of Tank Closure Summary	22

	<u>Weeks From Notification of Scheduled UST Removal to B.U.S.T.</u>
<u>Task - Closure of 13 USTs in 1994</u>	
Local Permit Application/Approval	2
UST Decommissioning	8
Submission of Tank Closure Summary	14

	<u>Weeks From Notification of Scheduled UST Removal to B.U.S.T.</u>
<u>Task - Closure of 5 USTs in 1995</u>	
Local Permit Application/Approval	2
UST Decommissioning	4
Submission of Tank Closure Summary	8

Attachment 3

UST Location Maps

Figure 1
Building C2/1 UST Location Map
Naval Weapons Station Earle

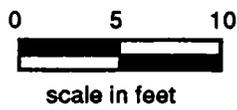
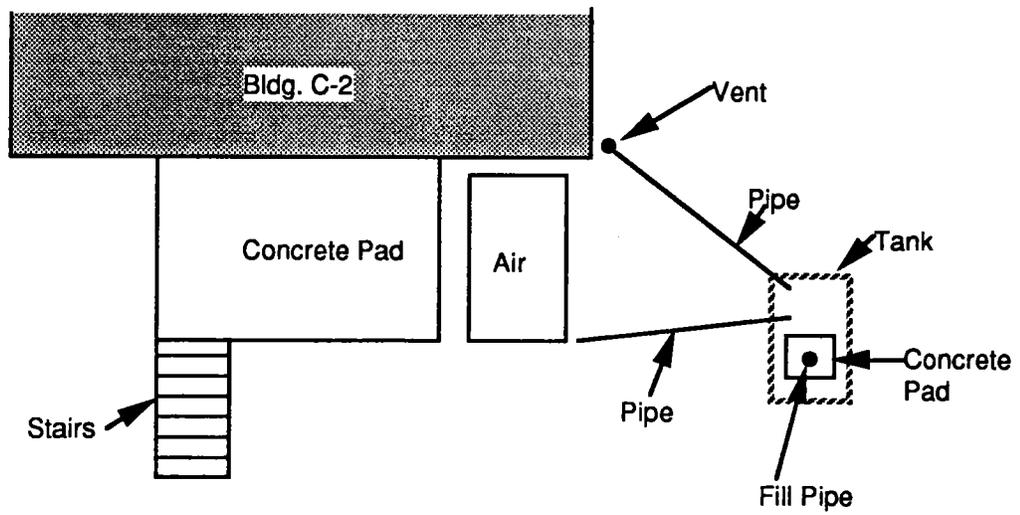
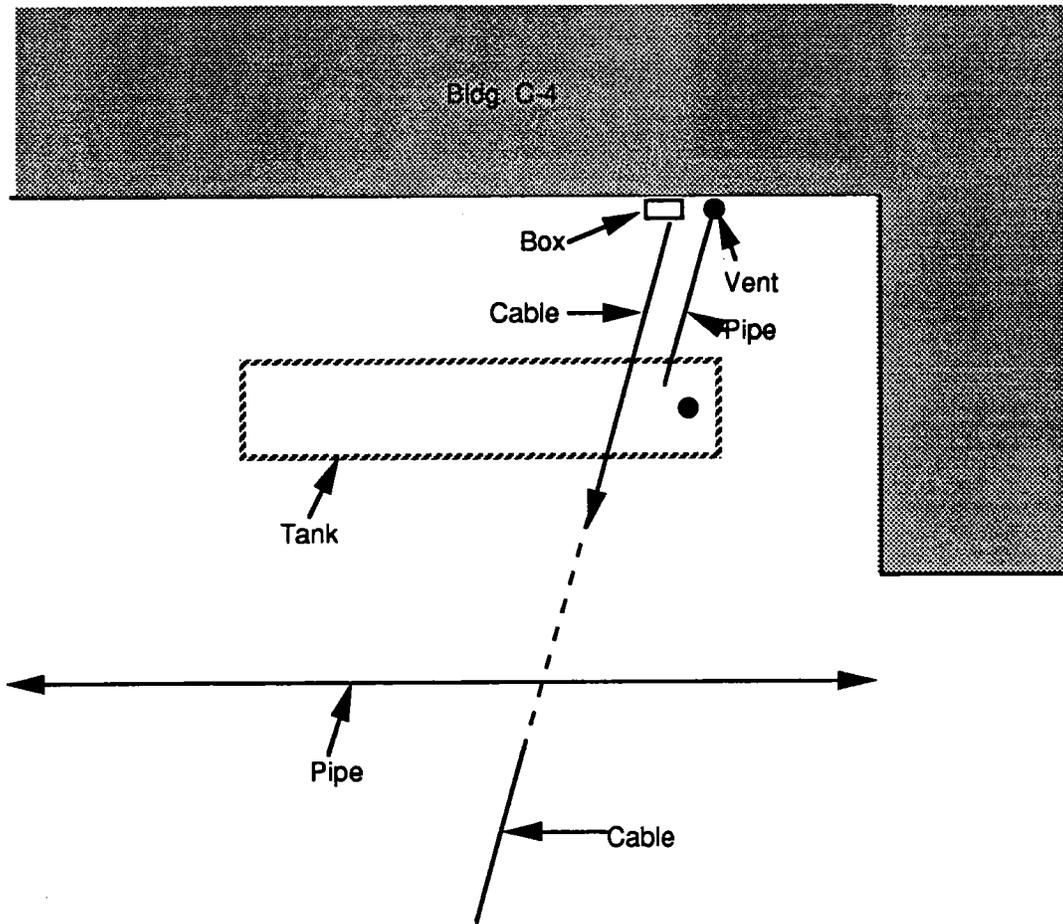
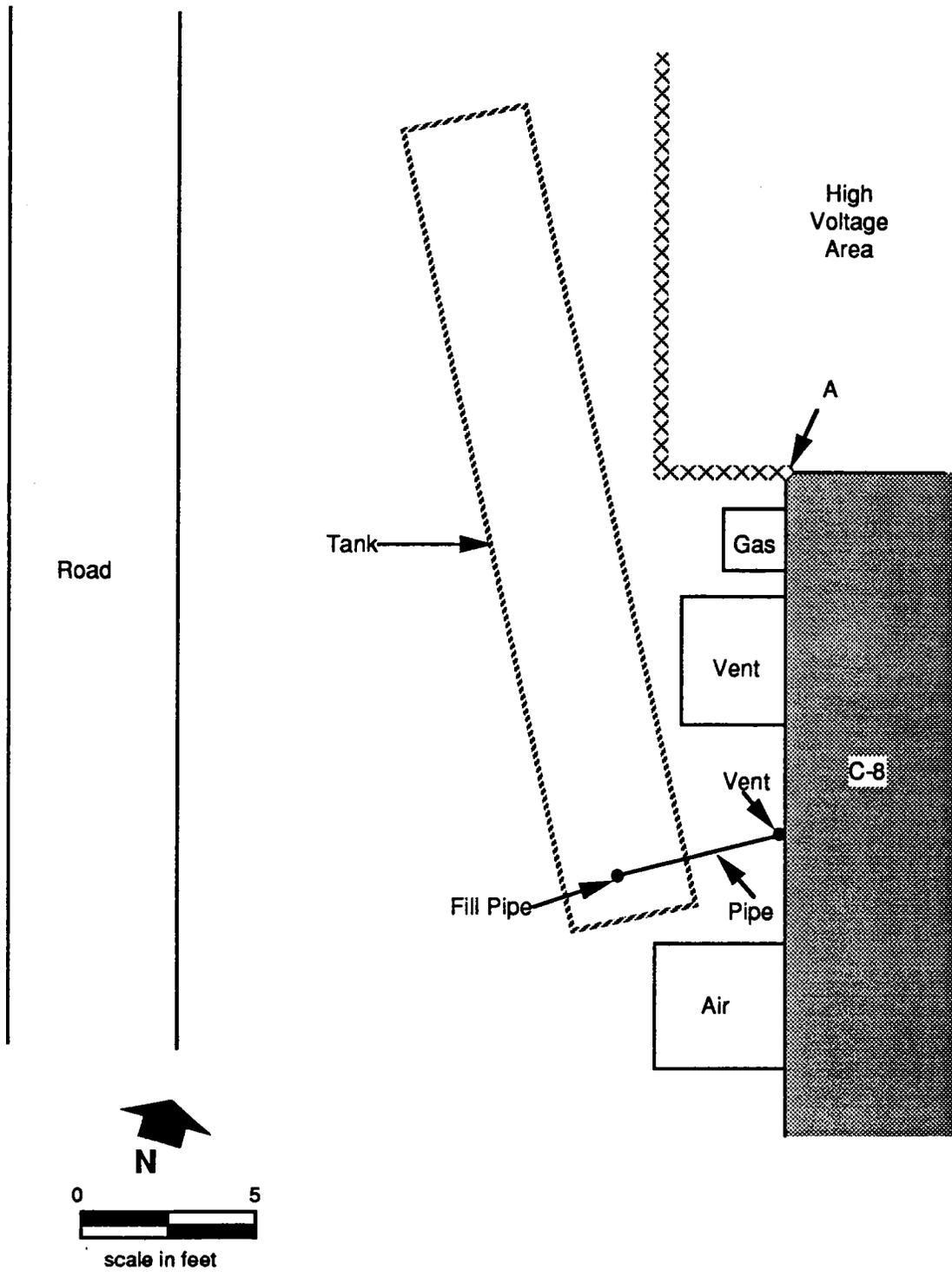


Figure 2
Building C4 UST Location Map
Naval Weapons Station Earle



Dashed line shows possible continuation of pipe anomaly from GPR

Figure 5
Building C8/02 UST Location Map
Naval Weapons Station Earle



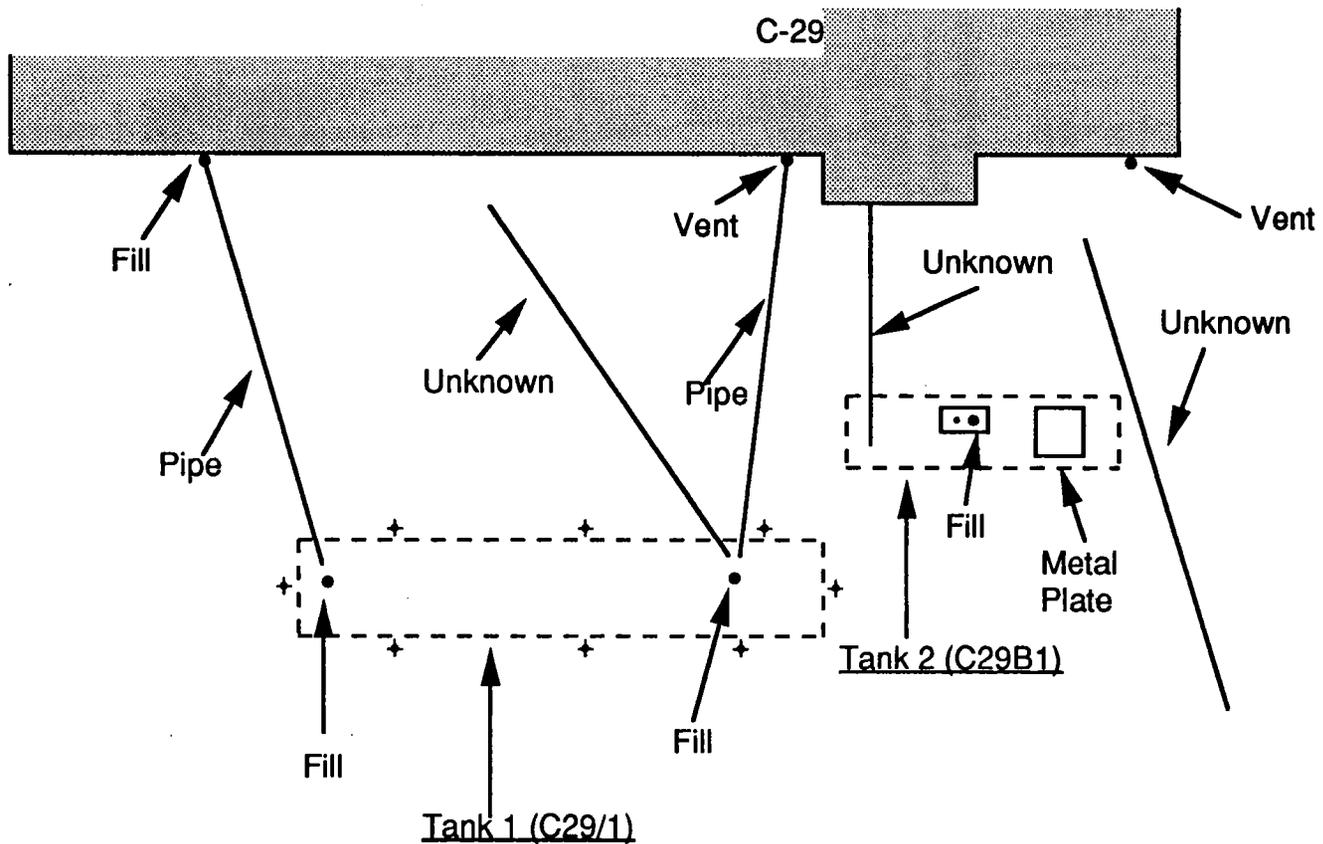


Figure 8
 Site C29
 (C29/1, C29/2)
 Naval Weapons Station Earle

Notes:

- (1) Tank 1 depth is approximately 2.5'
- (2) Tank 2 depth is approximately 2.0'
- (3) Tank 1 capacity is 15,000 gal, not 5,000 gal, as per info sheet (J. Pawlus, Comm.)

Figure 9
Building C52 UST Location Map
Naval Weapons Station Earle

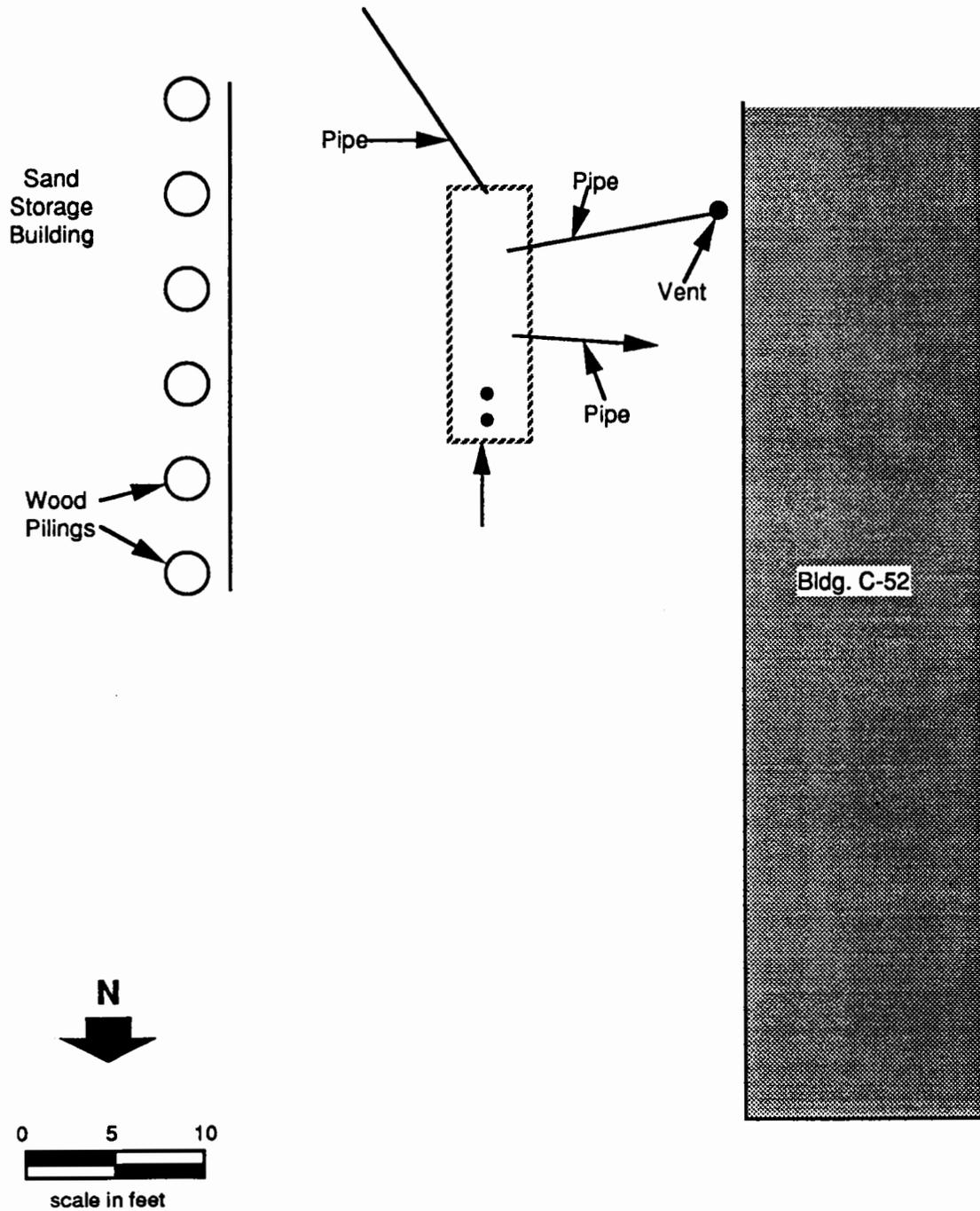
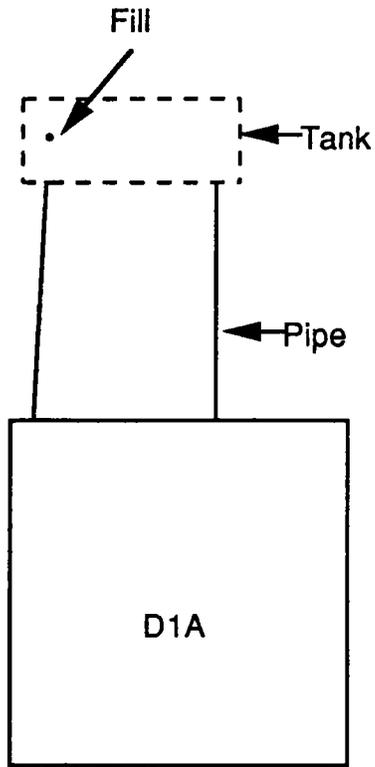
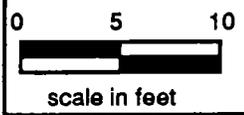
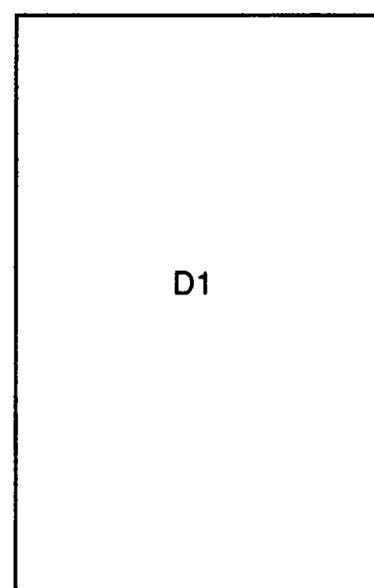


Figure 10
Building D1A
Naval Weapons Station Earle

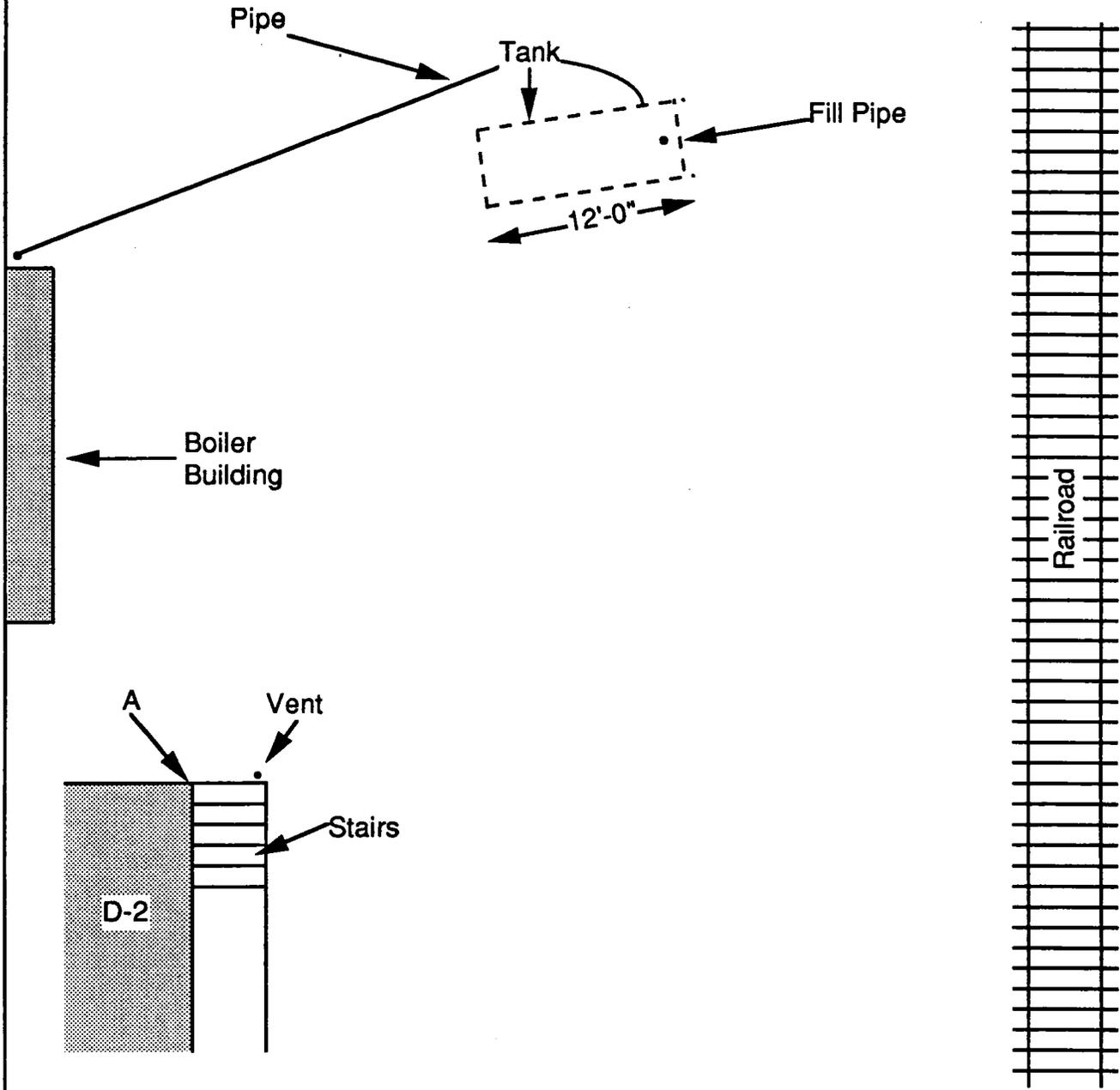


Road

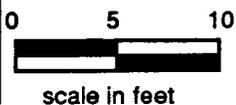


- Building, railroad tracks and road not to scale
- Tank locations and dimensions are correct as shown off west wall of D1A.
- Tank depth is approximately 2.5'.

Figure 11
Site D2
Naval Weapons Station Earle



N



Notes:

- (1) Building dimensions and RR location are not to scale
- (2) Pipe and tank dimensions (and orientations) are correct with respect to point A of Building D-2
- (3) Tank depth is approximately 2.5'

Figure 12
Building D5 UST Location Map
Naval Weapons Station Earle

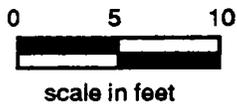
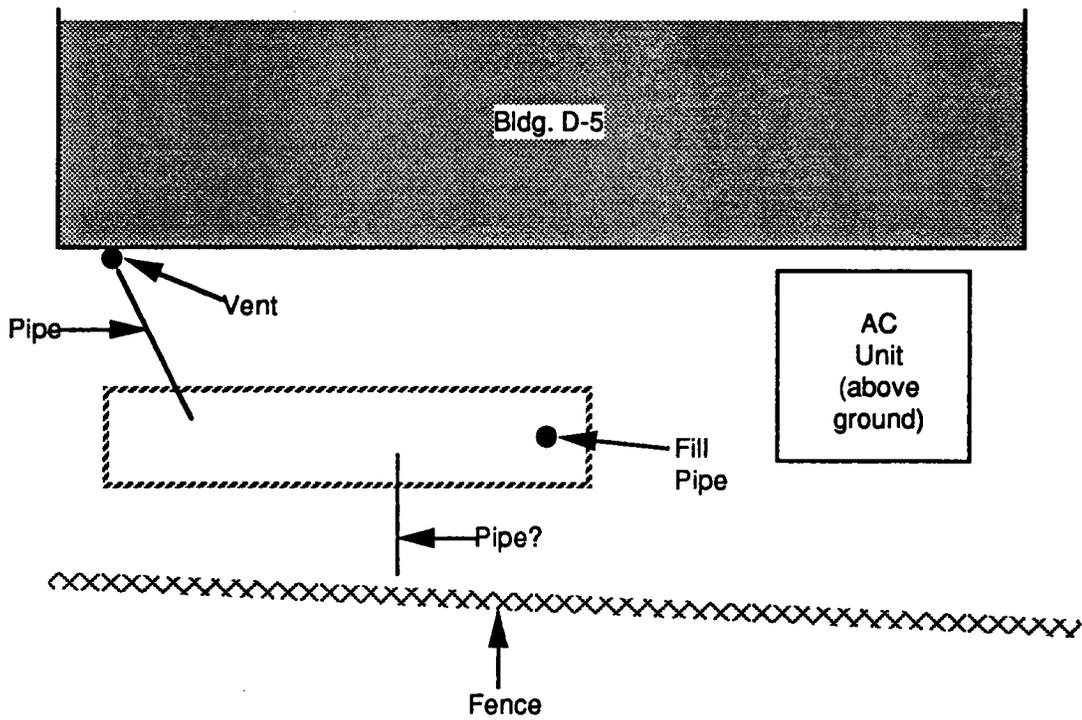


Figure 13
Building E13 UST Location Map
Naval Weapons Station Earle

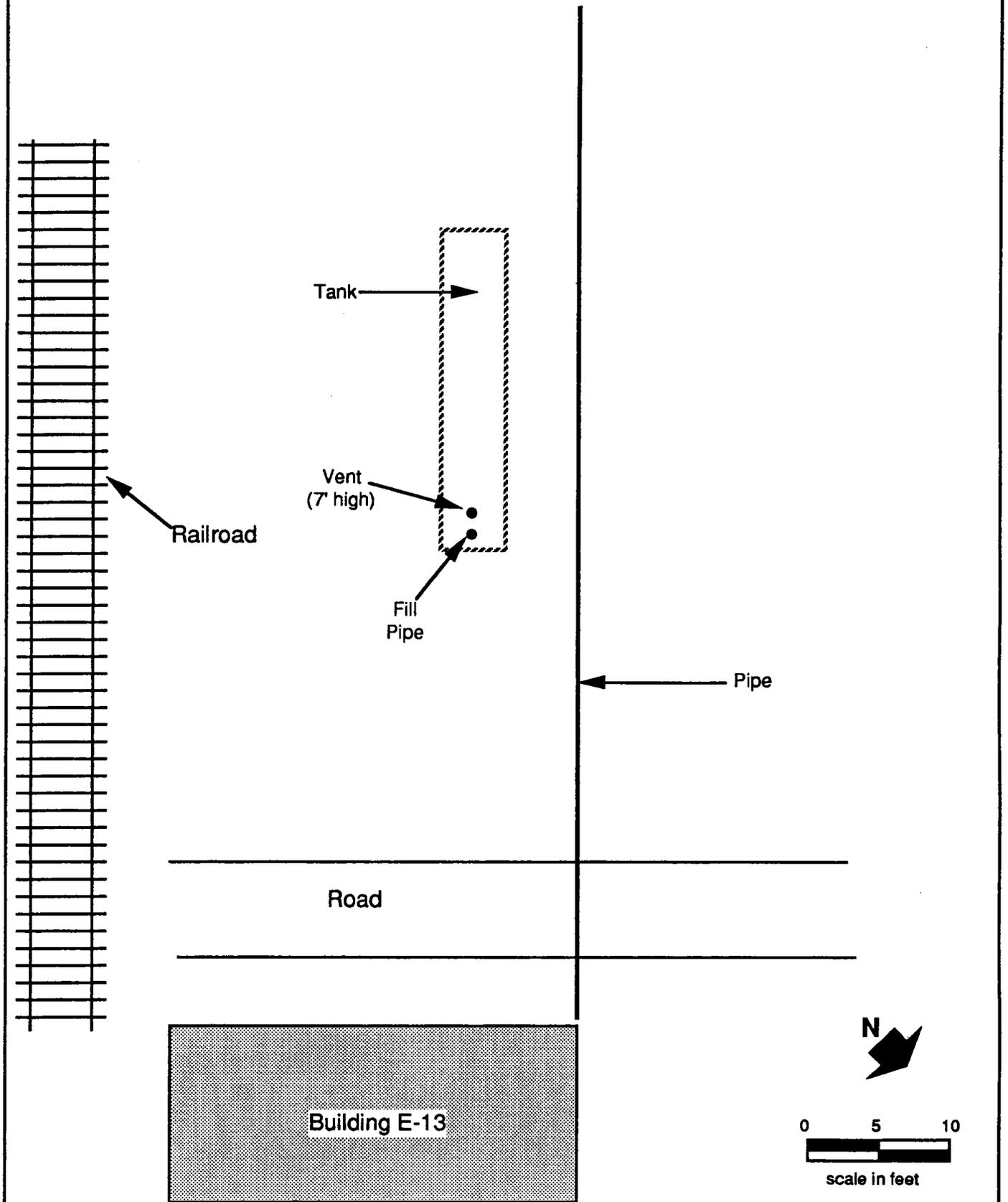


Figure 14
Building FA2 UST Location Map
Naval Weapons Station Earle

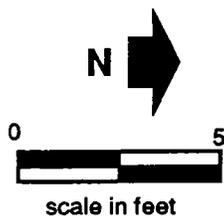
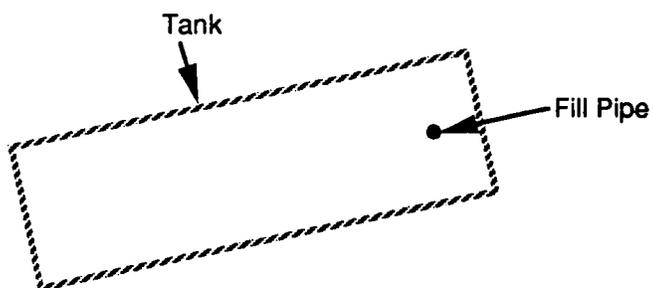
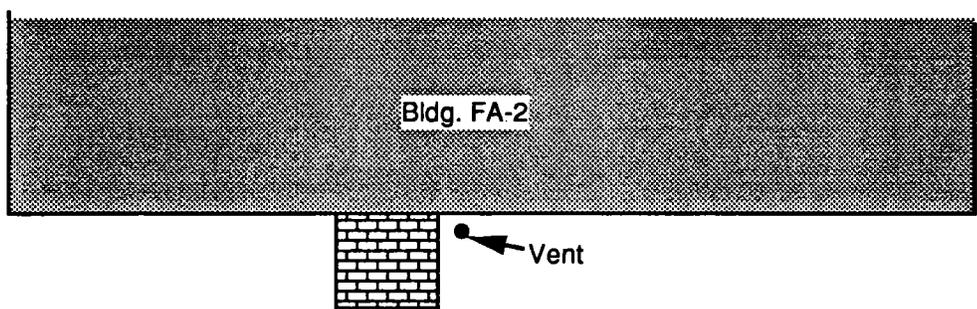


Figure 15
Building GB1 UST Location Map
Naval Weapons Station Earle

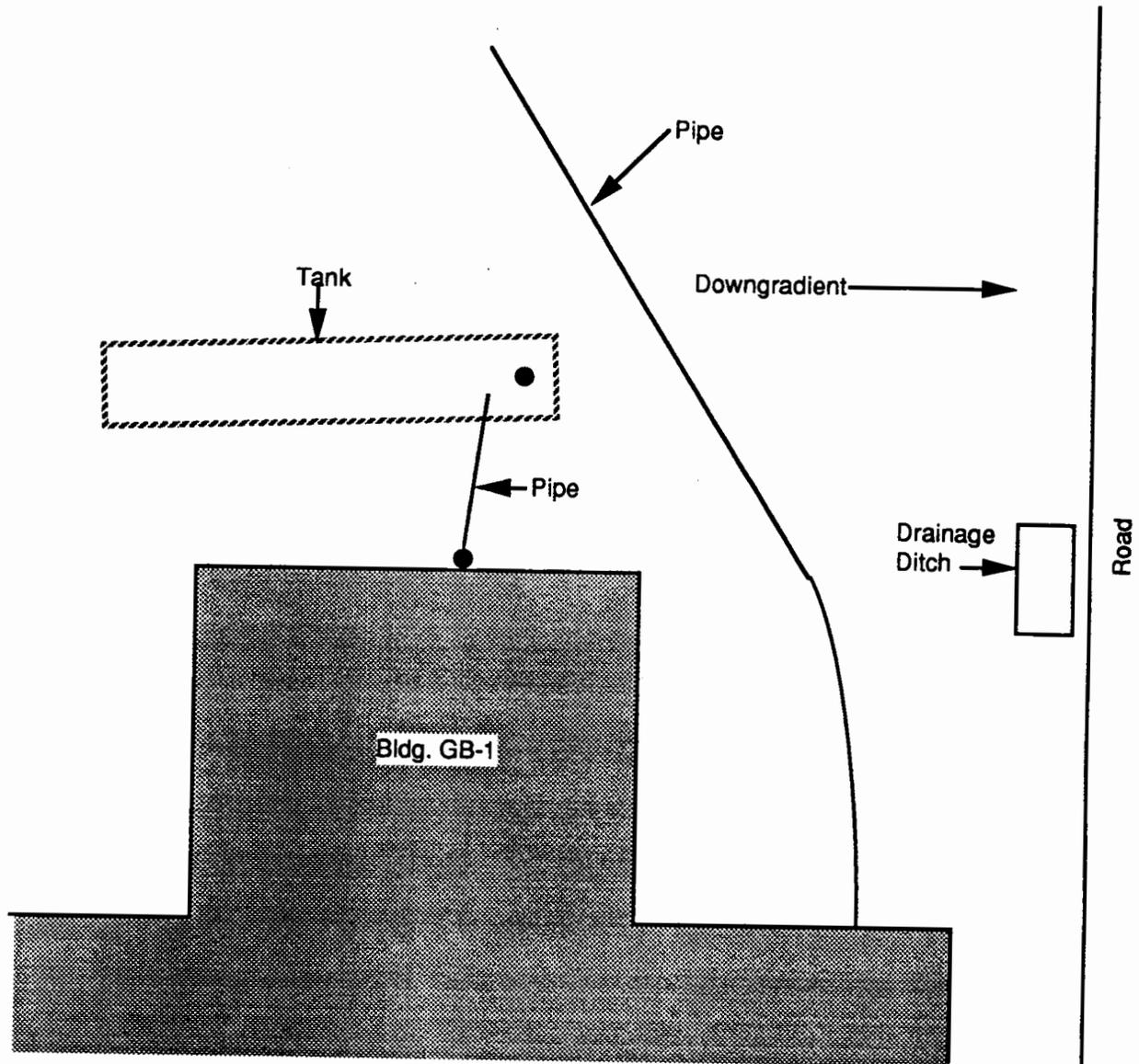
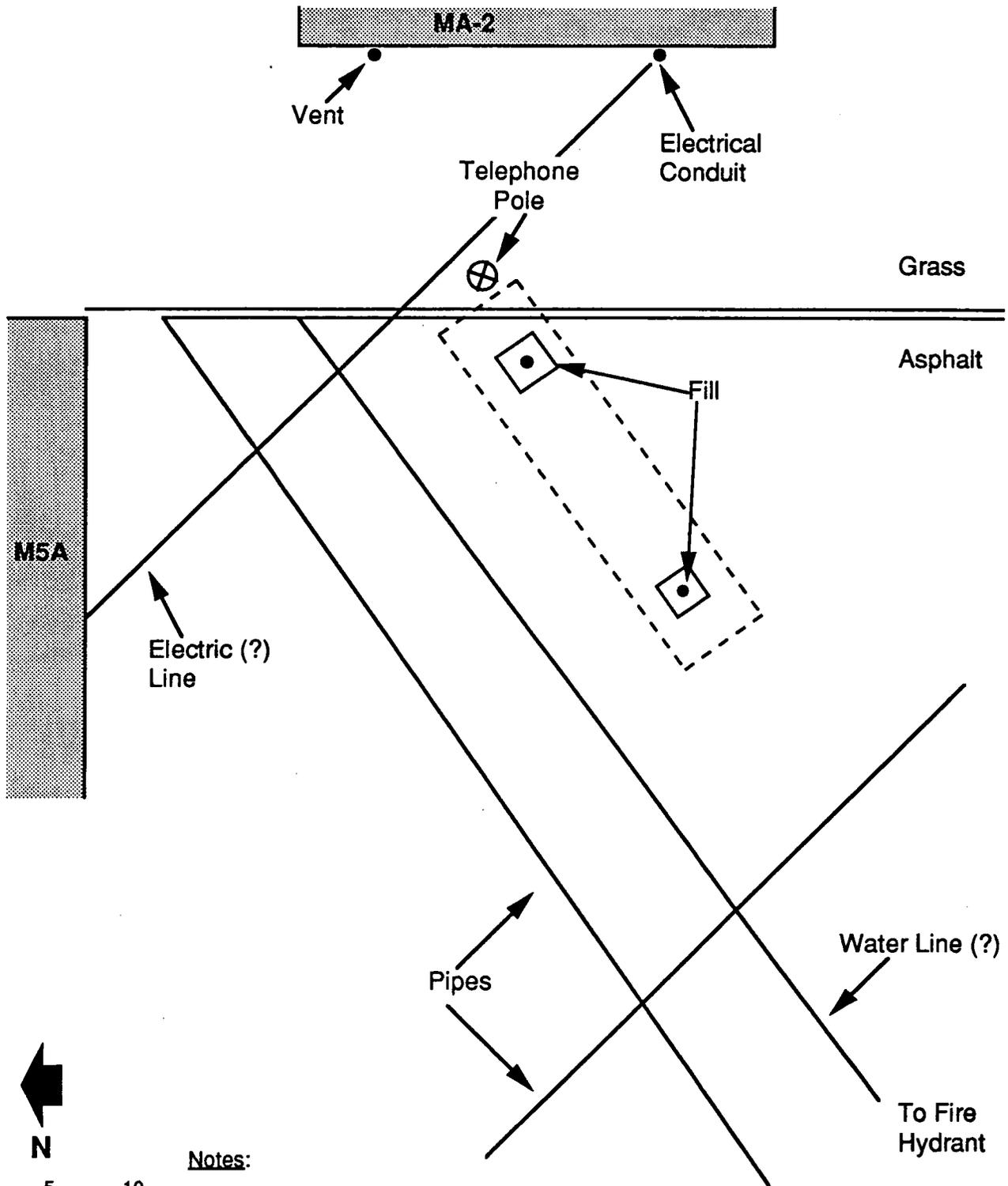


Figure 16
Site MA2
Naval Weapons Station Earle



Notes:

- (1) Tank depth is approximately 4.5'
- (2) Bldg. M5A location is not to scale

Figure 17
Building MPL-1 UST Location Map
Naval Weapons Station Earle

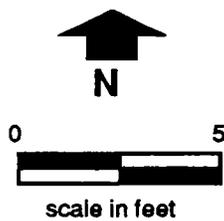
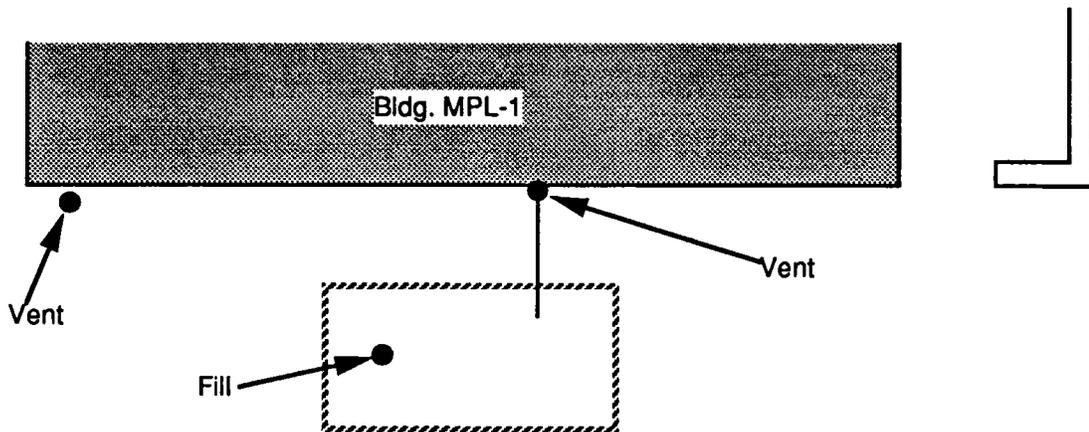


Figure 18
Site MPL-2
Naval Weapons Station Earle

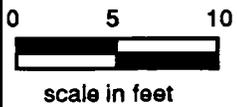
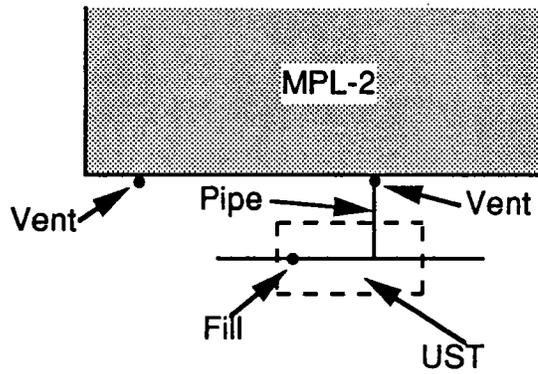


Figure 19
Building QH-8 UST Location Map
Naval Weapons Station Earle

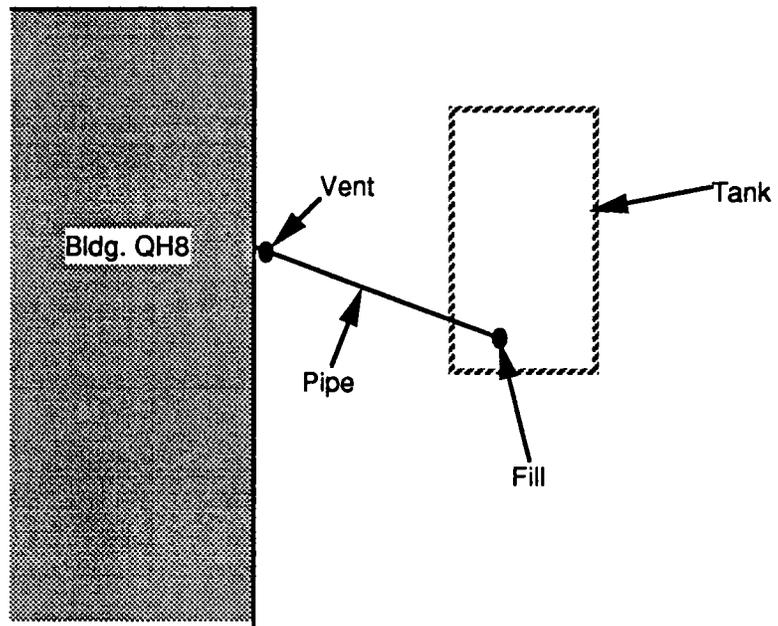


Figure 20
Building R1 UST Location Map
Naval Weapons Station Earle

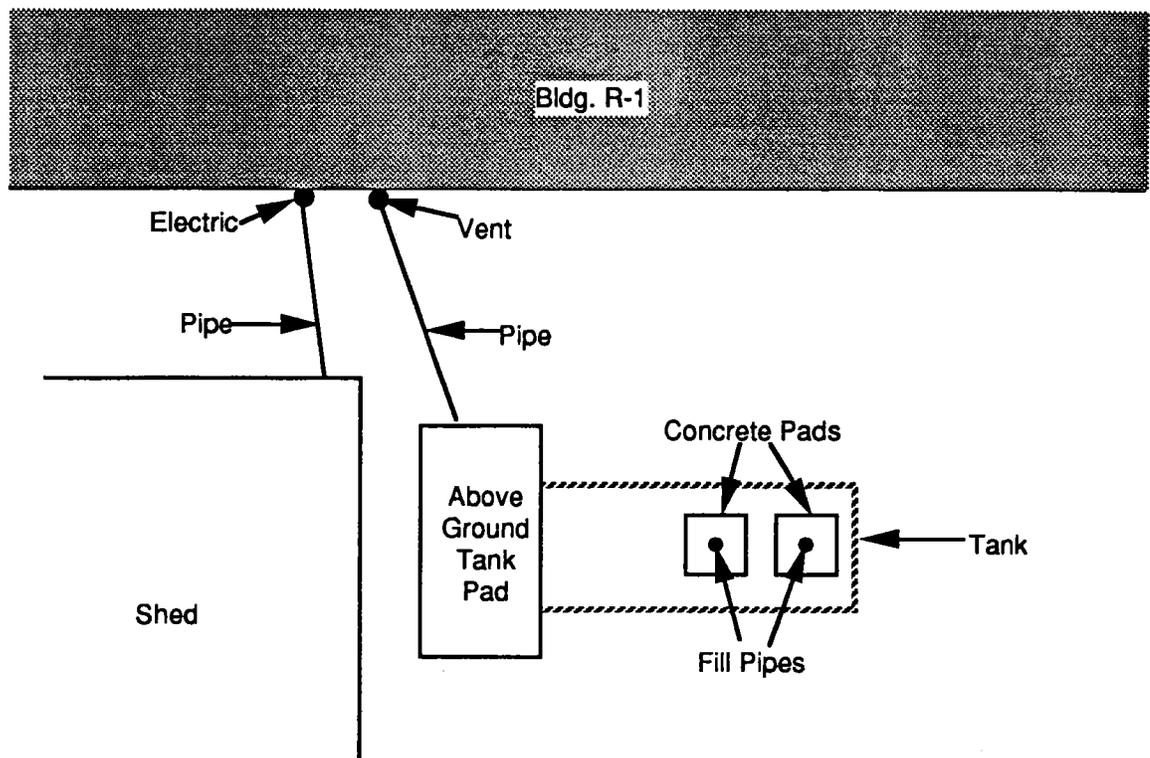


Figure 21
Building R2 UST Location Map
Naval Weapons Station Earle

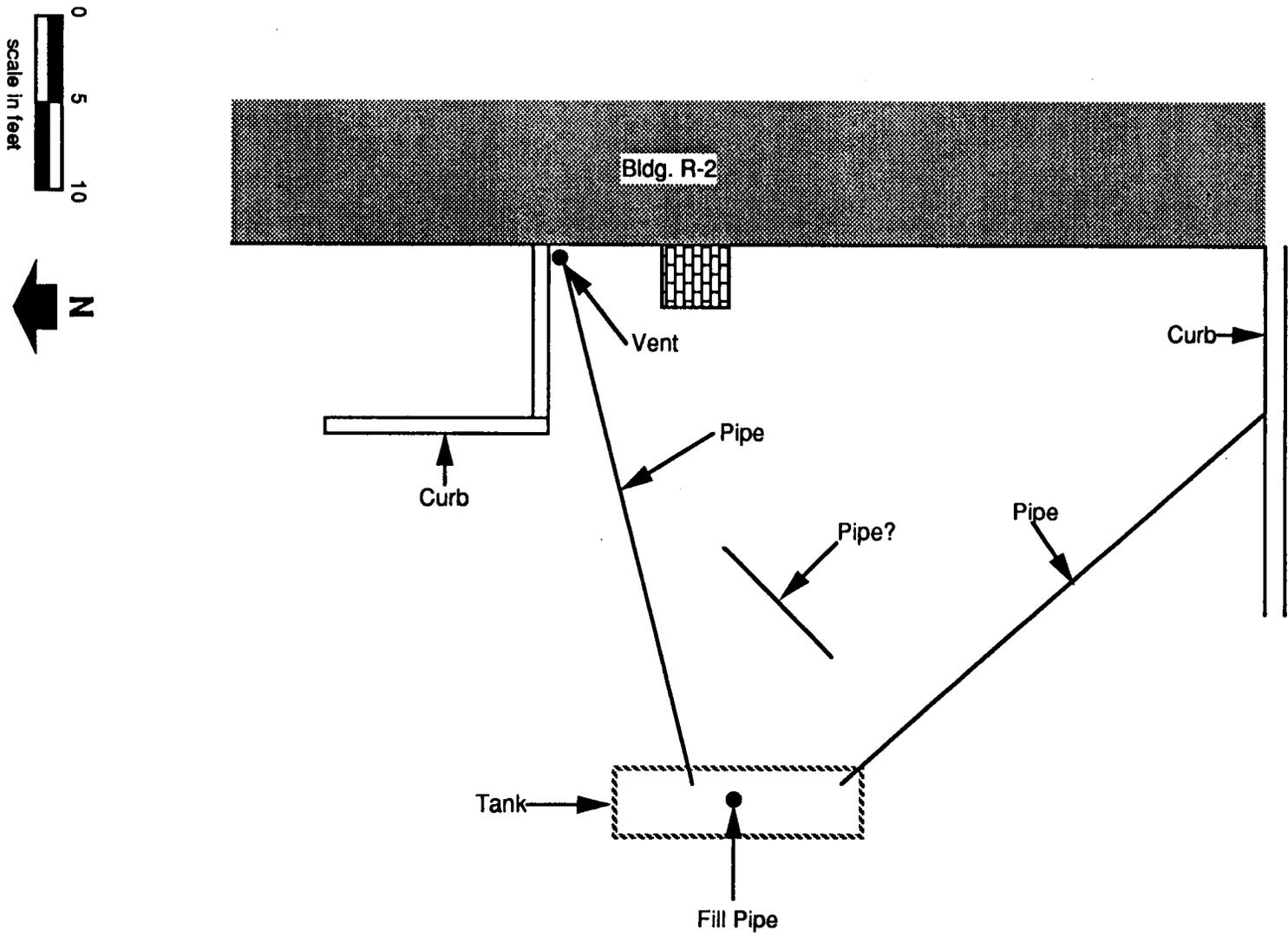


Figure 22
Building R-3 UST Location Map
Naval Weapons Station Earle

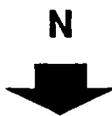
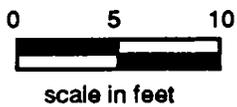
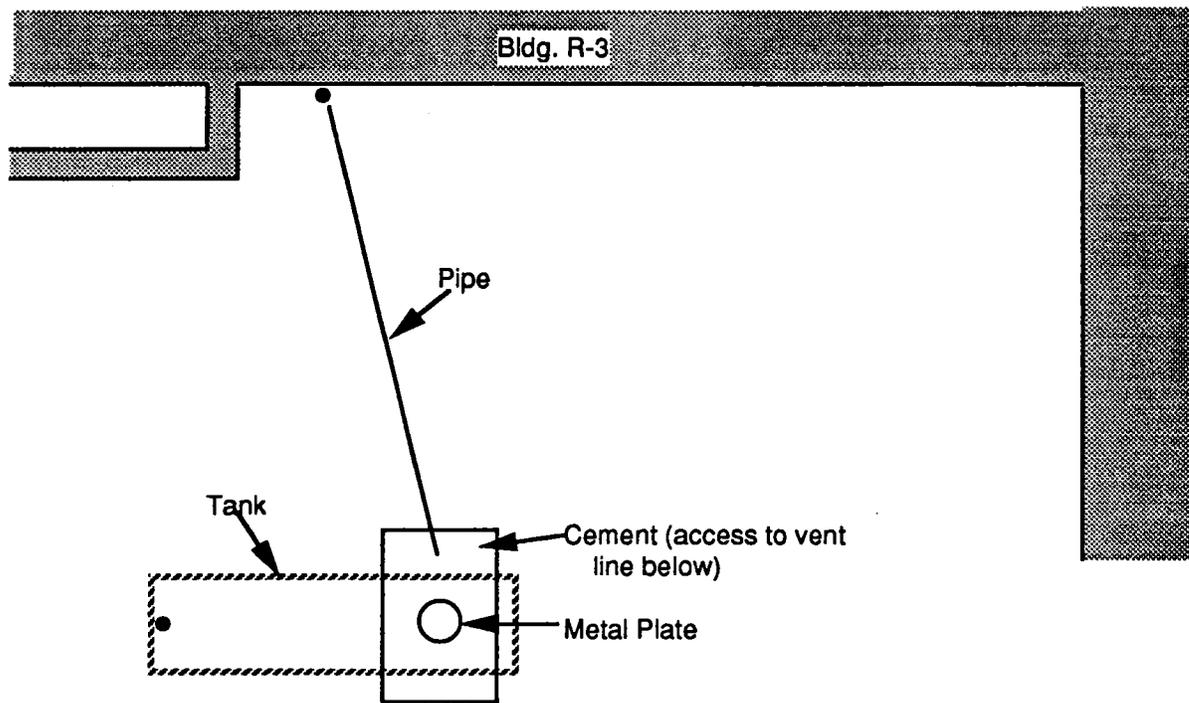


Figure 23
Building R4A UST Location Map
Naval Weapons Station Earle

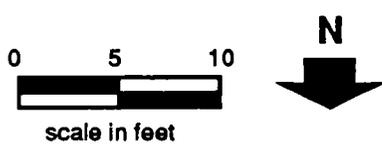
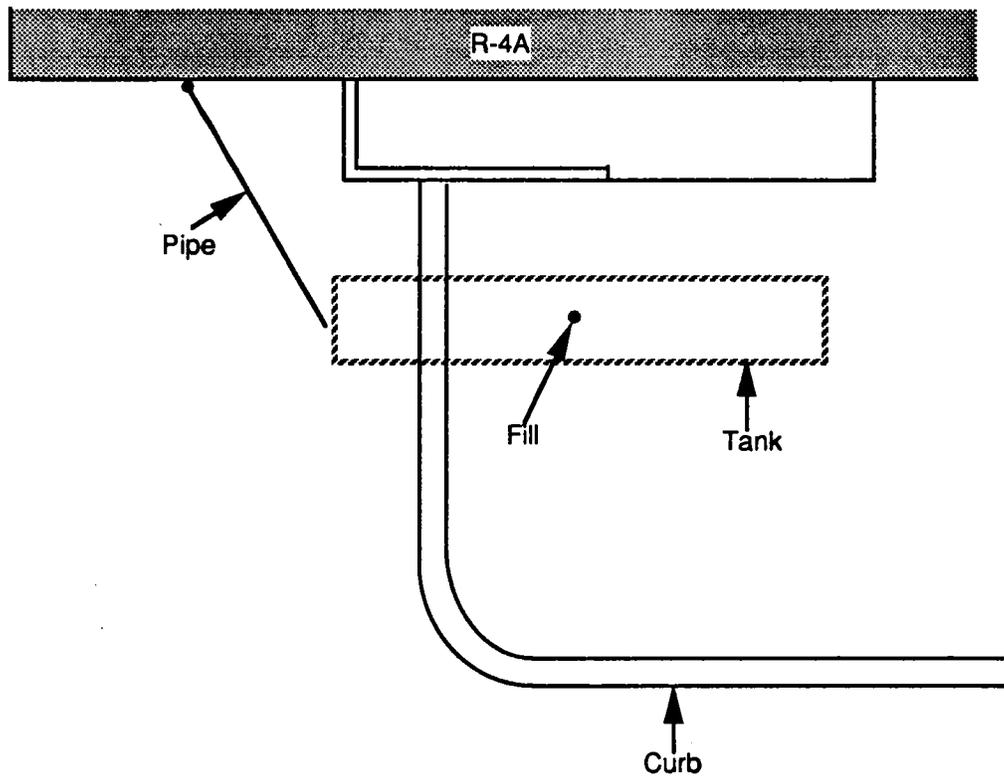


Figure 24
Building R5 UST Location Map
Naval Weapons Station Earle

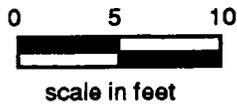
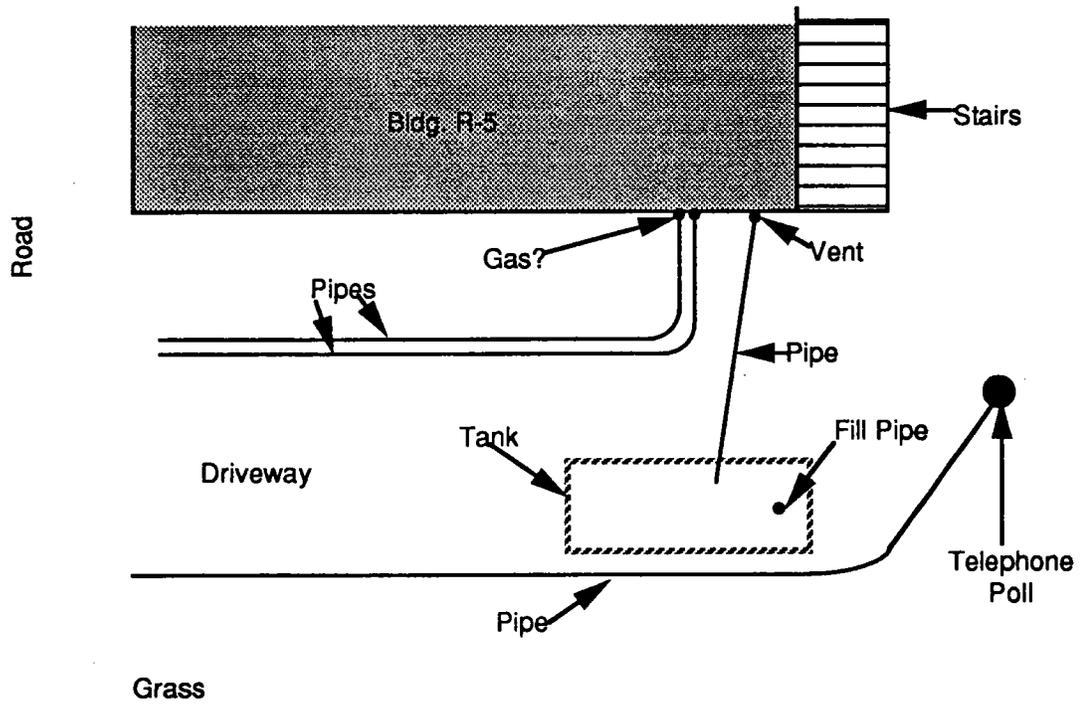


Figure 25
Building R9 UST Location Map
Naval Weapons Station Earle

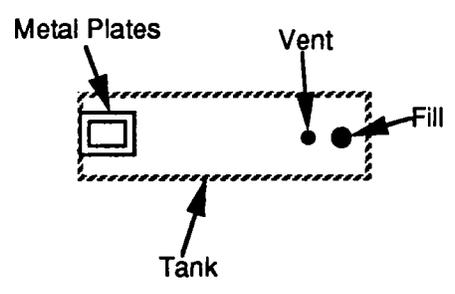
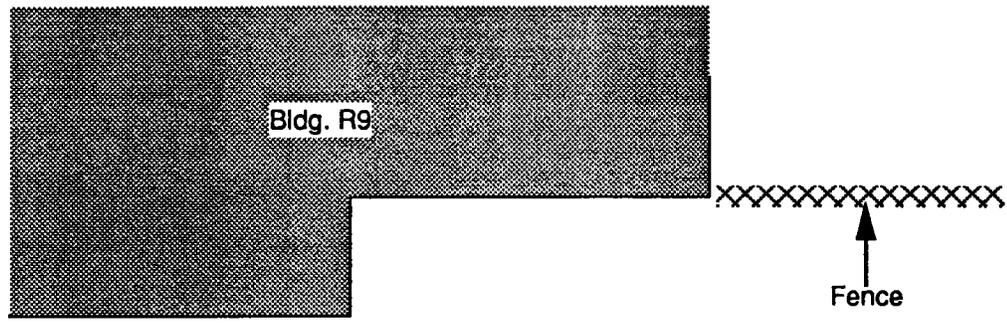


Figure 27
Building R11 UST Location Map
Naval Weapons Station Earle

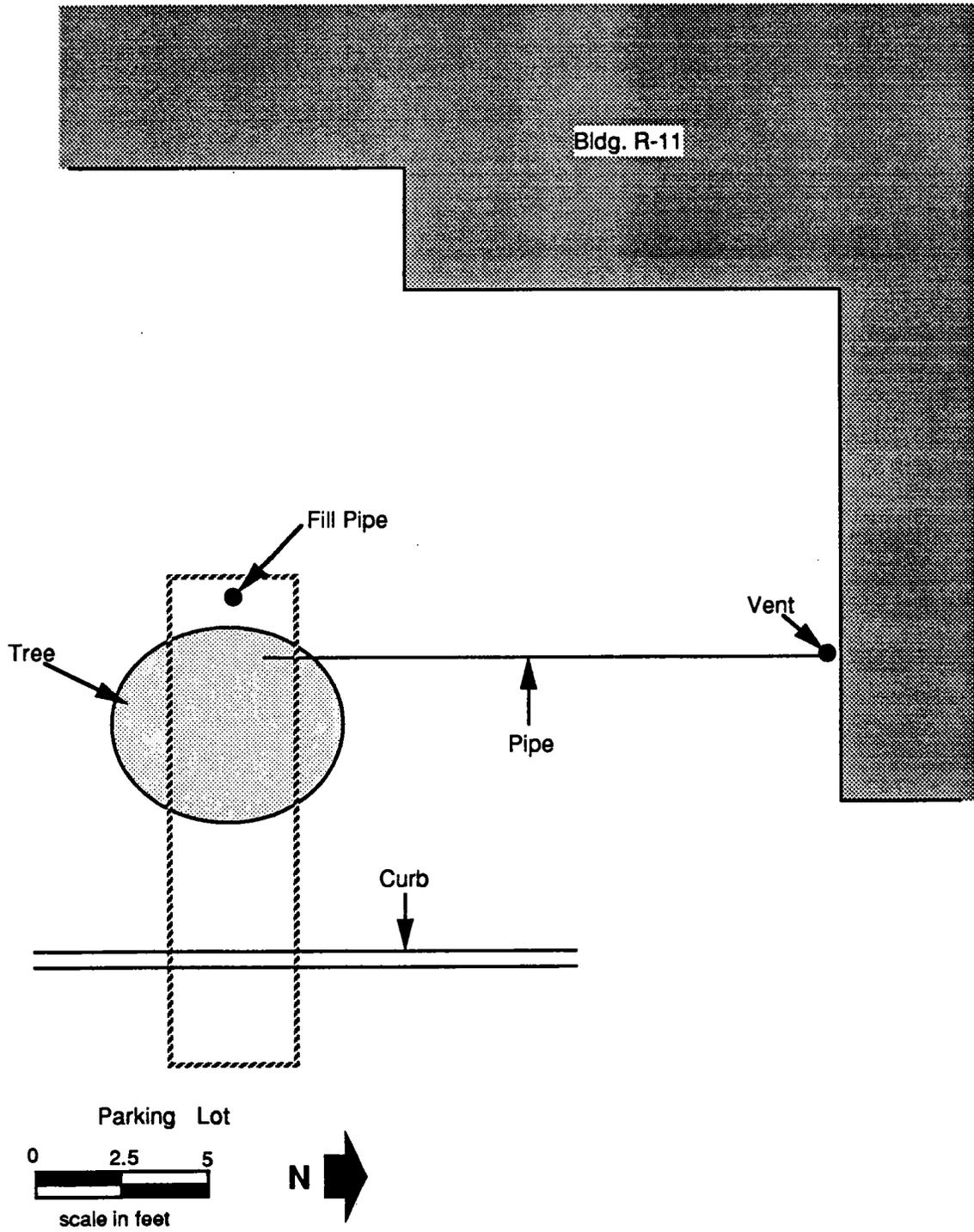


Figure 28
Building R12 UST Location Map
Naval Weapons Station Earle

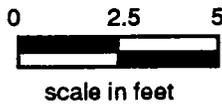
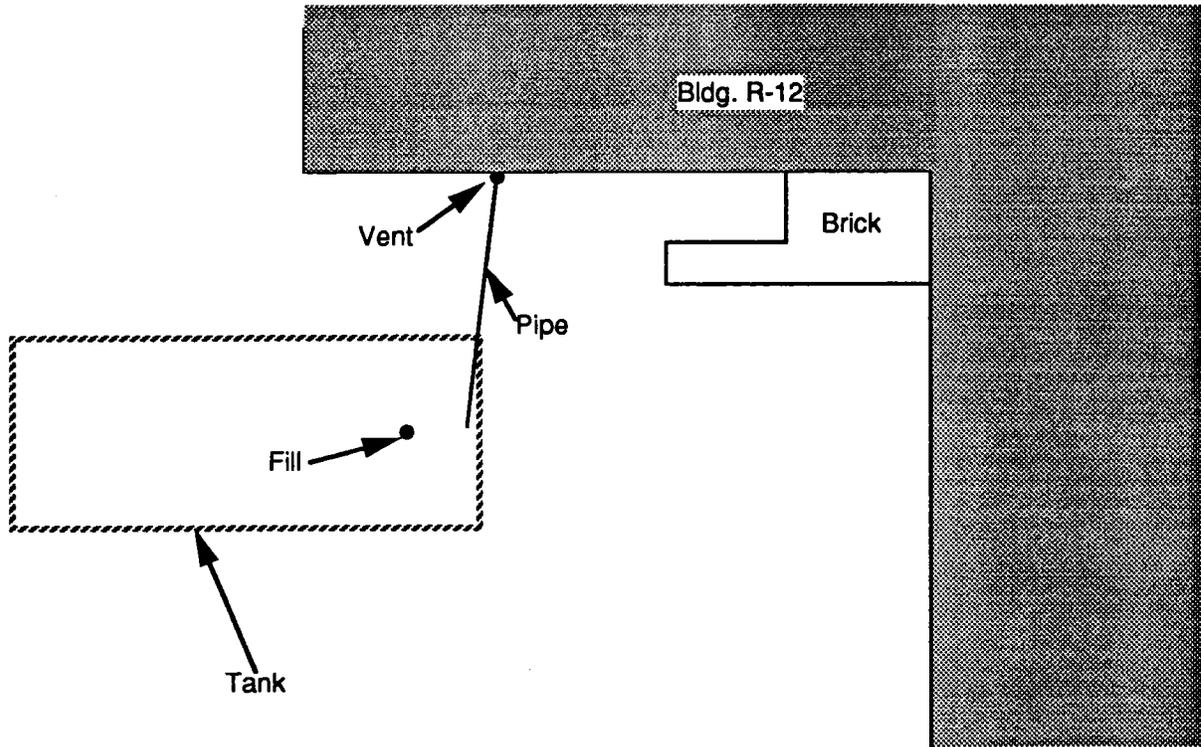


Figure 29
Building S-53 UST Location Map
Naval Weapons Station Earle

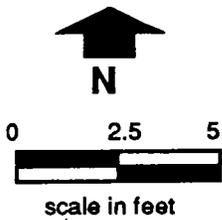
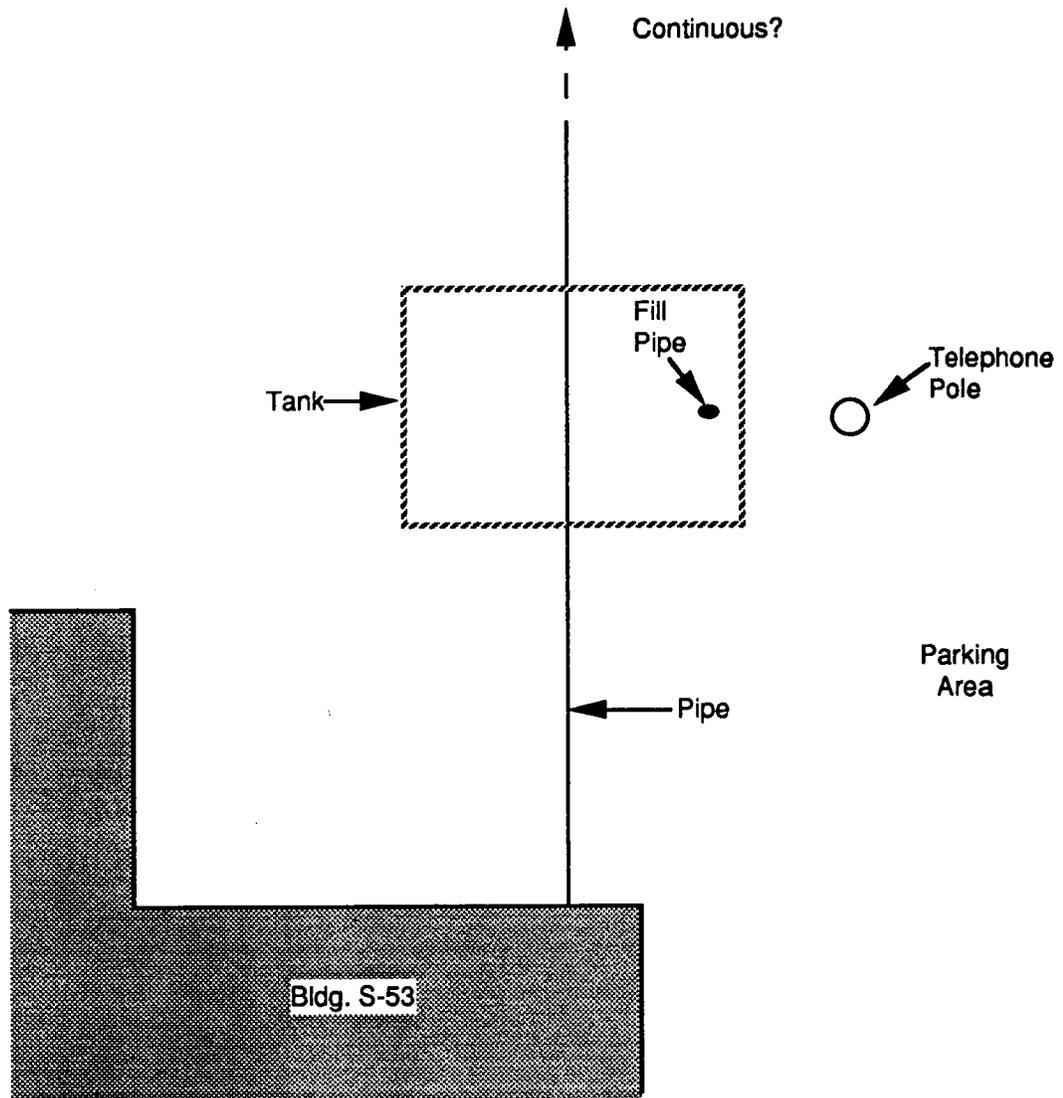
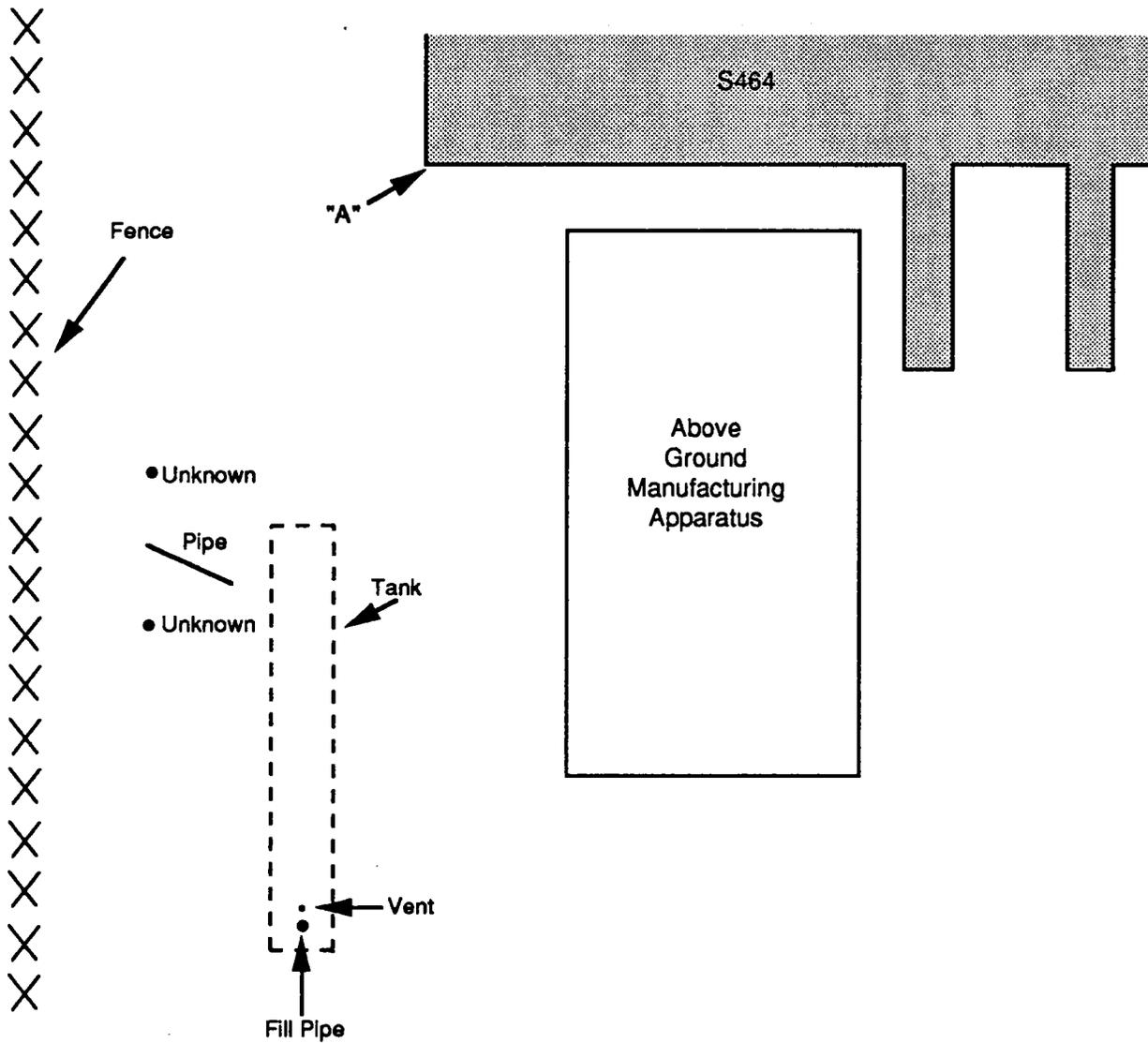


Figure 30
Site S464
Naval Weapons Station Earle



Notes:

- (1) Tank depth is approximately 4.1'
- (2) Building, apparatus and fencing are not to scale
- (3) Tank and pipe locations are correct with respect to point "A" of Building S-464

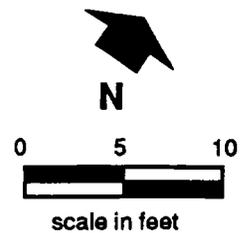
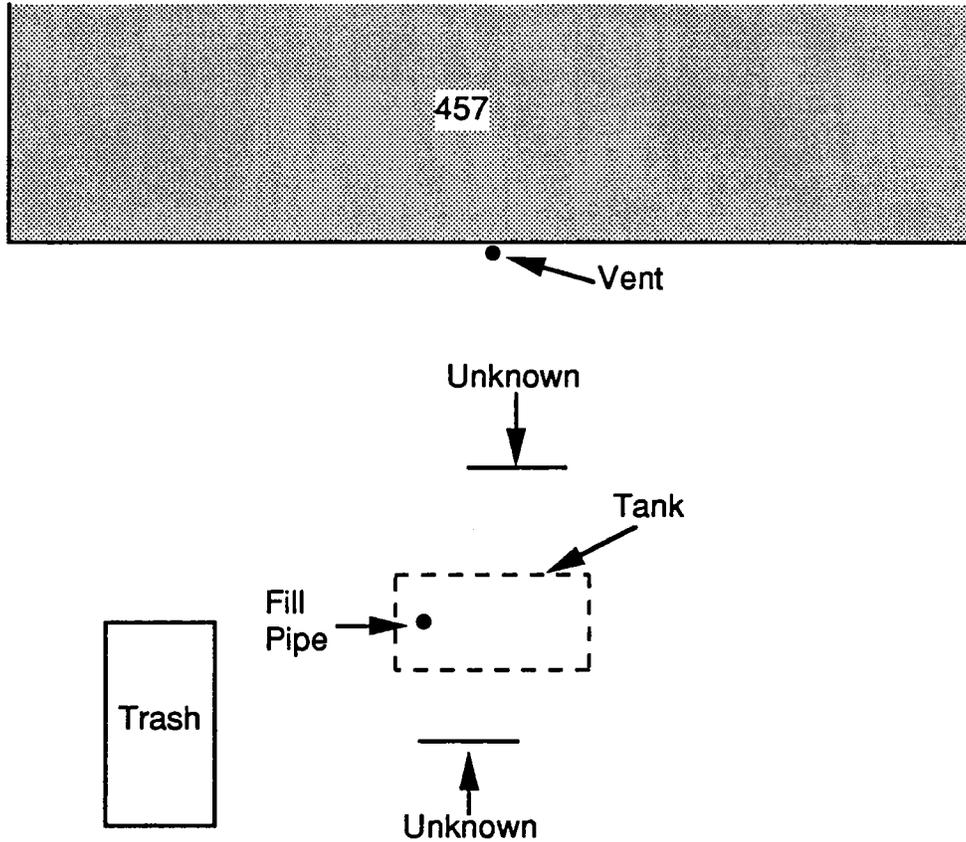


Figure 31
Site S-457
Naval Weapons Station Earle



Note:

- (1) Trash receptacle is not to scale
- (2) Two unknown anomalies were detected during the GPR survey
- (3) Tank depth is approximately 2.0'

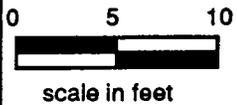
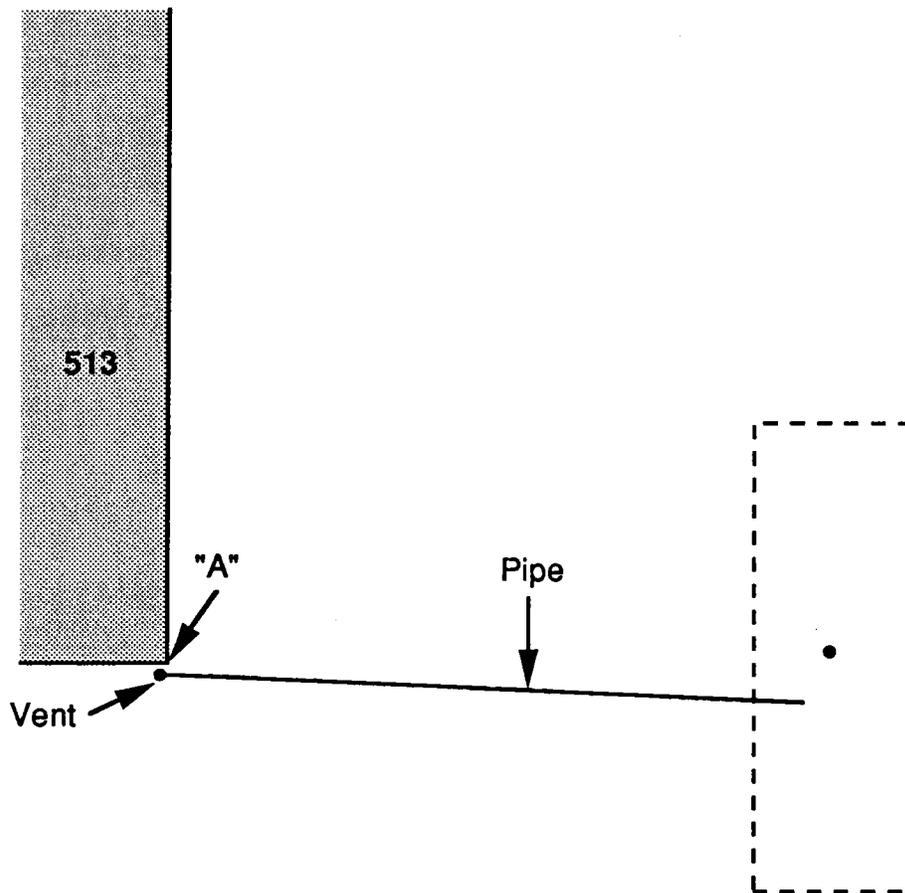


Figure 32
Site 513
Naval Weapons Station Earle

Midway Road (not to scale)



Notes:

- (1) Tank depth is approximately 1.25'
- (2) Tank and pipe locations are correct with respect to point "A" of Building 513

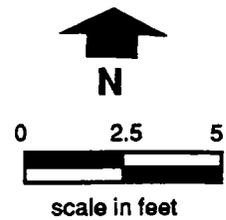


Figure 33
Building 554/1 UST Location Map
Naval Weapons Station Earle

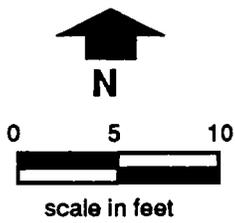
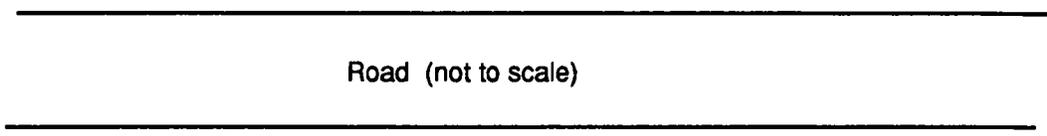
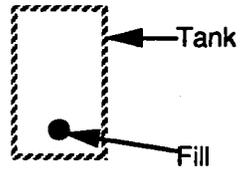
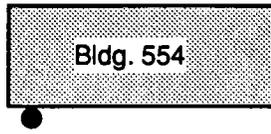


Figure 34
Building 555/1 UST Location Map
Naval Weapons Station Earle

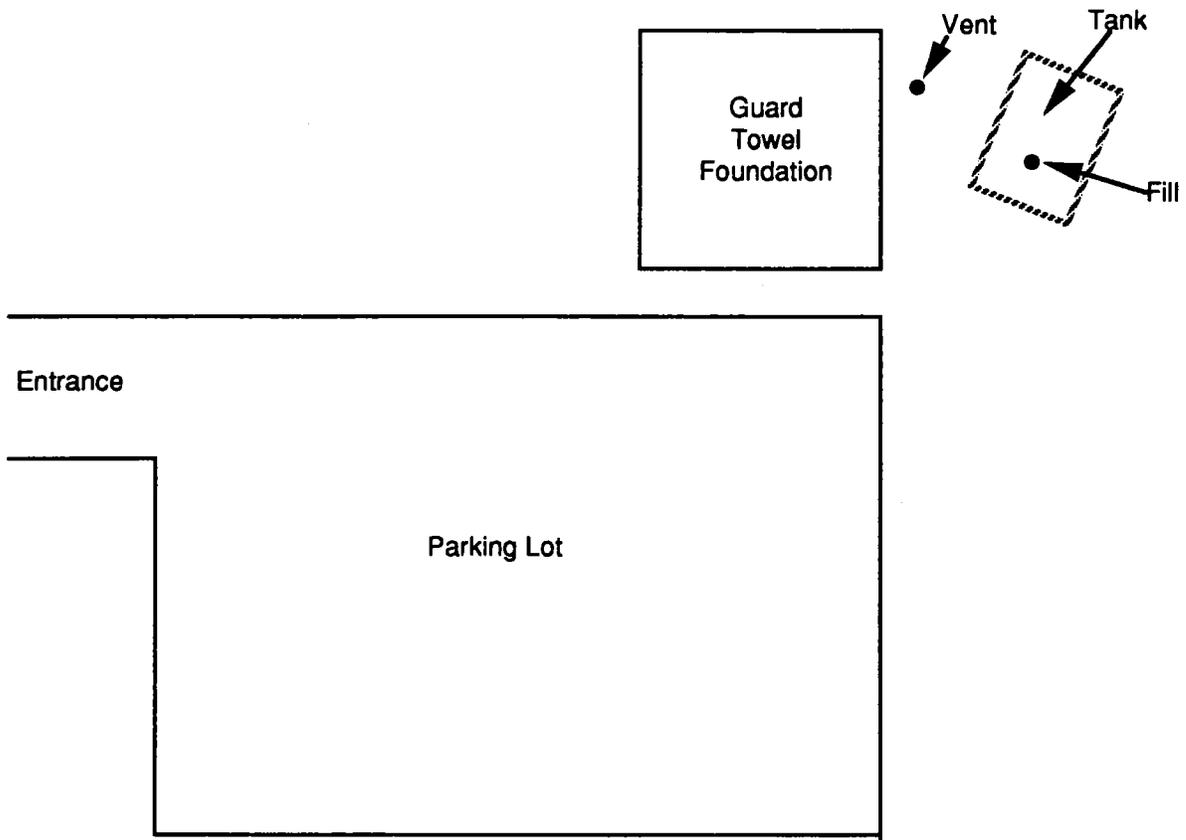


Figure 35
Building 566/1 UST Location Map
Naval Weapons Station Earle

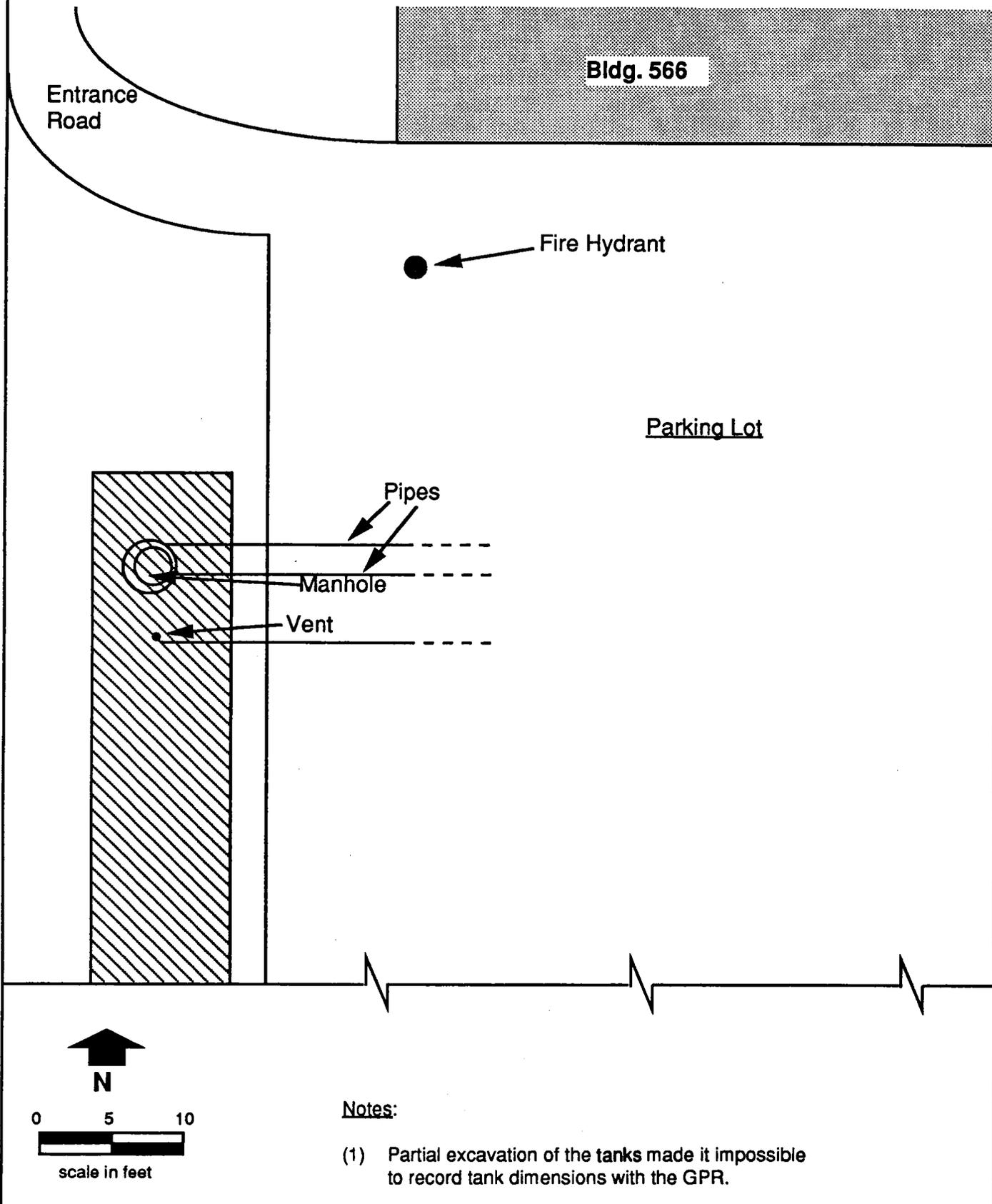


Figure 39
Building C2 UST Location Map
Naval Weapons Station Earle

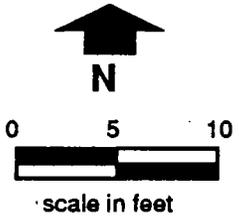
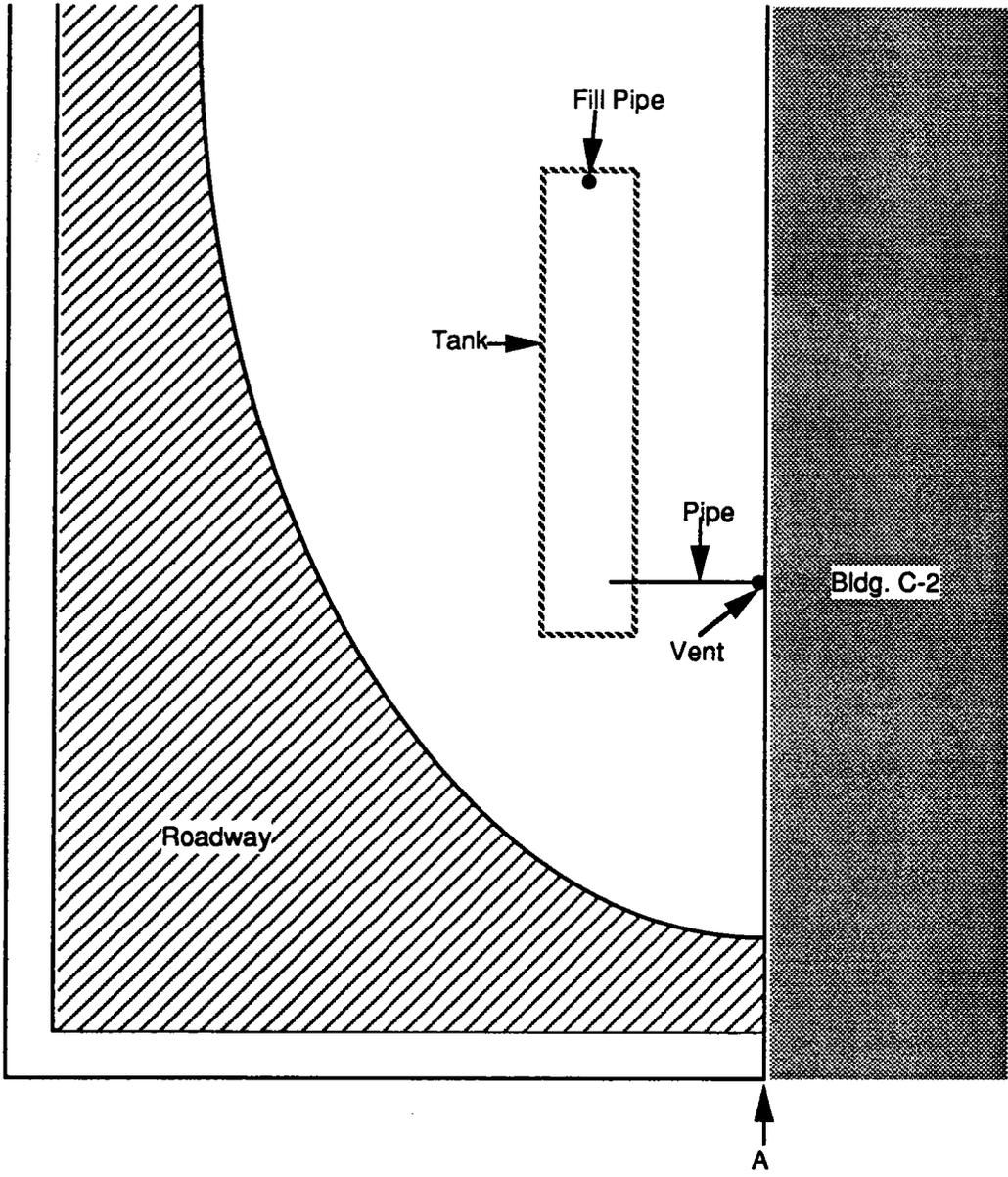


Figure 40
Building C3/1 UST Location Map
Naval Weapons Station Earle

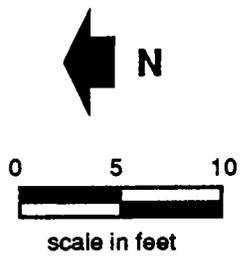
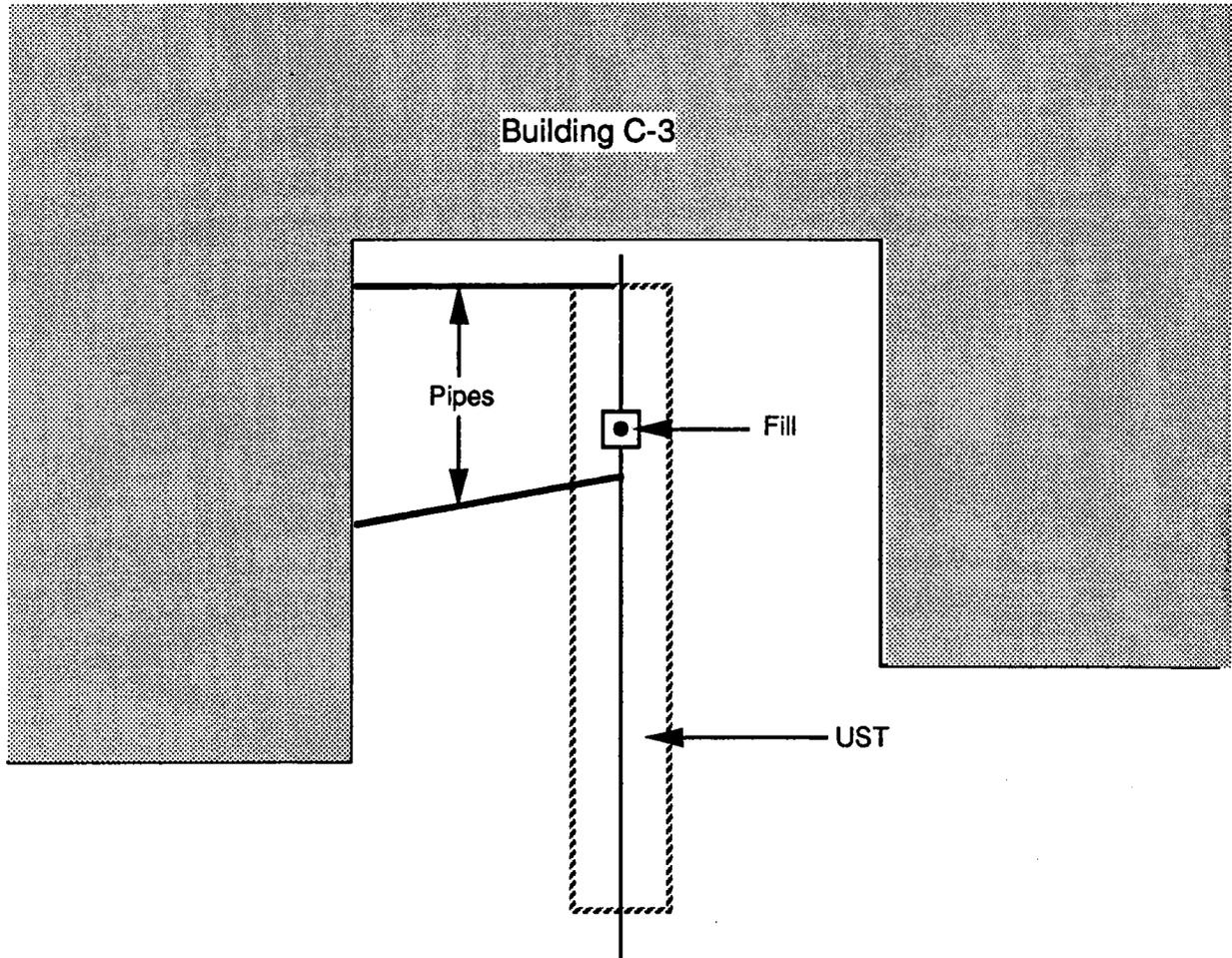
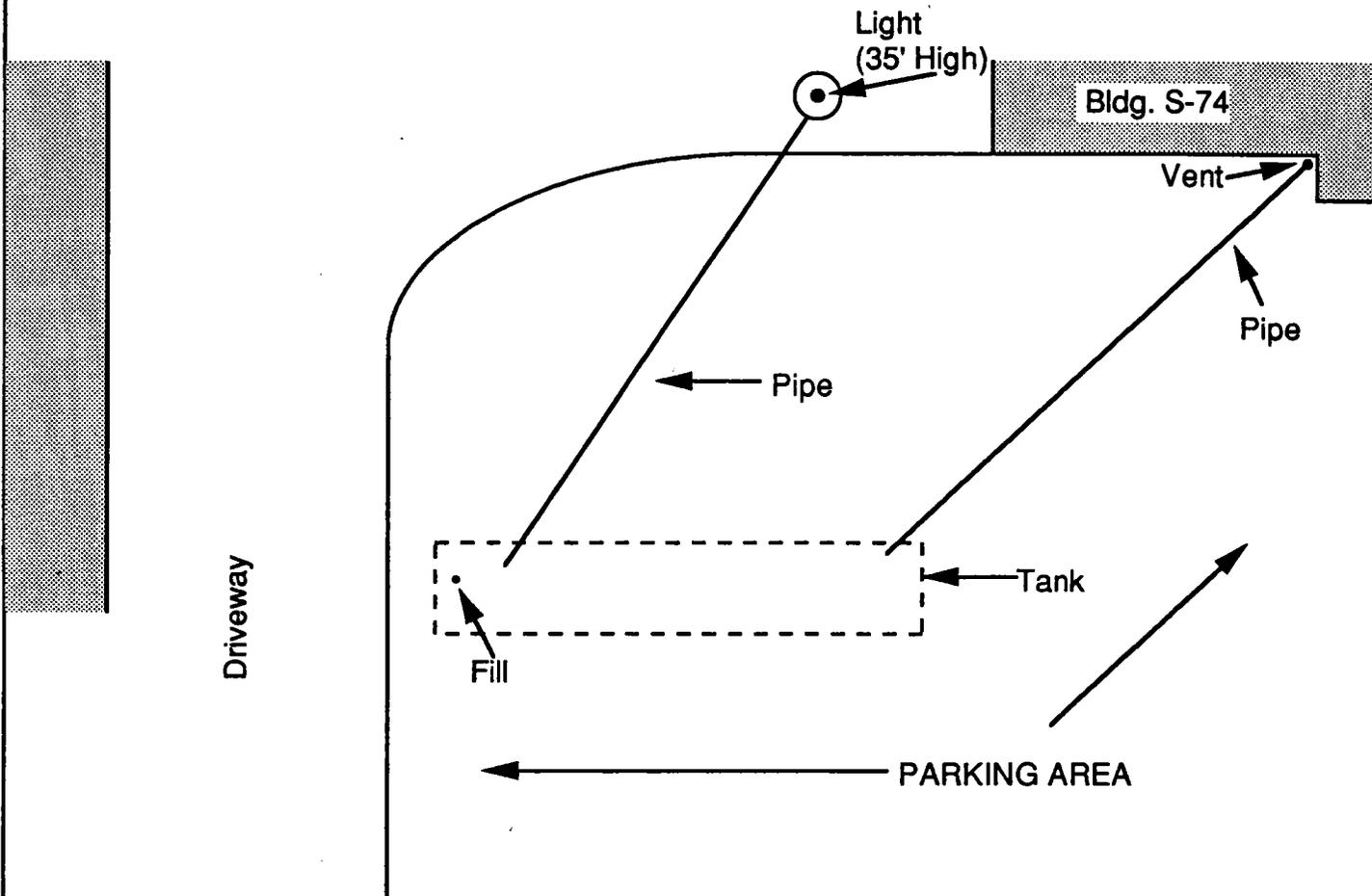


Figure 41
Site C3/2
Naval Weapons Station Earle



N

0 5 10

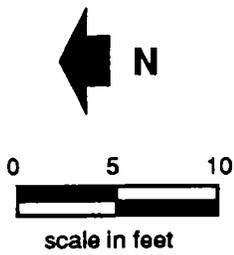
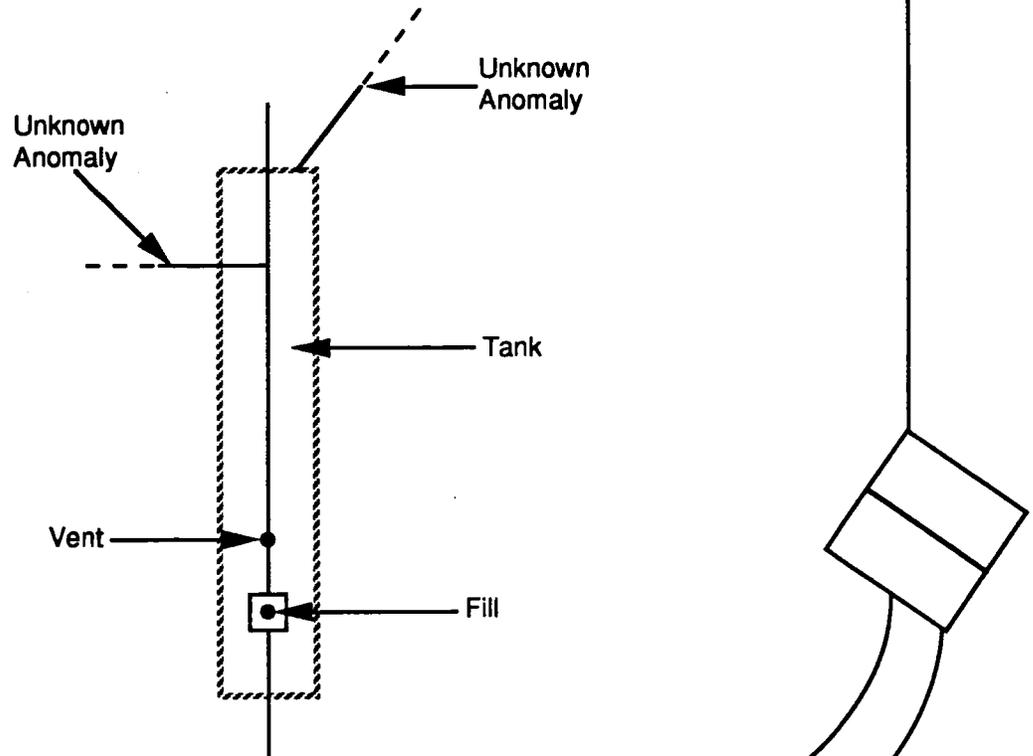
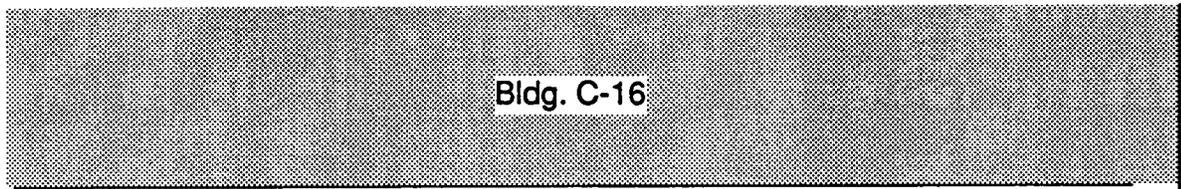


scale in feet

Note:

- (1) Tank depth is approximately 2.5'
- (2) Tank is located under asphalt parking area

Figure 42
Building C16 UST Location Map
Naval Weapons Station Earle



Sidewalk

Figure 43
Building C21 UST Location Map
Naval Weapons Station Earle

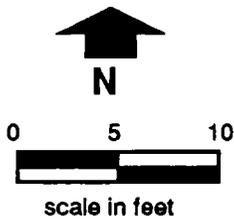
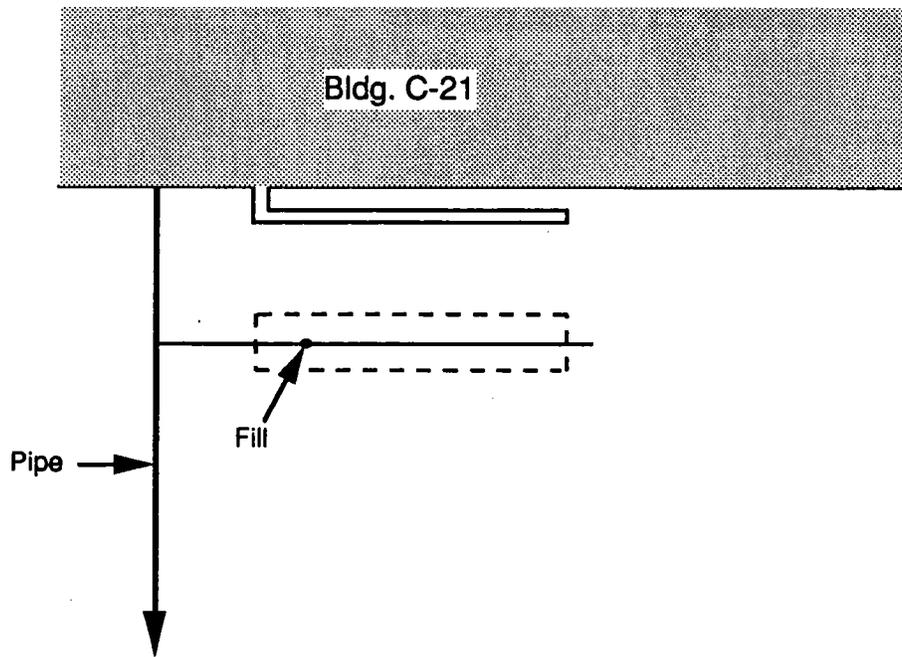
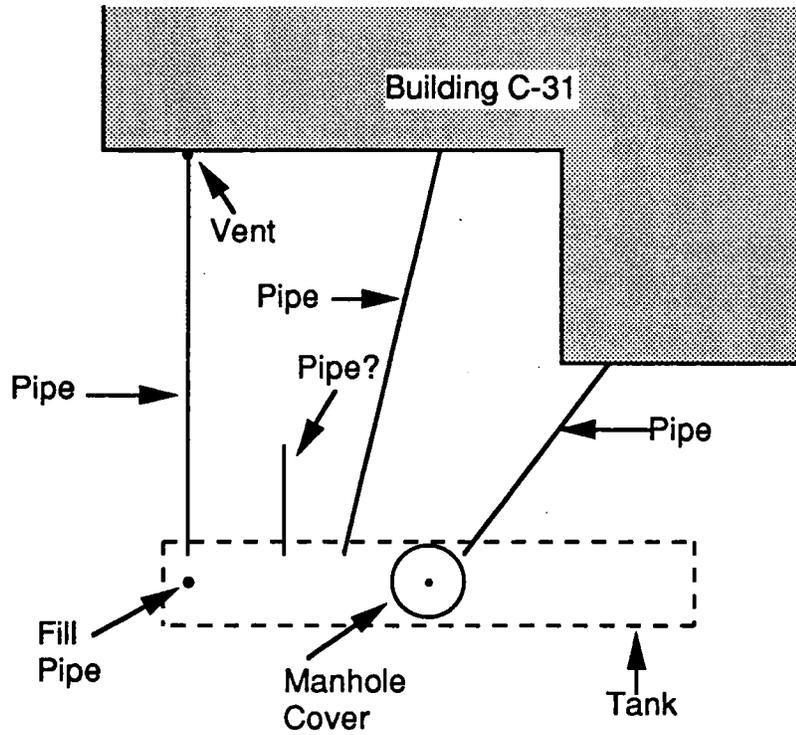


Figure 44
Building C31 UST Location Map
Naval Weapons Station Earle



Note:

(1) Tank depth is approximately 1.5'

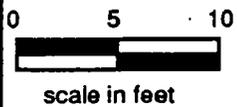
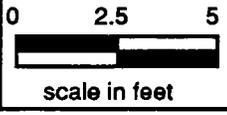
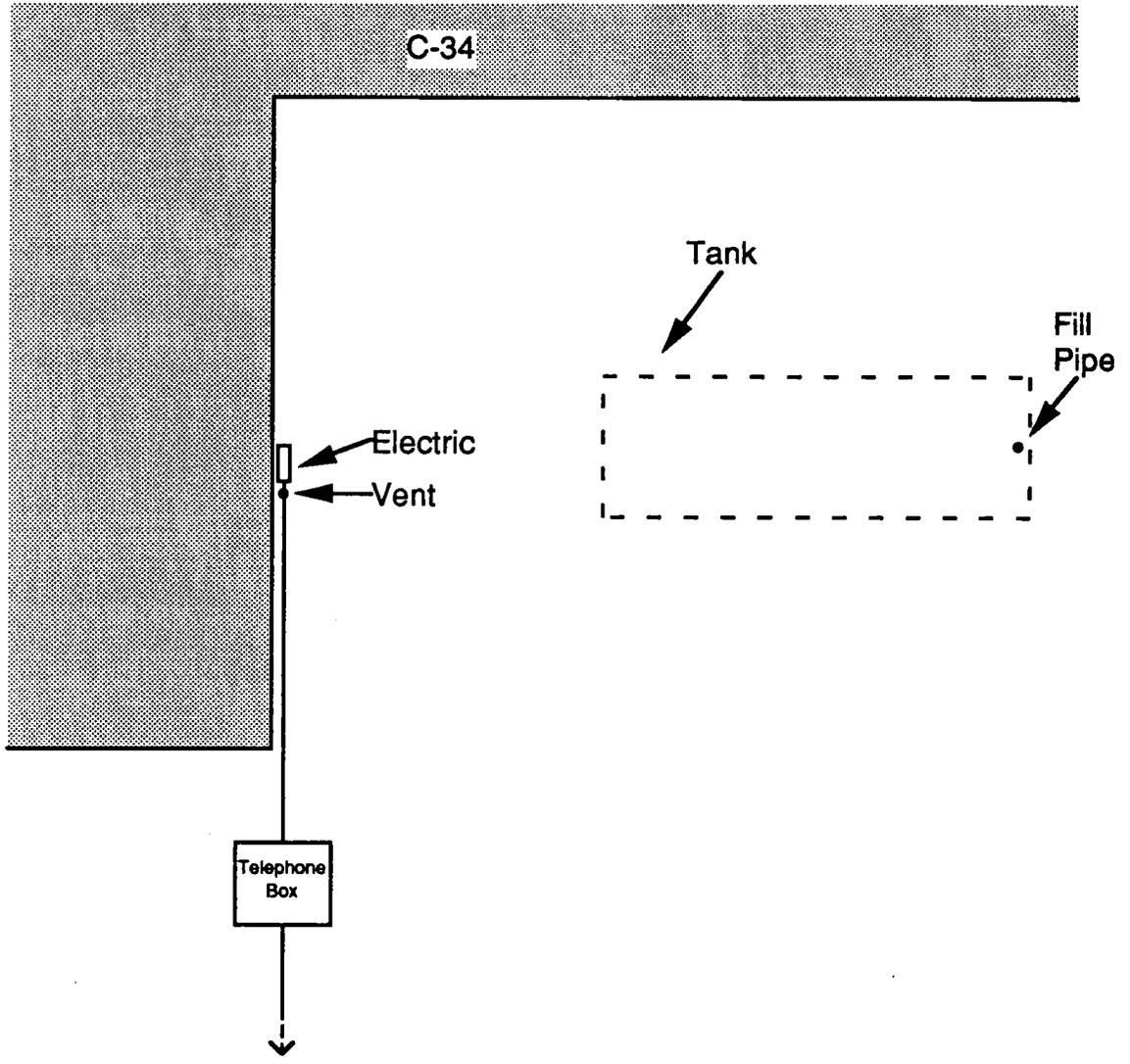
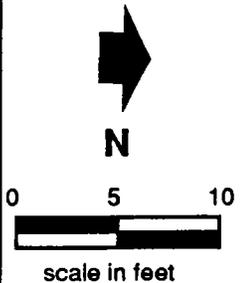
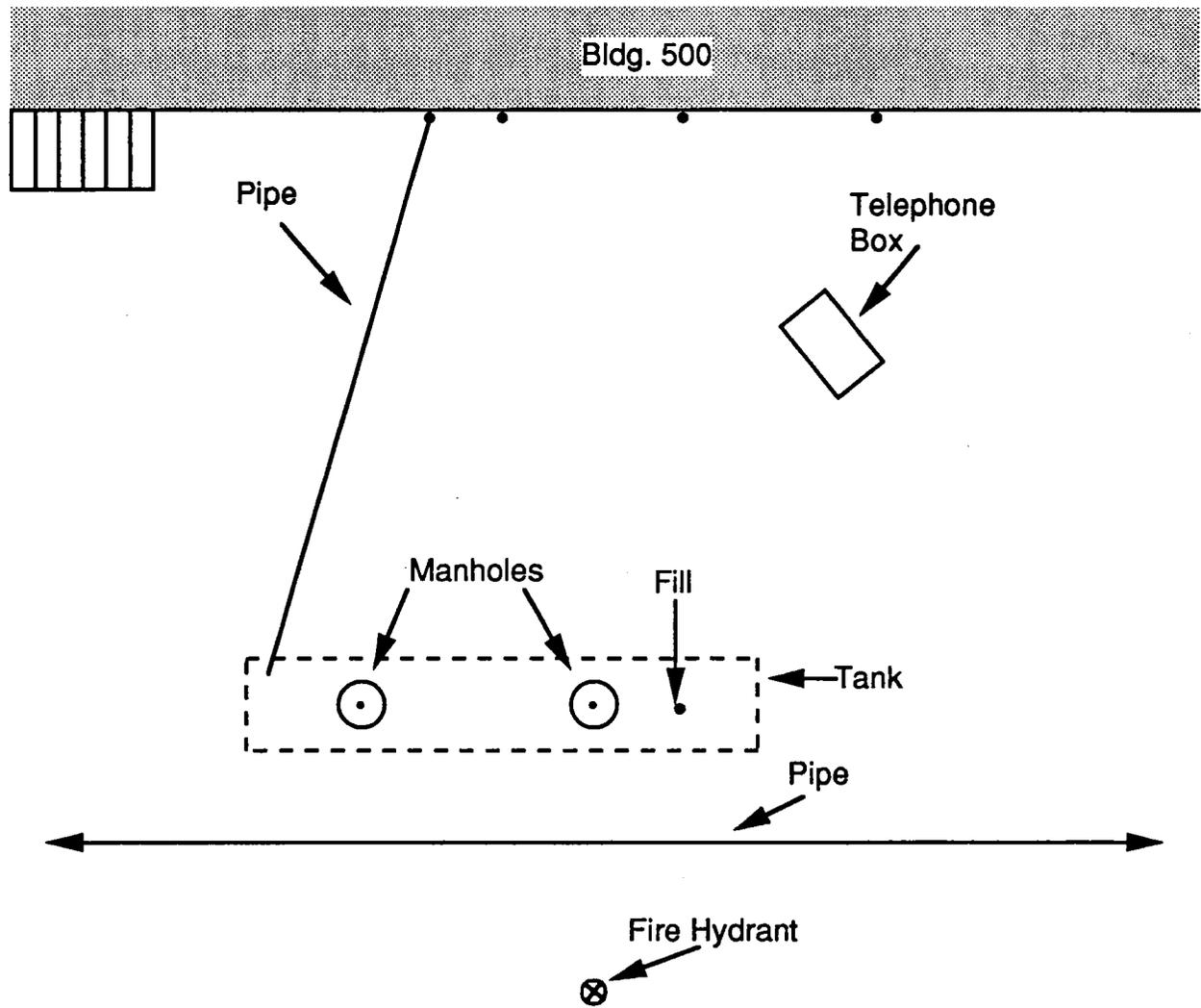


Figure 45
Building C34 UST Location Map
Naval Weapons Station Earle



Note:
(1) Tank depth is approximately 4.1'

Figure 46
Building 500 UST Location Map
Naval Weapons Station Earle



Note:

(1) Tank depth is approximately 4.1'

Figure 47
Building C23 UST Location Map
Naval Weapons Station Earle

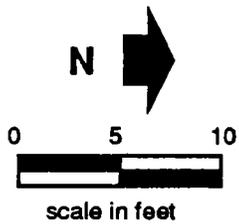
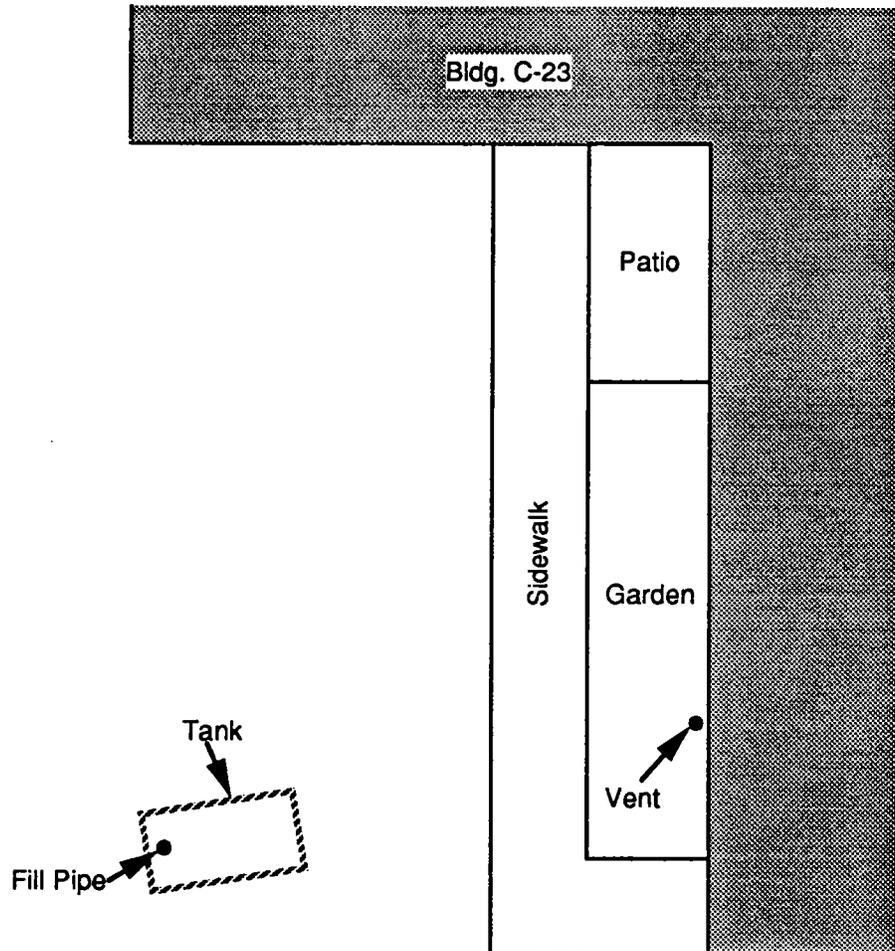


Figure 48
Building C33/1 UST Location Map
Naval Weapons Station Earle

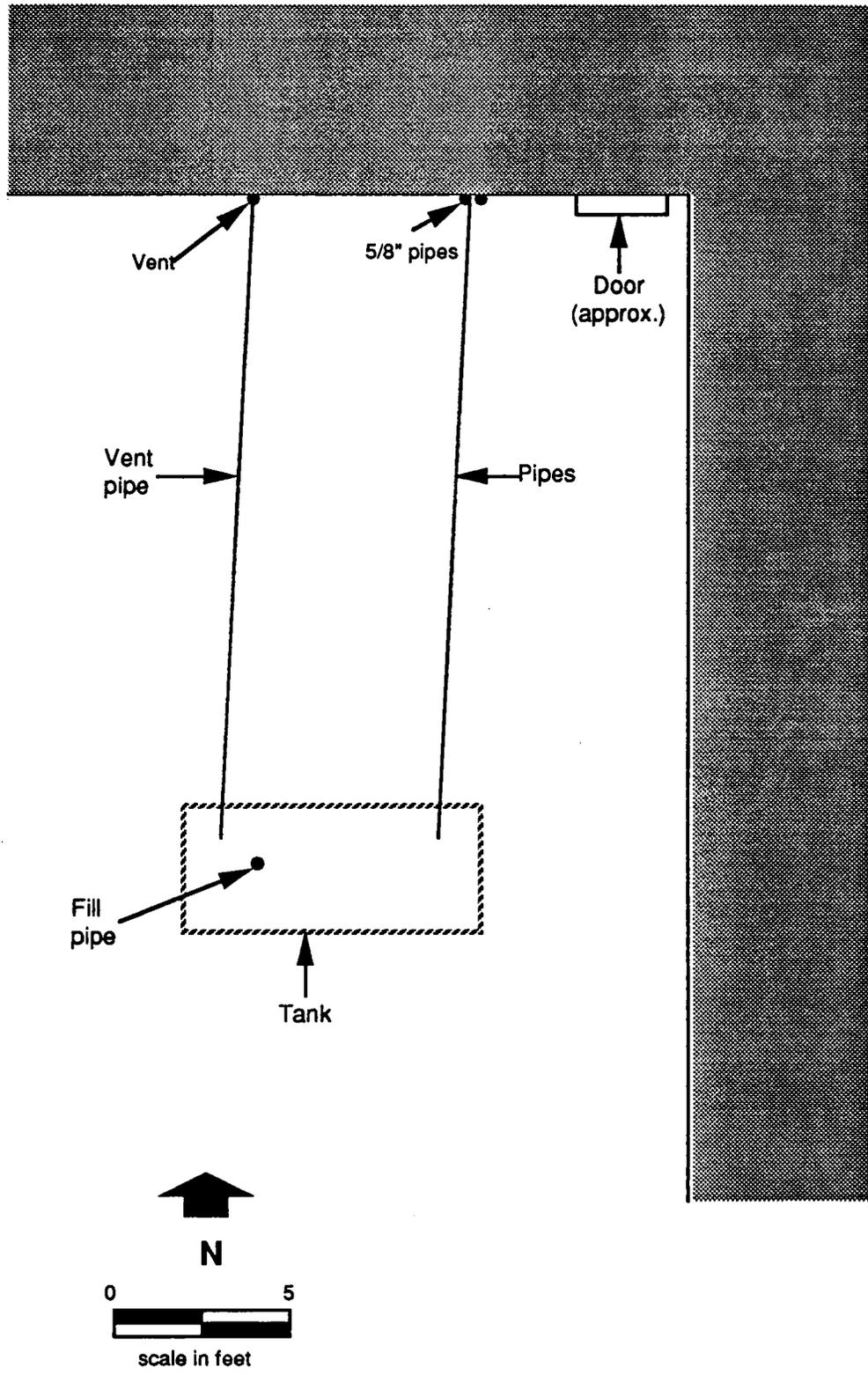


Figure 49
Building C33/2 UST Location Map
Naval Weapons Station Earle

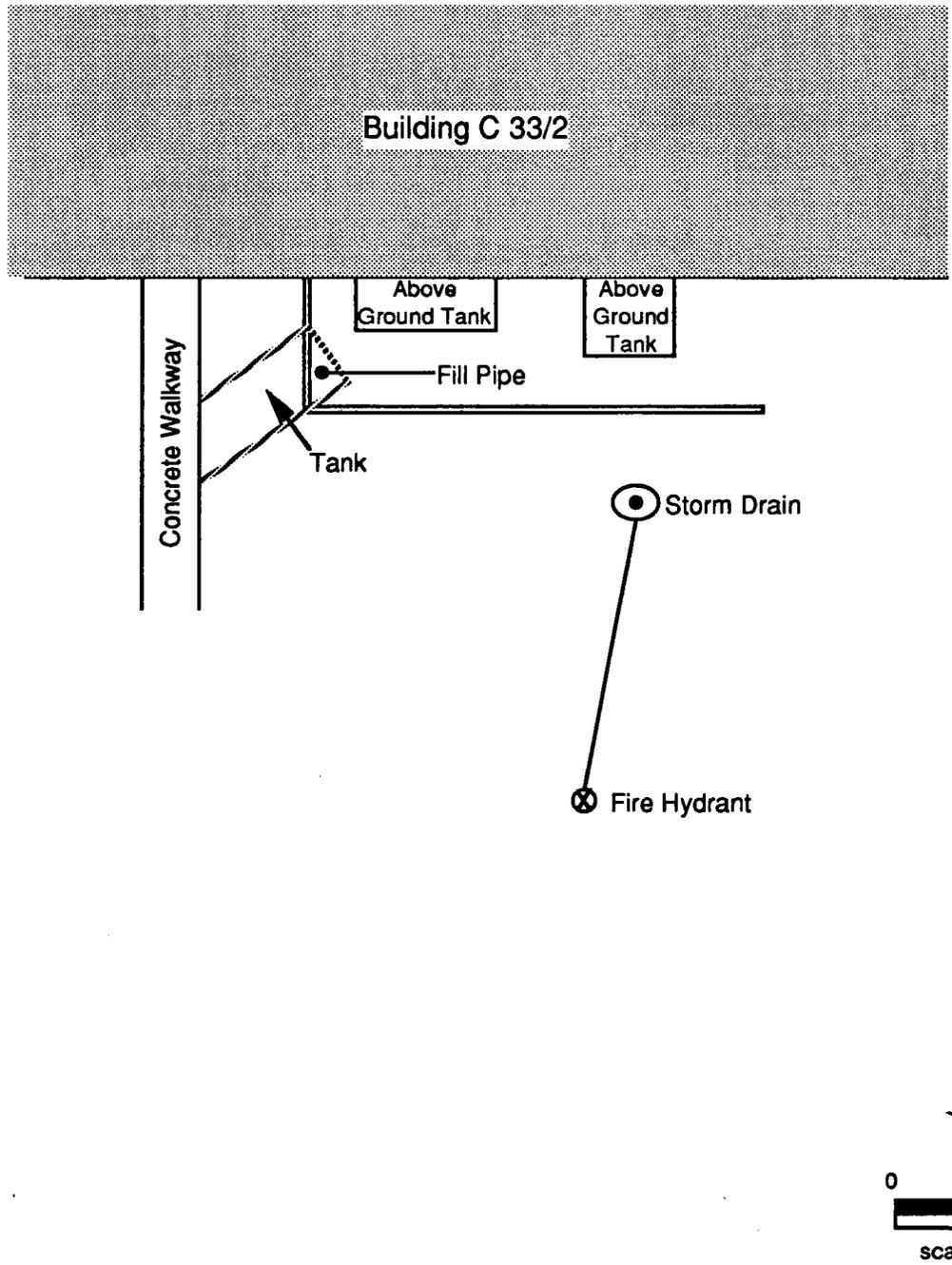
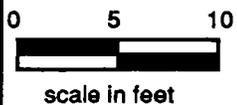
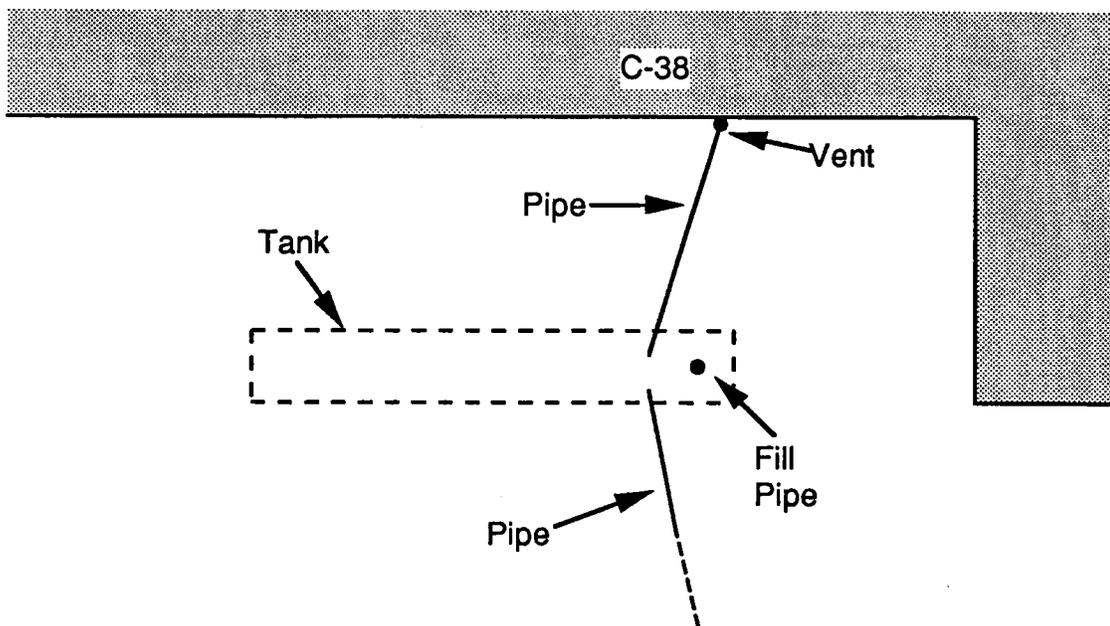


Figure 50
Site C38
Naval Weapons Station Earle



Notes:

- (1) Tank depth is approximately 2.4'

Figure 51
Building C46 UST Location Map
Naval Weapons Station Earle

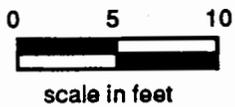
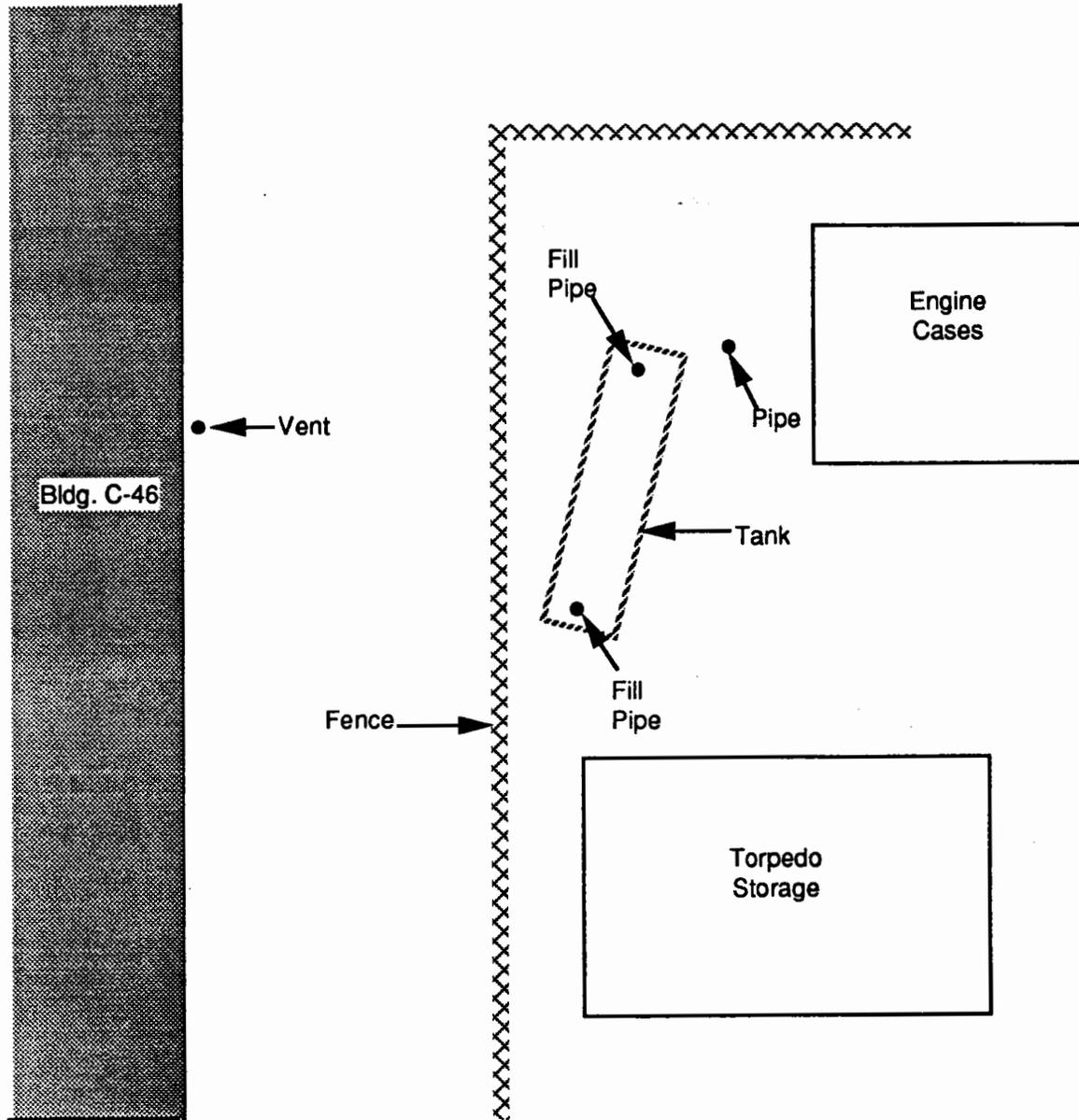


Figure 52
Building C53 UST Location Map
Naval Weapons Station Earle

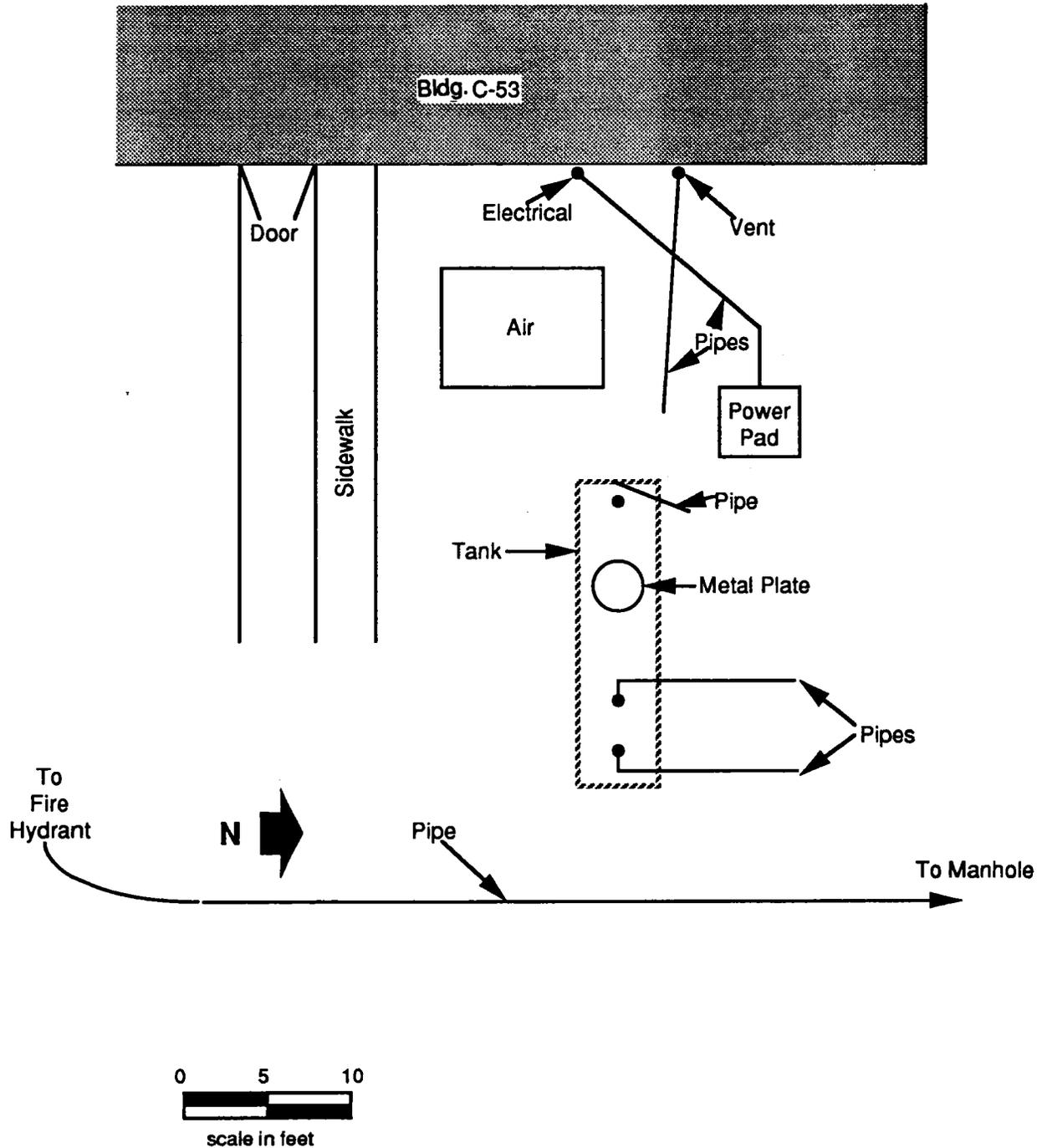
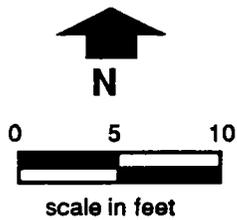
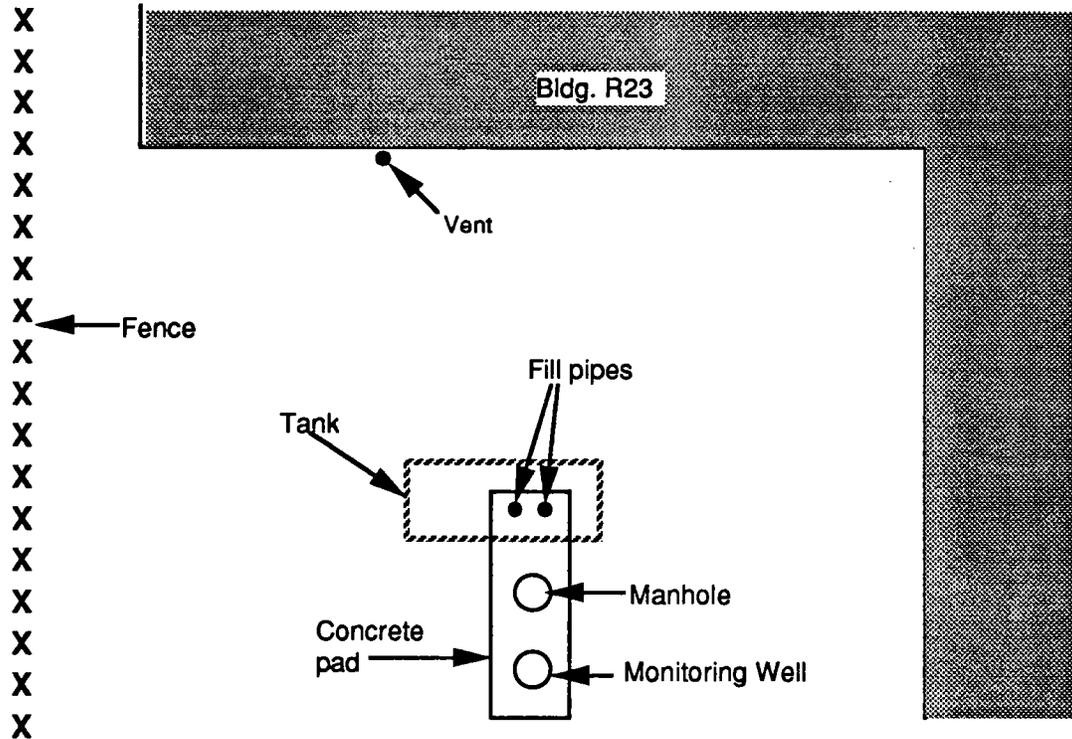


Figure 55
Building R23 UST Location Map
Naval Weapons Station Earle



Attachment 4

UST Registration Questionnaires

These BUST UST Registration forms are the most recent forms held by the NWS Earle Office of Public Works. It is noted here that the forms are not necessarily complete, but nevertheless, they have been included in this report in the case that any of the involved parties requests additional information not listed in Table 1-1.

ATTACHMENT 4
Summary of NJDEPE/BUST Registration Forms
For Tanks to be Removed

Location Bldg./Tank No.	Reference Registration Form No.	Location Bldg./Tank No.	Reference Registration Form No.
C2/01	1	R15/1	10
C4	20	R15/2	10
C7	14	S53/1	12
C8/01	1	S464/1	8
C8/02	20	457	16
C9	4	513/1	17
C16	5	554/1	1
C19	5	555/1	1
C29/1	5	566/1	2
C29/B01	13	566/2	8
C52	10	567/1	2
D1A1	17	589/1	10
D2/01	6	C2	20
D5/01	7	C3/01	20
E13/1	7	C3/02	20
FA2/1	17	C21	14
GB1/1	7	C31	5
MA2/1	7	C34	17
MPL/1	2	500	8
MPL/2	2	C23/01	13
QH-8	15	C33/1	17
R1	19	C33/2	18
R2	8	C38	6
R3	8	C46	6
R4A	9	C53	3
R5/01	12	C54	3
R9	9	R4B	9
R10	9	R22	3
R11	9	R23	11
R12/01	12		



11. All underground tanks used after January 1, 1974 including those taken out of operation, (UNLESS THE TANK WAS REMOVED FROM THE GROUND) must be included in this registration. All in-ground tanks shall be reported as underground tanks on this questionnaire regardless of their current status: Existing, E; Abandoned, A; or Closed C.

SPECIFIC TANK INFORMATION

	Tank No.	Tank No.	TANK NO.	TANK NO.	
12. Tank Identification Number	C021	C081	5571	9951	
13. CASRN Number (Hazardous Substances Only)	□□□□□□	□□□□□□	□□□□□□	□□□□□□	□□□□□□
14. Tank Age (Years)	05	04			26
15. Tank Size (gallons)	090330	090330	090330	090330	090330
16. Tank Contents (MARK ONE X)					
A. Leaded gasoline	<input type="checkbox"/>				
B. Unleaded gasoline	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C. Alcohol enriched gasoline	<input type="checkbox"/>				
D. Light diesel fuel (No. 1-D)	<input type="checkbox"/>				
E. Medium diesel fuel (No. 2-D)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
F. Waste oil	<input type="checkbox"/>				
G. Kerosene (No. 1)	<input type="checkbox"/>				
H. Home heating oil (No. 2)	<input type="checkbox"/>				
J. Heating oil (No. 4)	<input type="checkbox"/>				
K. Heavy heating oil (No. 6)	<input type="checkbox"/>				
L. Aviation fuel	<input type="checkbox"/>				
M. Hazardous substances (per Fact Sheet)	<input type="checkbox"/>				
N. Other: Please Specify					
17. Tank and Piping Construction (MARK ALL THAT APPLY X)	Tank Piping				
A. Bare steel	<input type="checkbox"/> <input checked="" type="checkbox"/>				
B. Carbon steel	<input type="checkbox"/> <input type="checkbox"/>				
C. Stainless steel	<input type="checkbox"/> <input type="checkbox"/>				
D. Aluminum	<input type="checkbox"/> <input type="checkbox"/>				
E. Polyvinyl chloride	<input type="checkbox"/> <input type="checkbox"/>				
F. Concrete	<input type="checkbox"/> <input type="checkbox"/>				
G. Bronze	<input type="checkbox"/> <input type="checkbox"/>				
H. Earthen walls	<input type="checkbox"/> <input type="checkbox"/>				
J. Fiberglass reinforced plastic	<input type="checkbox"/> <input type="checkbox"/>				
K. Fiberglass-clad steel	<input type="checkbox"/> <input type="checkbox"/>				
L. Painted/asphalt steel	<input checked="" type="checkbox"/> <input type="checkbox"/>				
M. Vaulted	<input type="checkbox"/> <input type="checkbox"/>				
N. Composite	<input type="checkbox"/> <input type="checkbox"/>				
P. Iron (cast or ductile)	<input type="checkbox"/> <input type="checkbox"/>				
R. Non-metallic	<input type="checkbox"/> <input type="checkbox"/>				
S. Other: Please Specify					
18. Tank and Piping Structure (MARK ALL THAT APPLY X)	Tank Piping				
A. Single wall	<input checked="" type="checkbox"/> <input checked="" type="checkbox"/>				
B. Double wall	<input type="checkbox"/> <input type="checkbox"/>				
C. Manway in tank	<input type="checkbox"/>				
19. Internal Tank and Piping Lining (MARK ONE X)	Tank Piping				
A. Rubber	<input type="checkbox"/> <input type="checkbox"/>				
B. Epoxy	<input type="checkbox"/> <input type="checkbox"/>				
C. Alklyd	<input type="checkbox"/> <input type="checkbox"/>				
D. Phenolic	<input type="checkbox"/> <input type="checkbox"/>				
E. Glass	<input type="checkbox"/> <input type="checkbox"/>				
F. Clay	<input type="checkbox"/> <input type="checkbox"/>				
G. None	<input checked="" type="checkbox"/> <input checked="" type="checkbox"/>				



Tank No. C021

Tank No. C081

TANK NO. 9541

TANK NO. 9551

Tank I.D. No.

	Tank	Piping								
20 Tank and Piping Lining installed (MARK ONE X)										
A. At purchase of tank	<input type="checkbox"/>									
B. Retrofitted	<input type="checkbox"/>									
21. Secondary containment (MARK ALL THAT APPLY X)										
A. Liner	<input type="checkbox"/>									
B. Vault	<input type="checkbox"/>									
C. Double wall	<input type="checkbox"/>									
D. None	<input checked="" type="checkbox"/>									
E. Other, Please Specify										
22. External Type/Application of Cathodic Protection (MARK ALL THAT APPLY X)										
A. Wrapped	<input type="checkbox"/>									
B. Sprayed	<input type="checkbox"/>									
C. Sacrificial anode	<input type="checkbox"/>									
D. Impressed current	<input type="checkbox"/>									
E. None	<input checked="" type="checkbox"/>									
F. Other, Please Specify										
23. Monitoring/detection method (MARK ALL THAT APPLY X)										
A. Automatic sampling	<input type="checkbox"/>									
B. Manual sampling	<input type="checkbox"/>									
C. Ground water monitoring	<input type="checkbox"/>									
D. System in secondary containment	<input type="checkbox"/>									
E. System outside backfill	<input type="checkbox"/>									
F. System within piping (piping leak detector)	<input type="checkbox"/>									
G. None	<input checked="" type="checkbox"/>									
24. Type of monitoring/detection system (MARK ALL THAT APPLY X)										
A. Continuous	<input type="checkbox"/>									
B. Event activated	<input type="checkbox"/>									
C. Audio	<input type="checkbox"/>									
D. Visual	<input type="checkbox"/>									
E. Electric sensor	<input type="checkbox"/>									
F. Stock/inventory control (manual)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
G. Stock/inventory control (electronic)	<input type="checkbox"/>									
H. Tile drain	<input type="checkbox"/>									
J. Vapor sniff wells	<input type="checkbox"/>									
K. Internal inspection	<input type="checkbox"/>									
L. Other, Please Specify										
M. None	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
25. Testing history recorded (MARK ALL THAT APPLY X)										
A. Yes	<input type="checkbox"/>									
B. No	<input checked="" type="checkbox"/>									
C. Test Result (MARK IF LEAKING NOW)	<input type="checkbox"/>									
26. Leak/spill occurrence (MARK ALL THAT APPLY X)										
A. Within the past 1 year	<input type="checkbox"/>									
B. Within the past 1 to 5 years	<input type="checkbox"/>									
C. More than 5 years ago	<input type="checkbox"/>									
D. No Records	<input type="checkbox"/>									



Tank L.D. No. Tank No. Co21 Tank No. G081 TANK NO. 51341 TANK NO. 5651

* SEE BELOW	27. Tank Status (MARK ONE X)					
	A. Active (operational)	<input checked="" type="checkbox"/>				
	B. Inactive (non-operational)	<input type="checkbox"/>				
	C. Closed (temporarily out-of-service)	<input type="checkbox"/>				
	D. Closed (permanently out-of-service)	<input type="checkbox"/>				
	E. Abandoned, in place	<input type="checkbox"/>				
	F. Abandoned, in place, filled only	<input type="checkbox"/>				
	G. Abandoned, in place, sealed only	<input type="checkbox"/>				
	H. Abandoned, in place, filled and sealed	<input type="checkbox"/>				
	J. Seasonal	<input type="checkbox"/>				
	K. Prior retrofitting work, Please Specify					
	L. Other, Please Specify					
	28. Spill recovery system on-site (MARK ONE X)					
	A. Yes	<input type="checkbox"/>				
B. No	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
29. Overfill protection (tank only) (MARK ONE X)						
A. Yes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
B. No	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
30. Emergency shut-off mechanisms (dispensers) (MARK ONE X)						
A. Yes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
B. No	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	

* If boxes 27 E, F, G or H above have been answered - answer questions 31, 32 and 33 below.

31. Substance last used in tank (MARK ONE X)	A. Leaded gasoline	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	B. Unleaded gasoline	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	C. Alcohol enriched gasoline	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	D. Light diesel fuel (No. 1-D)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	E. Medium diesel fuel (No. 2-D)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	F. Waste oil	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	G. Kerosene (No. 1)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	H. Home heating oil (No. 2)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	J. Heating oil (No. 4)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	J. Heavy heating oil (No. 6)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	K. Aviation fuel	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	L. Hazardous substances (per Fact Sheet)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	M. Other, Please Specify					
32. Estimated date last used (month/year)	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
	Mo. Yr.					
33. Estimated quantity (gallons) left in tank	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	

OWNER OR OWNER'S AGENT CERTIFICATION
 I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete.

William T. Mathney
 (SIGNATURE)
 WILLIAM T. MATHNEY
 (PRINT OR TYPE NAME)
 ENVIRONMENTAL ENGINEER
 (TITLE)



11. All underground tanks used after January 1, 1974 including those taken out of operation. (UNLESS THE TANK WAS REMOVED FROM THE GROUND) must be included in this registration. All in-ground tanks shall be reported as underground tanks on this questionnaire regardless of their current status: Existing, E; Abandoned, A; or Closed C

SPECIFIC TANK INFORMATION

	TANK NO.	TANK NO.	TANK NO.	TANK NO.
12. Tank Identification Number	5661	5671		MP 11
13. CASRN Number (Hazardous Substances Only)				
14. Tank Age (Years)	09	09	18	
15. Tank Size (gallons)	010610010	010210010		010015510
16. Tank Contents (MARK ONE X)				
A. Leaded gasoline	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B. Unleaded gasoline	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C. Alcohol enriched gasoline	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D. Light diesel fuel (No. 1-D)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
E. Medium diesel fuel (No. 2-D)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
F. Waste oil	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
G. Kerosene (No. 1)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
H. Home heating oil (No. 2)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
J. Heating oil (No. 4)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
K. Heavy heating oil (No. 6)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
L. Aviation fuel	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
M. Hazardous substances (per Fact Sheet)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
N. Other: Please Specify				
17. Tank and Piping Construction (MARK ALL THAT APPLY)	Tank Piping	Tank Piping	Tank Piping	Tank Piping
A. Bare steel	<input type="checkbox"/> <input checked="" type="checkbox"/>			
B. Carbon steel	<input type="checkbox"/> <input type="checkbox"/>			
C. Stainless steel	<input type="checkbox"/> <input type="checkbox"/>			
D. Aluminum	<input type="checkbox"/> <input type="checkbox"/>			
E. Polyvinyl chloride	<input type="checkbox"/> <input type="checkbox"/>			
F. Concrete	<input type="checkbox"/> <input type="checkbox"/>			
G. Bronze	<input type="checkbox"/> <input type="checkbox"/>			
H. Earthen walls	<input type="checkbox"/> <input type="checkbox"/>			
J. Fiberglass reinforced plastic	<input type="checkbox"/> <input type="checkbox"/>			
K. Fiberglass-clad steel	<input type="checkbox"/> <input type="checkbox"/>			
L. Painted/asphalt steel	<input checked="" type="checkbox"/> <input type="checkbox"/>			
M. Vaulted	<input type="checkbox"/> <input type="checkbox"/>			
N. Composite	<input type="checkbox"/> <input type="checkbox"/>			
P. Iron (cast or ductile)	<input type="checkbox"/> <input type="checkbox"/>			
R. Non-metallic	<input type="checkbox"/> <input type="checkbox"/>			
S. Other: Please Specify				
18. Tank and Piping Structure (MARK ALL THAT APPLY X)	Tank Piping	Tank Piping	Tank Piping	Tank Piping
A. Single wall	<input checked="" type="checkbox"/> <input checked="" type="checkbox"/>			
B. Double wall	<input type="checkbox"/> <input type="checkbox"/>			
C. Manway in tank	<input type="checkbox"/> <input type="checkbox"/>			
19. Internal Tank and Piping Lining (MARK ONE X)	Tank Piping	Tank Piping	Tank Piping	Tank Piping
A. Rubber	<input type="checkbox"/> <input type="checkbox"/>			
B. Epoxy	<input type="checkbox"/> <input type="checkbox"/>			
C. Alklyd	<input type="checkbox"/> <input type="checkbox"/>			
D. Phenolic	<input type="checkbox"/> <input type="checkbox"/>			
E. Glass	<input type="checkbox"/> <input type="checkbox"/>			
F. Clay	<input type="checkbox"/> <input type="checkbox"/>			
G. None	<input checked="" type="checkbox"/> <input checked="" type="checkbox"/>			



TANK NO. 5661 TANK NO. 5671 TANK NO. MP111 TANK NO. MP111

Tank I.D. No.

	TANK NO. <u>5661</u>		TANK NO. <u>5671</u>		TANK NO. <u>MP111</u>		TANK NO. <u>MP111</u>		TANK NO. <u>MP111</u>	
	Tank	Piping								
20. Tank and Piping Lining installed (MARK ONE X)										
A. At purchase of tank	<input type="checkbox"/>									
B. Retrofitted	<input type="checkbox"/>									
21. Secondary containment (MARK ALL THAT APPLY X)										
A. Liner	<input type="checkbox"/>									
B. Vault	<input type="checkbox"/>									
C. Double wall	<input type="checkbox"/>									
D. None	<input checked="" type="checkbox"/>									
E. Other, Please Specify										
22. External Type/Application of Cathodic Protection (MARK ALL THAT APPLY X)										
A. Wrapped	<input type="checkbox"/>									
B. Sprayed	<input type="checkbox"/>									
C. Sacrificial anode	<input type="checkbox"/>									
D. Impressed current	<input type="checkbox"/>									
E. None	<input checked="" type="checkbox"/>									
F. Other, Please Specify										
23. Monitoring/detection method (MARK ALL THAT APPLY X)										
A. Automatic sampling	<input type="checkbox"/>									
B. Manual sampling	<input type="checkbox"/>									
C. Ground water monitoring	<input type="checkbox"/>									
D. System in secondary containment	<input type="checkbox"/>									
E. System outside backfill	<input type="checkbox"/>									
F. System within piping (piping leak detector)	<input type="checkbox"/>									
G. None	<input checked="" type="checkbox"/>									
24. Type of monitoring/detection system (MARK ALL THAT APPLY X)										
A. Continuous	<input type="checkbox"/>									
B. Event activated	<input type="checkbox"/>									
C. Audio	<input type="checkbox"/>									
D. Visual	<input type="checkbox"/>									
E. Electric sensor	<input type="checkbox"/>									
F. Stock/inventory control (manual)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
G. Stock/inventory control (electronic)	<input type="checkbox"/>									
H. Tile drain	<input type="checkbox"/>									
J. Vapor sniff wells	<input type="checkbox"/>									
K. Internal inspection	<input type="checkbox"/>									
L. Other, Please Specify										
M. None	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
25. Testing history recorded (MARK ALL THAT APPLY X)										
A. Yes	<input type="checkbox"/>									
B. No	<input checked="" type="checkbox"/>									
C. Test Result (MARK IF LEAKING NOW)	<input type="checkbox"/>									
26. Leak/spill occurrence (MARK ALL THAT APPLY X)										
A. Within the past 1 year	<input type="checkbox"/>									
B. Within the past 1 to 5 years	<input type="checkbox"/>									
C. More than 5 years ago	<input type="checkbox"/>									
D. No Records	<input type="checkbox"/>									



Tank I.D. No. 5661 TANK NO. 5671 TANK NO. MP LI

* SEE BELOW	27. Tank Status (MARK ONE X)					
	A. Active (operational)	<input checked="" type="checkbox"/>				
	B. Inactive (non-operational)	<input type="checkbox"/>				
	C. Closed (temporarily out-of-service)	<input type="checkbox"/>				
	D. Closed (permanently out-of-service)	<input type="checkbox"/>				
	E. Abandoned, in place	<input type="checkbox"/>				
	F. Abandoned, in place, filled only	<input type="checkbox"/>				
	G. Abandoned, in place, sealed only	<input type="checkbox"/>				
	H. Abandoned, in place, filled and sealed	<input type="checkbox"/>				
	J. Seasonal	<input type="checkbox"/>				
	K. Prior retrofitting work, Please Specify					
	L. Other, Please Specify					
	28. Spill recovery system on-site (MARK ONE X)					
	A. Yes	<input type="checkbox"/>				
B. No	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
29. Overfill protection (tank only) (MARK ONE X)						
A. Yes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
B. No	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
30. Emergency shut-off mechanisms (dispensers) (MARK ONE X)						
A. Yes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
B. No	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	

* If boxes 27 E, F, G or H above have been answered - answer questions 31, 32 and 33 below.

31. Substance last used in tank (MARK ONE X)	A. Leaded gasoline	<input type="checkbox"/>				
	B. Unleaded gasoline	<input type="checkbox"/>				
	C. Alcohol enriched gasoline	<input type="checkbox"/>				
	D. Light diesel fuel (No. 1-D)	<input type="checkbox"/>				
	E. Medium diesel fuel (No. 2-D)	<input type="checkbox"/>				
	F. Waste oil	<input type="checkbox"/>				
	G. Kerosene (No. 1)	<input type="checkbox"/>				
	H. Home heating oil (No. 2)	<input type="checkbox"/>				
	J. Heating oil (No. 4)	<input type="checkbox"/>				
	J. Heavy heating oil (No. 6)	<input type="checkbox"/>				
	K. Aviation fuel	<input type="checkbox"/>				
	L. Hazardous substances (per Fact Sheet)	<input type="checkbox"/>				
	M. Other, Please Specify					
	32. Estimated date last used (month/year)	<input type="text"/> Mo. Yr.				
	33. Estimated quantity (gallons) left in tank	<input type="text"/>				

OWNER OR OWNER'S AGENT CERTIFICATION

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete.

William T. Matthey
 (SIGNATURE)
 WILLIAM T. MATTHEY
 (PRINT OR TYPE NAME)
 ENVIRONMENTAL ENGINEER
 (TITLE)



ALL underground tanks, including those taken out of operation. (UNLESS THE TANK WAS REMOVED FROM THE GROUND) must be included in this registration. All in-ground tanks shall be reported as underground tanks on this questionnaire regardless of their current status; Existing, E; Abandoned, A; or out of service, C.

SPECIFIC TANK INFORMATION

	TANK NO. C5 31	TANK NO. C5 41	TANK NO. 3221	TANK NO. [] [] [] []	TANK NO. [] [] [] []
12. Tank Identification Number					
13. CASRN Number (Hazardous Substances Only)	[] [] [] [] [] [] [] [] [] []	[] [] [] [] [] [] [] [] [] []	[] [] [] [] [] [] [] [] [] []	[] [] [] [] [] [] [] [] [] []	[] [] [] [] [] [] [] [] [] []
14. Tank Age (Years)	11	11	2	[] [] [] [] [] [] [] [] [] []	[] [] [] [] [] [] [] [] [] []
15. Tank Size (gallons)	01031010	01061010	01151010	[] [] [] [] [] [] [] [] [] []	[] [] [] [] [] [] [] [] [] []
16. Tank Contents (MARK ONE X)					
A. Leaded gasoline	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B. Unleaded gasoline	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C. Alcohol enriched gasoline	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D. Light diesel fuel (No. 1-D)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
E. Medium diesel fuel (No. 2-D)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
F. Waste oil	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
G. Kerosene (No. 1)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
H. Home heating oil (No. 2)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
J. Heating oil (No. 4)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
K. Heavy heating oil (No. 6)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
L. Aviation fuel	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
M. Hazardous substances (per Fact Sheet)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
N. Other; Please Specify					
17. Tank and Piping Construction (MARK ALL THAT APPLY X)	Tank Piping	Tank Piping	Tank Piping	Tank Piping	Tank Piping
A. Bare steel	<input type="checkbox"/> <input checked="" type="checkbox"/>	<input type="checkbox"/> <input checked="" type="checkbox"/>	<input type="checkbox"/> <input checked="" type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
B. Carbon steel	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
C. Stainless steel	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
D. Aluminum	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
E. Polyvinyl chloride	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
F. Concrete	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
G. Bronze	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
H. Earthen walls	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
J. Fiberglass reinforced plastic	<input type="checkbox"/> <input type="checkbox"/>	<input checked="" type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
K. Fiberglass-clad steel	<input checked="" type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
L. Painted/asphalt steel	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input checked="" type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
M. Vaulted	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
N. Composite	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
P. Iron (cast or ductile)	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
R. Non-metallic	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
S. Other; Please Specify					
18. Tank and Piping Structure (MARK ALL THAT APPLY X)	Tank Piping	Tank Piping	Tank Piping	Tank Piping	Tank Piping
A. Single wall	<input checked="" type="checkbox"/> <input checked="" type="checkbox"/>	<input type="checkbox"/> <input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> <input checked="" type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
B. Double wall	<input type="checkbox"/> <input type="checkbox"/>	<input checked="" type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
C. Manway in tank	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
19. Internal Tank and Piping Lining (MARK ALL THAT APPLY X)	Tank Piping	Tank Piping	Tank Piping	Tank Piping	Tank Piping
A. Rubber	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
B. Epoxy	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
C. Alkyd	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
D. Phenolic	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
E. Glass	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
F. Clay	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
G. None	<input checked="" type="checkbox"/> <input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> <input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> <input checked="" type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
H. Other; Please Specify					



Tank I.D. No. TANK NO. 0531 TANK NO. 0541 TANK NO. R221 TANK NO. TANK NO.

	Tank	Piping	Tank	Piping	Tank	Piping	Tank	Piping	Tank	Piping
20. Tank and Piping Lining installed A. At purchase of tank (MARK ALL THAT APPLY X)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
B. Retrofitted	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
C. None	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
21. Secondary containment (MARK ALL THAT APPLY X)	Tank	Piping	Tank	Piping	Tank	Piping	Tank	Piping	Tank	Piping
A. Liner	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
B. Vault	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
C. Double wall	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
D. None	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
E. Other, Please Specify										
22. External Type/Application of Cathodic Protection (MARK ALL THAT APPLY X)	Tank	Piping	Tank	Piping	Tank	Piping	Tank	Piping	Tank	Piping
A. Wrapped	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
B. Sprayed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
C. Sacrificial anode	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D. Impressed current	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
E. None	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
F. Other, Please Specify										
23. Monitoring/detection method (MARK ALL THAT APPLY X)	Tank	Piping	Tank	Piping	Tank	Piping	Tank	Piping	Tank	Piping
A. Automatic sampling	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
B. Manual sampling	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
C. Ground water monitoring	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
D. System in secondary containment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
System outside backfill	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
System within piping (piping leak detector)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
G. None	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
24. Type of monitoring/detection system (MARK ALL THAT APPLY X)	Tank	Piping	Tank	Piping	Tank	Piping	Tank	Piping	Tank	Piping
A. Continuous	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
B. Event activated	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
C. Audio	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
D. Visual	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
E. Electric sensor	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
F. Stock/inventory control (manual)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
G. Stock/inventory control (electronic)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
H. Tile drain	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
J. Vapor sniff wells	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
K. Internal inspection	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
L. Other, Please Specify										
M. None	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
25. Tank/piping tested (any type) (MARK ALL THAT APPLY X)										
A. Yes	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
B. No	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
C. Test positive (MARK IF LEAK WAS DISCOVERED)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
D. None (Never tested)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
26. Leak/spill occurrence (MARK ALL THAT APPLY X)										
A. Within the past 1 year	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
Within the past 1 to 5 years	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
More than 5 years ago	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
D. No Records	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
E. None	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					



Tank I.D. No. TANK NO. C15811 TANK NO. C15411 TANK NO. R1221 TANK NO. [] [] [] [] [] []

* SEE BELOW	27. Tank Status (MARK ONE X)					
	A. Operational	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	B. Temporarily out of service (Less than 90 days)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	(+) C. Extended out of service (90 days to 2 years)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	D. Long term out of service (Greater than 2 years)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	E. Abandoned, in place	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	F. Abandoned, in place, filled only	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	G. Abandoned, in place, sealed only	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	H. Abandoned, in place, filled and sealed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	(+) J. Seasonal (Answer only for motor fuel uses)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	K. Prior retrofitting work, Please Specify					
	L. Other, Please Specify					
	28. Spill recovery system on-site (MARK ONE X)					
	A. Yes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	B. No	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
29. Overfill protection (tank only) (MARK ONE X)						
A. Yes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
B. No	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
30. Emergency shut-off mechanisms (dispensers) (MARK ONE X)						
A. Yes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
B. No	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

* If boxes 27 E, F, G or H above have been answered - answer questions 31, 32 and 33 below.

* SEE BELOW	31. Substance last used in tank (MARK ONE X)					
	a. Leaded gasoline	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	b. Unleaded gasoline	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	C. Alcohol enriched gasoline	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	D. Light diesel fuel (No. 1-D)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	E. Medium diesel fuel (No. 2-D)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	F. Waste oil	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	G. Kerosene (No. 1)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	H. Home heating oil (No. 2)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	I. Heating oil (No. 4)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	J. Heavy heating oil (No. 6)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	K. Aviation fuel	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	L. Hazardous substances (per Fact Sheet)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	M. Other, Please Specify					
	32. Estimated date last used (month/year)	[] [] [] [] Mo. Yr.	[] [] [] [] Mo. Yr.	[] [] [] [] Mo. Yr.	[] [] [] [] Mo. Yr.	[] [] [] [] Mo. Yr.
33. Estimated quantity (gallons) left in tank	[] [] [] [] [] [] [] [] [] []	[] [] [] [] [] [] [] [] [] []	[] [] [] [] [] [] [] [] [] []	[] [] [] [] [] [] [] [] [] []	[] [] [] [] [] [] [] [] [] []	

*** This registration form shall be signed by the highest ranking individual at the facility with overall responsibility for that facility (7:14B-2.3 (a) 1). ***

"I certify under penalty of law that the information provided in this document is true, accurate and complete. I am aware that there are significant civil and criminal penalties for submitting false, inaccurate or incomplete information, including fines and/or imprisonment.

Jeffrey Tubello
(SIGNATURE)
JEFFREY TUBELLO
(PRINT OR TYPE NAME)
Public Works Officer
(TITLE)



ALL underground tanks, including those taken out of operation. (UNLESS THE TANK WAS REMOVED FROM GROUND) must be included in this registration. All in-ground tanks shall be reported as underground tanks on this questionnaire regardless of their current status; Existing, E; Abandoned, A; or out of service, C.

SPECIFIC TANK INFORMATION

		TANK NO.							
12. Tank Identification Number		C961							
13. CASRN Number (Hazardous Substances Only)		N/A		N/A					
14. Tank Age (Years)		2.7		2.8					
15. Tank Size (gallons)		15,999		15,000					
16. Tank Contents (MARK ONE X)									
A. Leaded gasoline	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
B. Unleaded gasoline	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
C. Alcohol enriched gasoline	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
D. Light diesel fuel (No. 1-D)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
E. Medium diesel fuel (No. 2-D)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
F. Waste oil	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
G. Kerosene (No. 1)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
H. Home heating oil (No. 2)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>				
J. Heating oil (No. 4)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
K. Heavy heating oil (No. 6)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
L. Aviation fuel	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
M. Hazardous substances (per Fact Sheet)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
N. Other, Please Specify									
17. Tank and Piping Construction (MARK ALL THAT APPLY X)		Tank	Piping	Tank	Piping	Tank	Piping	Tank	Piping
A. Bare steel	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B. Carbon steel	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C. Stainless steel	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D. Aluminum	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
E. Polyvinyl chloride	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
F. Concrete	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
G. Bronze	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
H. Earthen walls	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
J. Fiberglass reinforced plastic	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
K. Fiberglass-clad steel	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
L. Painted/asphalt steel	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
M. Vaulted	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
N. Composite	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
P. Iron (cast or ductile)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
R. Non-metallic	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
S. Other, Please Specify									
18. Tank and Piping Structure (MARK ALL THAT APPLY X)		Tank	Piping	Tank	Piping	Tank	Piping	Tank	Piping
A. Single wall	<input type="checkbox"/>	<input checked="" type="checkbox"/>							
B. Double wall	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C. Manway in tank	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
19. Internal Tank and Piping Lining (MARK ALL THAT APPLY X)		Tank	Piping	Tank	Piping	Tank	Piping	Tank	Piping
A. Rubber	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B. Epoxy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C. Alklyd	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D. Phenolic	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
E. Glass	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
F. Clay	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
G. None	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

Tank I.D. No. TANK NO. 5901

TANK NO.

	TANK		TANK		TANK		TANK		TANK	
	Tank	Piping								
20. Tank and Piping Lining installed										
A. At purchase of tank (MARK ALL THAT APPLY X)	<input type="checkbox"/>									
B. Retrofitted	<input type="checkbox"/>									
C. None	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
21. Secondary containment (MARK ALL THAT APPLY X)										
A. Liner	<input type="checkbox"/>									
B. Vault	<input type="checkbox"/>									
C. Double wall	<input type="checkbox"/>									
D. None	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
E. Other, Please Specify										
22. External Type/Application of Cathodic Protection (MARK ALL THAT APPLY X)										
A. Wrapped	<input type="checkbox"/>									
B. Sprayed	<input type="checkbox"/>									
C. Sacrificial anode	<input type="checkbox"/>									
D. Impressed current	<input type="checkbox"/>									
E. None	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
F. Other, Please Specify										
23. Monitoring/detection method (MARK ALL THAT APPLY X)										
A. Automatic sampling	<input type="checkbox"/>									
B. Manual sampling	<input type="checkbox"/>									
C. Ground water monitoring	<input type="checkbox"/>									
D. System in secondary containment	<input type="checkbox"/>									
E. System outside backfill	<input type="checkbox"/>									
F. System within piping (piping leak detector)	<input type="checkbox"/>									
G. None	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
24. Type of monitoring/detection system (MARK ALL THAT APPLY X)										
A. Continuous	<input type="checkbox"/>									
B. Event activated	<input type="checkbox"/>									
C. Audio	<input type="checkbox"/>									
D. Visual	<input type="checkbox"/>									
E. Electric sensor	<input type="checkbox"/>									
F. Stock/inventory control (manual)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
G. Stock/inventory control (electronic)	<input type="checkbox"/>									
H. Tile drain	<input type="checkbox"/>									
J. Vapor sniff wells	<input type="checkbox"/>									
K. Internal inspection	<input type="checkbox"/>									
L. Other, Please Specify										
M. None	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
25. Tank/piping tested (any type) (MARK ALL THAT APPLY X)										
A. Yes	<input type="checkbox"/>									
B. No	<input checked="" type="checkbox"/>									
C. Test positive (MARK IF LEAK WAS DISCOVERED)	<input type="checkbox"/>									
D. None (Never tested)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
26. Leak/spill occurrence (MARK ALL THAT APPLY X)										
A. Within the past 1 year	<input type="checkbox"/>									
B. Within the past 1 to 5 years	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>							
C. More than 5 years ago	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D. No Records	<input type="checkbox"/>									
E. None	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



Tank I.D. No. TANK NO. TANK NO. **0981**

* SEE BELOW	27. Tank Status (MARK ONE X)					
	A. Operational	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
	(+) B. Temporarily out of service (Less than 90 days)	<input type="checkbox"/>				
	(+) C. Extended out of service (90 days to 2 years)	<input type="checkbox"/>				
	D. Long term out of service (Greater than 2 years)	<input type="checkbox"/>				
	E. Abandoned, in place	<input type="checkbox"/>				
	F. Abandoned, in place, filled only	<input type="checkbox"/>				
	G. Abandoned, in place, sealed only	<input type="checkbox"/>				
	H. Abandoned, in place, filled and sealed	<input type="checkbox"/>				
	* (+) J. Seasonal (Answer only for motor fuel uses)	<input type="checkbox"/>				
	K. Prior retrofitting work, Please Specify					
	L. Other, Please Specify					
	28. Spill recovery system on-site (MARK ONE X)					
	A. Yes	<input type="checkbox"/>				
	B. No	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
29. Overfill protection (tank only) (MARK ONE X)						
A. Yes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
B. No	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
30. Emergency shut-off mechanisms (dispensers) (MARK ONE X)						
A. Yes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
B. No	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	

* If boxes 27 E, F, G or H above have been answered - answer questions 31, 32 and 33 below.

31. Substance last used in tank (MARK ONE X)	A. Leaded gasoline	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	B. Unleaded gasoline	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	C. Alcohol enriched gasoline	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	D. Light diesel fuel (No. 1-D)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	E. Medium diesel fuel (No. 2-D)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	F. Waste oil	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	G. Kerosene (No. 1)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	H. Home heating oil (No. 2)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	I. Heating oil (No. 4)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	J. Heavy heating oil (No. 6)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	K. Aviation fuel	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	L. Hazardous substances (per Fact Sheet)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	M. Other, Please Specify					
	32. Estimated date last used (month/year)	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
		Mo. Yr.	Mo. Yr.	Mo. Yr.	Mo. Yr.	Mo. Yr.
33. Estimated quantity (gallons) left in tank	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	

*** This registration form shall be signed by the highest ranking individual at the facility with overall responsibility for that facility (7:14B-2.3 (a) 1). ***

"I certify under penalty of law that the information provided in this document is true, accurate and complete. I am aware that there are significant civil and criminal penalties for submitting false, inaccurate or incomplete information, including fines and/or imprisonment.

 (SIGNATURE)
JEFFREY TUBELUS
 (PRINT OR TYPE NAME)

 (TITLE)



ALL underground tanks, including those taken out of operation. (UNLESS THE TANK WAS REMOVED FROM GROUND) must be included in this registration. All in-ground tanks shall be reported as underground tanks on this questionnaire regardless of their current status; Existing, E; Abandoned, A; or out of service, C.

SPECIFIC TANK INFORMATION

	TANK NO. C197		TANK NO. C197		TANK NO. C297		TANK NO. C377	
12. Tank Identification Number								
13. CASRN Number (Hazardous Substances Only)	N/A		N/A		N/A		N/A	
14. Tank Age (Years)	2.8		2.7		2.3		2.7	
15. Tank Size (gallons)	5,000		1,500.0		1,500.0		1,500.0	
16. Tank Contents (MARK ONE X)								
A. Leaded gasoline	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	
B. Unleaded gasoline	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	
C. Alcohol enriched gasoline	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	
D. Light diesel fuel (No. 1-D)	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	
E. Medium diesel fuel (No. 2-D)	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	
F. Waste oil	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	
G. Kerosene (No. 1)	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	
H. Home heating oil (No. 2)	<input checked="" type="checkbox"/>							
J. Heating oil (No. 4)	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	
K. Heavy heating oil (No. 6)	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	
L. Aviation fuel	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	
M. Hazardous substances (per Fact Sheet)	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	
N. Other, Please Specify								
17. Tank and Piping Construction (MARK ALL THAT APPLY X)	Tank	Piping	Tank	Piping	Tank	Piping	Tank	Piping
A. Bare steel	<input type="checkbox"/>							
B. Carbon steel	<input type="checkbox"/>							
C. Stainless steel	<input type="checkbox"/>							
D. Aluminum	<input type="checkbox"/>							
E. Polyvinyl chloride	<input type="checkbox"/>							
F. Concrete	<input type="checkbox"/>							
G. Bronze	<input type="checkbox"/>							
H. Earthen walls	<input type="checkbox"/>							
J. Fiberglass reinforced plastic	<input type="checkbox"/>							
K. Fiberglass-clad steel	<input type="checkbox"/>							
L. Painted/asphalt steel	<input checked="" type="checkbox"/>							
M. Vaulted	<input type="checkbox"/>							
N. Composite	<input type="checkbox"/>							
P. Iron (cast or ductile)	<input type="checkbox"/>							
R. Non-metallic	<input type="checkbox"/>							
S. Other, Please Specify								
18. Tank and Piping Structure (MARK ALL THAT APPLY X)	Tank	Piping	Tank	Piping	Tank	Piping	Tank	Piping
A. Single wall	<input checked="" type="checkbox"/>							
B. Double wall	<input type="checkbox"/>							
C. Manway in tank	<input type="checkbox"/>							
19. Internal Tank and Piping Lining (MARK ALL THAT APPLY X)	Tank	Piping	Tank	Piping	Tank	Piping	Tank	Piping
A. Rubber	<input type="checkbox"/>							
B. Epoxy	<input type="checkbox"/>							
C. Alklyd	<input type="checkbox"/>							
D. Phenolic	<input type="checkbox"/>							
E. Glass	<input type="checkbox"/>							
F. Clay	<input type="checkbox"/>							
G. None	<input checked="" type="checkbox"/>							
H. Other, Please Specify								

Tank I.D. No.

TANK NO.

91671

TANK NO.

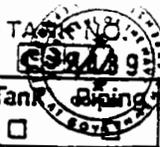
92971

TANK NO.

92971

TANK NO.

93779



20. Tank and Piping Lining installed (MARK ALL THAT APPLY X)	Tank		Piping		Tank		Piping		Tank		Piping	
	<input type="checkbox"/>											
A. At purchase of tank	<input type="checkbox"/>											
B. Retrofitted	<input type="checkbox"/>											
C. None	<input checked="" type="checkbox"/>											
21. Secondary containment (MARK ALL THAT APPLY X)	Tank		Piping		Tank		Piping		Tank		Piping	
	<input type="checkbox"/>											
A. Liner	<input type="checkbox"/>											
B. Vault	<input type="checkbox"/>											
C. Double wall	<input type="checkbox"/>											
D. None	<input checked="" type="checkbox"/>											
E. Other, Please Specify												
22. External Type/Application of Cathodic Protection (MARK ALL THAT APPLY X)	Tank		Piping		Tank		Piping		Tank		Piping	
	<input type="checkbox"/>											
A. Wrapped	<input type="checkbox"/>											
B. Sprayed	<input type="checkbox"/>											
C. Sacrificial anode	<input type="checkbox"/>											
D. Impressed current	<input type="checkbox"/>											
E. None	<input checked="" type="checkbox"/>											
F. Other, Please Specify												
23. Monitoring/detection method (MARK ALL THAT APPLY X)	Tank		Piping		Tank		Piping		Tank		Piping	
	<input type="checkbox"/>											
A. Automatic sampling	<input type="checkbox"/>											
B. Manual sampling	<input type="checkbox"/>											
C. Ground water monitoring	<input type="checkbox"/>											
D. System in secondary containment	<input type="checkbox"/>											
E. System outside backfill	<input type="checkbox"/>											
F. System within piping (piping leak detector)	<input type="checkbox"/>											
G. None	<input checked="" type="checkbox"/>											
24. Type of monitoring/detection system (MARK ALL THAT APPLY X)	Tank		Piping		Tank		Piping		Tank		Piping	
	<input type="checkbox"/>											
A. Continuous	<input type="checkbox"/>											
B. Event activated	<input type="checkbox"/>											
C. Audio	<input type="checkbox"/>											
D. Visual	<input type="checkbox"/>											
E. Electric sensor	<input type="checkbox"/>											
F. Stock/inventory control (manual)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>									
G. Stock/inventory control (electronic)	<input type="checkbox"/>											
H. Tile drain	<input type="checkbox"/>											
J. Vapor sniff wells	<input type="checkbox"/>											
K. Internal inspection	<input type="checkbox"/>											
L. Other, Please Specify												
M. None	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>									
25. Tank/piping tested (any type) (MARK ALL THAT APPLY X)	Tank		Piping		Tank		Piping		Tank		Piping	
	<input type="checkbox"/>											
A. Yes	<input type="checkbox"/>											
B. No	<input checked="" type="checkbox"/>											
C. Test positive (MARK IF LEAK WAS DISCOVERED)	<input type="checkbox"/>											
D. None (Never tested)	<input checked="" type="checkbox"/>											
26. Leak/spill occurrence (MARK ALL THAT APPLY X)	Tank		Piping		Tank		Piping		Tank		Piping	
	<input type="checkbox"/>											
A. Within the past 1 year	<input type="checkbox"/>											
B. Within the past 1 to 5 years	<input type="checkbox"/>											
C. More than 5 years ago	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
D. No Records	<input type="checkbox"/>											
E. None	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	



Tank I.D. No.	TANK NO. C18/1	TANK NO. C19/1	TANK NO. C27/1		
27. Tank Status (MARK ONE X)					
A. Operational	<input checked="" type="checkbox"/>				
(+)B. Temporarily out of service (Less than 90 days)	<input type="checkbox"/>				
(+)C. Extended out of service (90 days to 2 years)	<input type="checkbox"/>				
D. Long term out of service (Greater than 2 years)	<input type="checkbox"/>				
E. Abandoned, in place	<input type="checkbox"/>				
F. Abandoned, in place, filled only	<input type="checkbox"/>				
G. Abandoned, in place, sealed only	<input type="checkbox"/>				
H. Abandoned, in place, filled and sealed	<input type="checkbox"/>				
(+) J. Seasonal (Answer only for motor fuel uses)	<input type="checkbox"/>				
K. Prior retrofitting work, Please Specify					
L. Other, Please Specify					
28. Spill recovery system on-site (MARK ONE X)					
A. Yes	<input type="checkbox"/>				
B. No	<input checked="" type="checkbox"/>				
29. Overfill protection (tank only) (MARK ONE X)					
A. Yes	<input type="checkbox"/>				
B. No	<input checked="" type="checkbox"/>				
30. Emergency shut-off mechanisms (dispensers) (MARK ONE X)					
A. Yes	<input type="checkbox"/>				
B. No	<input checked="" type="checkbox"/>				

* If boxes 27 E, F, G or H above have been answered - answer questions 31, 32 and 33 below.

31. Substance last used in tank (MARK ONE X)					
A. Leaded gasoline	<input type="checkbox"/>				
B. Unleaded gasoline	<input type="checkbox"/>				
C. Alcohol enriched gasoline	<input type="checkbox"/>				
D. Light diesel fuel (No. 1-D)	<input type="checkbox"/>				
E. Medium diesel fuel (No. 2-D)	<input type="checkbox"/>				
F. Waste oil	<input type="checkbox"/>				
G. Kerosene (No. 1)	<input type="checkbox"/>				
H. Home heating oil (No. 2)	<input type="checkbox"/>				
I. Heating oil (No. 4)	<input type="checkbox"/>				
J. Heavy heating oil (No. 6)	<input type="checkbox"/>				
K. Aviation fuel	<input type="checkbox"/>				
L. Hazardous substances (per Fact Sheet)	<input type="checkbox"/>				
M. Other, Please Specify					
32. Estimated date last used (month/year)	<input type="text"/> Mo. Yr.				
33. Estimated quantity (gallons) left in tank	<input type="text"/>				

*** This registration form shall be signed by the highest ranking individual at the facility with overall responsibility for that facility (7:14B-2.3 (a) 1). ***

"I certify under penalty of law that the information provided in this document is true, accurate and complete. I am aware that there are significant civil and criminal penalties for submitting false, inaccurate or incomplete information, including fines and/or imprisonment.

(SIGNATURE)
JEFFREY TUBELLO
 (PRINT OR TYPE NAME)
PUBLIC WORKS OFFICER
 (TITLE)

ALL underground tanks, including those taken out of operation. (UNLESS THE TANK WAS REMOVED FROM THE GROUND) must be included in this registration. All in-ground tanks shall be reported as underground tanks on this questionnaire regardless of their current status; Existing, E; Abandoned, A; or out of service, C.

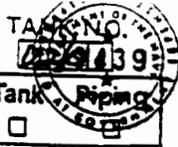
SPECIFIC TANK INFORMATION

	TANK NO. <u>C3871</u>		TANK NO. <u>C41611</u>		TANK NO. <u>92/01</u>	
12. Tank Identification Number						
13. CASRN Number (Hazardous Substances Only)	N/A		N/A		N/A	
14. Tank Age (Years)	22		18		15	
15. Tank Size (gallons)	15,000		15,000		20,000	
16. Tank Contents (MARK ONE X)						
A. Leaded gasoline	<input type="checkbox"/>					
B. Unleaded gasoline	<input type="checkbox"/>					
C. Alcohol enriched gasoline	<input type="checkbox"/>					
D. Light diesel fuel (No. 1-D)	<input type="checkbox"/>					
E. Medium diesel fuel (No. 2-D)	<input type="checkbox"/>					
F. Waste oil	<input type="checkbox"/>					
G. Kerosene (No. 1)	<input type="checkbox"/>					
H. Home heating oil (No. 2)	<input type="checkbox"/>					
J. Heating oil (No. 4)	<input checked="" type="checkbox"/>					
K. Heavy heating oil (No. 6)	<input type="checkbox"/>					
L. Aviation fuel	<input type="checkbox"/>					
M. Hazardous substances (per Fact Sheet)	<input type="checkbox"/>					
N. Other; Please Specify						
17. Tank and Piping Construction (MARK ALL THAT APPLY X)	Tank	Piping	Tank	Piping	Tank	Piping
A. Bare steel	<input type="checkbox"/>					
B. Carbon steel	<input type="checkbox"/>					
C. Stainless steel	<input type="checkbox"/>					
D. Aluminum	<input type="checkbox"/>					
E. Polyvinyl chloride	<input type="checkbox"/>					
F. Concrete	<input type="checkbox"/>					
G. Bronze	<input type="checkbox"/>					
H. Earthen walls	<input type="checkbox"/>					
J. Fiberglass reinforced plastic	<input type="checkbox"/>					
K. Fiberglass-clad steel	<input type="checkbox"/>					
L. Painted/asphalt steel	<input checked="" type="checkbox"/>					
M. Vaulted	<input type="checkbox"/>					
N. Composite	<input type="checkbox"/>					
P. Iron (cast or ductile)	<input type="checkbox"/>					
R. Non-metallic	<input type="checkbox"/>					
S. Other; Please Specify						
18. Tank and Piping Structure (MARK ALL THAT APPLY X)	Tank	Piping	Tank	Piping	Tank	Piping
A. Single wall	<input checked="" type="checkbox"/>					
B. Double wall	<input type="checkbox"/>					
C. Manway in tank	<input type="checkbox"/>					
19. Internal Tank and Piping Lining (MARK ALL THAT APPLY X)	Tank	Piping	Tank	Piping	Tank	Piping
A. Rubber	<input type="checkbox"/>					
B. Epoxy	<input type="checkbox"/>					
C. Alkyd	<input type="checkbox"/>					
D. Phenolic	<input type="checkbox"/>					
E. Glass	<input type="checkbox"/>					
F. Clay	<input type="checkbox"/>					
G. None	<input checked="" type="checkbox"/>					
H. Other; Please Specify						

Tank I.D. No.

TANK NO. C3871

TANK NO. C4671



20. Tank and Piping Lining installed (MARK ALL THAT APPLY X)	Tank	Piping								
	A. At purchase of tank	<input type="checkbox"/>								
B. Retrofitted	<input type="checkbox"/>									
C. None	<input checked="" type="checkbox"/>									
21. Secondary containment (MARK ALL THAT APPLY X)	Tank	Piping								
	A. Liner	<input type="checkbox"/>								
B. Vault	<input type="checkbox"/>									
C. Double wall	<input type="checkbox"/>									
D. None	<input checked="" type="checkbox"/>									
E. Other, Please Specify										
22. External Type/Application of Cathodic Protection (MARK ALL THAT APPLY X)	Tank	Piping								
	A. Wrapped	<input type="checkbox"/>								
B. Sprayed	<input type="checkbox"/>									
C. Sacrificial anode	<input type="checkbox"/>									
D. Impressed current	<input type="checkbox"/>									
E. None	<input checked="" type="checkbox"/>									
F. Other, Please Specify										
23. Monitoring/detection method (MARK ALL THAT APPLY X)	Tank	Piping								
	A. Automatic sampling	<input type="checkbox"/>								
B. Manual sampling	<input type="checkbox"/>									
C. Ground water monitoring	<input type="checkbox"/>									
D. System in secondary containment	<input type="checkbox"/>									
E. System outside backfill	<input type="checkbox"/>									
F. System within piping (piping leak detector)	<input type="checkbox"/>									
G. None	<input checked="" type="checkbox"/>									
24. Type of monitoring/detection system (MARK ALL THAT APPLY X)	Tank	Piping								
	A. Continuous	<input type="checkbox"/>								
B. Event activated	<input type="checkbox"/>									
C. Audio	<input type="checkbox"/>									
D. Visual	<input type="checkbox"/>									
E. Electric sensor	<input type="checkbox"/>									
F. Stock/inventory control (manual)	<input checked="" type="checkbox"/>	<input type="checkbox"/>								
G. Stock/inventory control (electronic)	<input type="checkbox"/>									
H. Tile drain	<input type="checkbox"/>									
J. Vapor sniff wells	<input type="checkbox"/>									
K. Internal inspection	<input type="checkbox"/>									
L. Other, Please Specify										
M. None	<input type="checkbox"/>	<input checked="" type="checkbox"/>								
25. Tank/piping tested (any type) (MARK ALL THAT APPLY X)	Tank	Piping								
	A. Yes	<input type="checkbox"/>								
B. No	<input checked="" type="checkbox"/>									
C. Test positive (MARK IF LEAK WAS DISCOVERED)	<input type="checkbox"/>									
D. None (Never tested)	<input checked="" type="checkbox"/>									
26. Leak/spill occurrence (MARK ALL THAT APPLY X)	Tank	Piping								
	A. Within the past 1 year	<input type="checkbox"/>								
B. Within the past 1 to 5 years	<input type="checkbox"/>									
C. More than 5 years ago	<input type="checkbox"/>									
D. No Records	<input type="checkbox"/>									
E. None	<input checked="" type="checkbox"/>									

ALL underground tanks, including those taken out of operation. (UNLESS THE TANK WAS REMOVED FROM THE GROUND) must be included in this registration. All in-ground tanks shall be reported as underground tanks on this questionnaire regardless of their current status; Existing, E; Abandoned, A; or out of service, C.



SPECIFIC TANK INFORMATION

	TANK NO. 01521	TANK NO. 03311	TANK NO. 08111	TANK NO. MA211
12. Tank Identification Number				
13. CASRN Number (Hazardous Substances Only)	N/A	N/A	N/A	N/A
14. Tank Age (Years)	2.5	2.8	3.8	3.7
15. Tank Size (gallons)	15000	15000	13000	18350
16. Tank Contents (MARK ONE X)				
A. Leaded gasoline	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B. Unleaded gasoline	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C. Alcohol enriched gasoline	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D. Light diesel fuel (No. 1-D)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
E. Medium diesel fuel (No. 2-D)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
F. Waste oil	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
G. Kerosene (No. 1)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
H. Home heating oil (No. 2)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
J. Heating oil (No. 4)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
K. Heavy heating oil (No. 6)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
L. Aviation fuel	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
M. Hazardous substances (per Fact Sheet)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
N. Other; Please Specify				
17. Tank and Piping Construction (MARK ALL THAT APPLY X)	Tank Piping	Tank Piping	Tank Piping	Tank Piping
A. Bare steel	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B. Carbon steel	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C. Stainless steel	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D. Aluminum	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
E. Polyvinyl chloride	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
F. Concrete	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
G. Bronze	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
H. Earthen walls	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
J. Fiberglass reinforced plastic	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
K. Fiberglass-clad steel	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
L. Painted/asphalt steel	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
M. Vaulted	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
N. Composite	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
P. Iron (cast or ductile)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
R. Non-metallic	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
S. Other; Please Specify				
18. Tank and Piping Structure (MARK ALL THAT APPLY X)	Tank Piping	Tank Piping	Tank Piping	Tank Piping
A. Single wall	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
B. Double wall	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C. Manway in tank	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
19. Internal Tank and Piping Lining (MARK ALL THAT APPLY X)	Tank Piping	Tank Piping	Tank Piping	Tank Piping
A. Rubber	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B. Epoxy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C. Alkyd	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D. Phenolic	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
E. Glass	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
F. Clay	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
G. None	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
H. Other; Please Specify				

Tank I.D. No.	TANK NO. <u>D1301</u>		TANK NO. <u>E1311</u>		TANK NO. <u>G1311</u>		TANK NO. <u>M1311</u>		TANK NO. <u>39</u>	
	Tank	Piping								
20. Tank and Piping Lining installed (MARK ALL THAT APPLY X)										
A. At purchase of tank	<input type="checkbox"/>									
B. Retrofitted	<input type="checkbox"/>									
C. None	<input checked="" type="checkbox"/>									
21. Secondary containment (MARK ALL THAT APPLY X)										
A. Liner	<input type="checkbox"/>									
B. Vault	<input type="checkbox"/>									
C. Double wall	<input type="checkbox"/>									
D. None	<input checked="" type="checkbox"/>									
E. Other, Please Specify										
22. External Type/Application of Cathodic Protection (MARK ALL THAT APPLY X)										
	Tank	Piping								
A. Wrapped	<input type="checkbox"/>									
B. Sprayed	<input type="checkbox"/>									
C. Sacrificial anode	<input type="checkbox"/>									
D. Impressed current	<input type="checkbox"/>									
E. None	<input checked="" type="checkbox"/>									
F. Other, Please Specify										
23. Monitoring/detection method (MARK ALL THAT APPLY X)										
	Tank	Piping								
A. Automatic sampling	<input type="checkbox"/>									
B. Manual sampling	<input type="checkbox"/>									
C. Ground water monitoring	<input type="checkbox"/>									
D. System in secondary containment	<input type="checkbox"/>									
E. System outside backfill	<input type="checkbox"/>									
F. System within piping (piping leak detector)	<input type="checkbox"/>									
G. None	<input checked="" type="checkbox"/>									
24. Type of monitoring/detection system (MARK ALL THAT APPLY X)										
	Tank	Piping								
A. Continuous	<input type="checkbox"/>									
B. Event activated	<input type="checkbox"/>									
C. Audio	<input type="checkbox"/>									
D. Visual	<input type="checkbox"/>									
E. Electric sensor	<input type="checkbox"/>									
F. Stock/inventory control (manual)	<input checked="" type="checkbox"/>	<input type="checkbox"/>								
G. Stock/inventory control (electronic)	<input type="checkbox"/>									
H. Tile drain	<input type="checkbox"/>									
J. Vapor sniff wells	<input type="checkbox"/>									
K. Internal inspection	<input type="checkbox"/>									
L. Other, Please Specify										
M. None	<input type="checkbox"/>	<input checked="" type="checkbox"/>								
25. Tank/piping tested (any type) (MARK ALL THAT APPLY X)										
A. Yes	<input type="checkbox"/>									
B. No	<input checked="" type="checkbox"/>									
C. Test positive (MARK IF LEAK WAS DISCOVERED)	<input type="checkbox"/>									
D. None (Never tested)	<input checked="" type="checkbox"/>									
26. Leak/spill occurrence (MARK ALL THAT APPLY X)										
A. Within the past 1 year	<input type="checkbox"/>									
B. Within the past 1 to 5 years	<input type="checkbox"/>									
C. More than 5 years ago	<input type="checkbox"/>									
D. No Records	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
E. None	<input checked="" type="checkbox"/>									



	Tank L.D. No.	TANK NO. P501	TANK NO. E131	TANK NO. G8V1	
27. Tank Status (MARK ONE X)					
A. Operational		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
(+)B. Temporarily out of service (Less than 90 days)		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(+)C. Extended out of service (90 days to 2 years)		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D. Long term out of service (Greater than 2 years)		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
* SEE BELOW	E. Abandoned, in place	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	F. Abandoned, in place, filled only	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	G. Abandoned, in place, sealed only	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	H. Abandoned, in place, filled and sealed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(+) J. Seasonal (Answer only for motor fuel uses)		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
K. Prior retrofitting work, Please Specify					
L. Other, Please Specify					
28. Spill recovery system on-site (MARK ONE X)					
A. Yes		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B. No		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
29. Overfill protection (tank only) (MARK ONE X)					
A. Yes		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B. No		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
30. Emergency shut-off mechanisms (dispensers) (MARK ONE X)					
A. Yes		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B. No		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

* If boxes 27 E, F, G or H above have been answered - answer questions 31, 32 and 33 below.

31. Substance last used in tank (MARK ONE X)					
A. Leaded gasoline	<input type="checkbox"/>				
B. Unleaded gasoline	<input type="checkbox"/>				
C. Alcohol enriched gasoline	<input type="checkbox"/>				
D. Light diesel fuel (No. 1-D)	<input type="checkbox"/>				
E. Medium diesel fuel (No. 2-D)	<input type="checkbox"/>				
F. Waste oil	<input type="checkbox"/>				
G. Kerosene (No. 1)	<input type="checkbox"/>				
H. Home heating oil (No. 2)	<input type="checkbox"/>				
I. Heating oil (No. 4)	<input type="checkbox"/>				
J. Heavy heating oil (No. 6)	<input type="checkbox"/>				
K. Aviation fuel	<input type="checkbox"/>				
L. Hazardous substances (per Fact Sheet)	<input type="checkbox"/>				
M. Other, Please Specify					
32. Estimated date last used (month/year)	<input type="text"/> Mo. Yr.				
33. Estimated quantity (gallons) left in tank	<input type="text"/>				

*** This registration form shall be signed by the highest ranking individual at the facility with overall responsibility for the facility (7:14B-2.3 (a) 1). ***

"I certify under penalty of law that the information provided in this document is true, accurate and complete. I am aware that there are significant civil and criminal penalties for submitting false, inaccurate or incomplete information, including fines and/or imprisonment.

(SIGNATURE)
JEFFREY TUBELLO

(PRINT OR TYPE NAME)
Public Works Officer

(TITLE)

Tank I.D. No.	TANK NO. 5267	TANK NO. 5268	TANK NO. 5269	TANK NO. 5301	TANK NO. 9
20. Tank and Piping Lining installed (MARK ALL THAT APPLY X)	Tank Piping				
A. At purchase of tank	<input type="checkbox"/> <input type="checkbox"/>				
B. Retrofitted	<input type="checkbox"/> <input type="checkbox"/>				
C. None	<input checked="" type="checkbox"/> <input checked="" type="checkbox"/>				
21. Secondary containment (MARK ALL THAT APPLY X)	Tank Piping				
A. Liner	<input type="checkbox"/> <input type="checkbox"/>				
B. Vault	<input type="checkbox"/> <input type="checkbox"/>				
C. Double wall	<input type="checkbox"/> <input type="checkbox"/>				
D. None	<input checked="" type="checkbox"/> <input checked="" type="checkbox"/>				
E. Other, Please Specify					
22. External Type/Application of Cathodic Protection (MARK ALL THAT APPLY X)	Tank Piping				
A. Wrapped	<input type="checkbox"/> <input type="checkbox"/>				
B. Sprayed	<input type="checkbox"/> <input type="checkbox"/>				
C. Sacrificial anode	<input type="checkbox"/> <input type="checkbox"/>				
D. Impressed current	<input type="checkbox"/> <input type="checkbox"/>				
E. None	<input checked="" type="checkbox"/> <input checked="" type="checkbox"/>				
F. Other, Please Specify					
23. Monitoring/detection method (MARK ALL THAT APPLY X)	Tank Piping				
A. Automatic sampling	<input type="checkbox"/> <input type="checkbox"/>				
B. Manual sampling	<input type="checkbox"/> <input type="checkbox"/>				
C. Ground water monitoring	<input type="checkbox"/> <input type="checkbox"/>				
D. System in secondary containment	<input type="checkbox"/> <input type="checkbox"/>				
E. System outside backfill	<input type="checkbox"/> <input type="checkbox"/>				
F. System within piping (piping leak detector)	<input type="checkbox"/> <input type="checkbox"/>				
G. None	<input checked="" type="checkbox"/> <input checked="" type="checkbox"/>				
24. Type of monitoring/detection system (MARK ALL THAT APPLY X)	Tank Piping				
A. Continuous	<input type="checkbox"/> <input type="checkbox"/>				
B. Event activated	<input type="checkbox"/> <input type="checkbox"/>				
C. Audio	<input type="checkbox"/> <input type="checkbox"/>				
D. Visual	<input type="checkbox"/> <input type="checkbox"/>				
E. Electric sensor	<input type="checkbox"/> <input type="checkbox"/>				
F. Stock/inventory control (manual)	<input checked="" type="checkbox"/> <input type="checkbox"/>				
G. Stock/inventory control (electronic)	<input type="checkbox"/> <input type="checkbox"/>				
H. Tile drain	<input type="checkbox"/> <input type="checkbox"/>				
J. Vapor sniff wells	<input type="checkbox"/> <input type="checkbox"/>				
K. Internal inspection	<input type="checkbox"/> <input type="checkbox"/>				
L. Other, Please Specify					
M. None	<input type="checkbox"/> <input checked="" type="checkbox"/>				
25. Tank/piping tested (any type) (MARK ALL THAT APPLY X)	Tank Piping				
A. Yes	<input type="checkbox"/> <input type="checkbox"/>				
B. No	<input checked="" type="checkbox"/> <input checked="" type="checkbox"/>				
C. Test positive (MARK IF LEAK WAS DISCOVERED)	<input type="checkbox"/> <input type="checkbox"/>				
D. None (Never tested)	<input checked="" type="checkbox"/> <input checked="" type="checkbox"/>				
26. Leak/spill occurrence (MARK ALL THAT APPLY X)	Tank Piping				
A. Within the past 1 year	<input type="checkbox"/> <input type="checkbox"/>				
B. Within the past 1 to 5 years	<input type="checkbox"/> <input type="checkbox"/>				
C. More than 5 years ago	<input type="checkbox"/> <input type="checkbox"/>				
D. No Records	<input type="checkbox"/> <input type="checkbox"/>				
E. None	<input checked="" type="checkbox"/> <input checked="" type="checkbox"/>				



Tank L.D. No.	TANK NO. 5944	TANK NO. 560	TANK NO. 522	TANK NO. R261	
27. Tank Status (MARK ONE X)					
A. Operational	<input checked="" type="checkbox"/>				
(+)B. Temporarily out of service (Less than 90 days)	<input type="checkbox"/>				
(+)C. Extended out of service (90 days to 2 years)	<input type="checkbox"/>				
D. Long term out of service (Greater than 2 years)	<input type="checkbox"/>				
E. Abandoned, in place	<input type="checkbox"/>				
F. Abandoned, in place, filled only	<input type="checkbox"/>				
G. Abandoned, in place, sealed only	<input type="checkbox"/>				
H. Abandoned, in place, filled and sealed	<input type="checkbox"/>				
* SEE BELOW					
(+) J. Seasonal (Answer only for motor fuel uses)	<input type="checkbox"/>				
K. Prior retrofitting work, Please Specify					
L. Other, Please Specify					
28. Spill recovery system on-site (MARK ONE X)					
A. Yes	<input type="checkbox"/>				
B. No	<input checked="" type="checkbox"/>				
29. Overfill protection (tank only) (MARK ONE X)					
A. Yes	<input type="checkbox"/>				
B. No	<input checked="" type="checkbox"/>				
30. Emergency shut-off mechanisms (dispensers) (MARK ONE X)					
A. Yes	<input type="checkbox"/>				
B. No	<input checked="" type="checkbox"/>				

* If boxes 27 E, F, G or H above have been answered - answer questions 31, 32 and 33 below.

31. Substance last used in tank (MARK ONE X)					
A. Leaded gasoline	<input type="checkbox"/>				
B. Unleaded gasoline	<input type="checkbox"/>				
C. Alcohol enriched gasoline	<input type="checkbox"/>				
D. Light diesel fuel (No. 1-D)	<input type="checkbox"/>				
E. Medium diesel fuel (No. 2-D)	<input type="checkbox"/>				
F. Waste oil	<input type="checkbox"/>				
G. Kerosene (No. 1)	<input type="checkbox"/>				
H. Home heating oil (No. 2)	<input type="checkbox"/>				
I. Heating oil (No. 4)	<input type="checkbox"/>				
J. Heavy heating oil (No. 6)	<input type="checkbox"/>				
K. Aviation fuel	<input type="checkbox"/>				
L. Hazardous substances (per Fact Sheet)	<input type="checkbox"/>				
M. Other, Please Specify					
32. Estimated date last used (month/year)	<input type="text"/> Mo. Yr.				
33. Estimated quantity (gallons) left in tank	<input type="text"/>				

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"I certify under penalty of law that the information provided in this document is true, accurate and complete. I am aware that there are significant civil and criminal penalties for submitting false, inaccurate or incomplete information, including fines and/or imprisonment.

(SIGNATURE)
JEFFREY TUBELLO
 (PRINT OR TYPE NAME)
PUBLIC WORKS OFFICER
 (TITLE)

ALL underground tanks, including those taken out of operation. (UNLESS THE TANK WAS REMOVED FROM THE GROUND) must be included in this registration. All in-ground tanks shall be reported as underground tanks on this questionnaire regardless of their current status; Existing, E; Abandoned, A; or out of service, C.



SPECIFIC TANK INFORMATION

	TANK NO R4A/1	TANK NO. R4B/1	TANK NO. R4C/1	TANK NO R10/4	TANK NO. R11/1		
12. Tank Identification Number							
13. CASRN Number (Hazardous Substances Only)	N/A	N/A	N/A	N/A	N/A		
14. Tank Age (Years)	2.3	1.4	3.7	2.8	2.7		
15. Tank Size (gallons)	50,000	50,000	9,000	50,000	50,000		
16. Tank Contents (MARK ONE X)							
A. Leaded gasoline	<input type="checkbox"/>						
B. Unleaded gasoline	<input type="checkbox"/>						
C. Alcohol enriched gasoline	<input type="checkbox"/>						
D. Light diesel fuel (No. 1-D)	<input type="checkbox"/>						
E. Medium diesel fuel (No. 2-D)	<input type="checkbox"/>						
F. Waste oil	<input type="checkbox"/>						
G. Kerosene (No. 1)	<input type="checkbox"/>						
H. Home heating oil (No. 2)	<input checked="" type="checkbox"/>						
J. Heating oil (No. 4)	<input type="checkbox"/>						
K. Heavy heating oil (No. 6)	<input type="checkbox"/>						
L. Aviation fuel	<input type="checkbox"/>						
M. Hazardous substances (per Fact Sheet)	<input type="checkbox"/>						
N. Other; Please Specify							
17. Tank and Piping Construction (MARK ALL THAT APPLY X)	Tank Piping						
A. Bare steel	<input type="checkbox"/>						
B. Carbon steel	<input type="checkbox"/>						
C. Stainless steel	<input type="checkbox"/>						
D. Aluminum	<input type="checkbox"/>						
E. Polyvinyl chloride	<input type="checkbox"/>						
F. Concrete	<input type="checkbox"/>						
G. Bronze	<input type="checkbox"/>						
H. Earthen walls	<input type="checkbox"/>						
J. Fiberglass reinforced plastic	<input type="checkbox"/>						
K. Fiberglass-clad steel	<input type="checkbox"/>						
L. Painted/asphalt steel	<input checked="" type="checkbox"/>						
M. Vaulted	<input type="checkbox"/>						
N. Composite	<input type="checkbox"/>						
P. Iron (cast or ductile)	<input type="checkbox"/>						
R. Non-metallic	<input type="checkbox"/>						
S. Other; Please Specify							
18. Tank and Piping Structure (MARK ALL THAT APPLY X)	Tank Piping						
A. Single wall	<input checked="" type="checkbox"/>						
B. Double wall	<input type="checkbox"/>						
C. Manway in tank	<input type="checkbox"/>						
19. Internal Tank and Piping Lining (MARK ALL THAT APPLY X)	Tank Piping						
A. Rubber	<input type="checkbox"/>						
B. Epoxy	<input type="checkbox"/>						
C. Alklyd	<input type="checkbox"/>						
D. Phenolic	<input type="checkbox"/>						
E. Glass	<input type="checkbox"/>						
F. Clay	<input type="checkbox"/>						
G. None	<input checked="" type="checkbox"/>						
H. Other; Please Specify							



Tank I.D. No. TANK NO. TANK NO. TANK NO. TANK NO.
 1915/1 215/2 339/1 553/1

* SEE BELOW	27. Tank Status (MARK ONE X)					
	A. Operational	<input checked="" type="checkbox"/>				
	(+) B. Temporarily out of service (Less than 90 days)	<input type="checkbox"/>				
	(+) C. Extended out of service (90 days to 2 years)	<input type="checkbox"/>				
	D. Long term out of service (Greater than 2 years)	<input type="checkbox"/>				
	E. Abandoned, in place	<input type="checkbox"/>				
	F. Abandoned, in place, filled only	<input type="checkbox"/>				
	G. Abandoned, in place, sealed only	<input type="checkbox"/>				
	H. Abandoned, in place, filled and sealed	<input type="checkbox"/>				
	(+) J. Seasonal (Answer only for motor fuel uses)	<input type="checkbox"/>				
	K. Prior retrofitting work, Please Specify					
	L. Other, Please Specify					
	28. Spill recovery system on-site (MARK ONE X)					
A. Yes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
B. No	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
29. Overfill protection (tank only) (MARK ONE X)						
A. Yes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
B. No	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
30. Emergency shut-off mechanisms (dispensers) (MARK ONE X)						
A. Yes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
B. No	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	

* If boxes 27 E, F, G or H above have been answered - answer questions 31, 32 and 33 below.

31. Substance last used in tank (MARK ONE X)					
A. Leaded gasoline	<input type="checkbox"/>				
B. Unleaded gasoline	<input type="checkbox"/>				
C. Alcohol enriched gasoline	<input type="checkbox"/>				
D. Light diesel fuel (No. 1-D)	<input type="checkbox"/>				
E. Medium diesel fuel (No. 2-D)	<input type="checkbox"/>				
F. Waste oil	<input type="checkbox"/>				
G. Kerosene (No. 1)	<input type="checkbox"/>				
H. Home heating oil (No. 2)	<input type="checkbox"/>				
I. Heating oil (No. 4)	<input type="checkbox"/>				
J. Heavy heating oil (No. 6)	<input type="checkbox"/>				
K. Aviation fuel	<input type="checkbox"/>				
L. Hazardous substances (per Fact Sheet)	<input type="checkbox"/>				
M. Other, Please Specify					
32. Estimated date last used (month/year)	<input type="text"/> Mo. Yr.				
33. Estimated quantity (gallons) left in tank	<input type="text"/>				

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"I certify under penalty of law that the information provided in this document is true, accurate and complete. I am aware that there are significant civil and criminal penalties for submitting false, inaccurate or incomplete information, including fines and/or imprisonment.

(SIGNATURE)
JEFFREY TUBELLO
 (PRINT OR TYPE NAME)
PUBLIC WORKS OFFICER
 (TITLE)

Tank I.D. No.	TANK NO. <u>RVA1</u>	TANK NO. <u>RUB7</u>	TANK NO. <u>REG1</u>	TANK NO. <u>EL01</u>	TANK NO. <u>REPA39</u>
20. Tank and Piping Lining installed A. At purchase of tank (MARK ALL THAT APPLY X)	Tank Piping				
B. Retrofitted	<input type="checkbox"/>				
C. None	<input checked="" type="checkbox"/>				
21. Secondary containment (MARK ALL THAT APPLY X)	Tank Piping				
A. Liner	<input type="checkbox"/>				
B. Vault	<input type="checkbox"/>				
C. Double wall	<input type="checkbox"/>				
D. None	<input checked="" type="checkbox"/>				
E. Other, Please Specify					
22. External Type/Application of Cathodic Protection (MARK ALL THAT APPLY X)	Tank Piping				
A. Wrapped	<input type="checkbox"/>				
B. Sprayed	<input type="checkbox"/>				
C. Sacrificial anode	<input type="checkbox"/>				
D. Impressed current	<input type="checkbox"/>				
E. None	<input checked="" type="checkbox"/>				
F. Other, Please Specify					
23. Monitoring/detection method (MARK ALL THAT APPLY X)	Tank Piping				
A. Automatic sampling	<input type="checkbox"/>				
B. Manual sampling	<input type="checkbox"/>				
C. Ground water monitoring	<input type="checkbox"/>				
D. System in secondary containment	<input type="checkbox"/>				
E. System outside backfill	<input type="checkbox"/>				
F. System within piping (piping leak detector)	<input type="checkbox"/>				
G. None	<input checked="" type="checkbox"/>				
24. Type of monitoring/detection system (MARK ALL THAT APPLY X)	Tank Piping				
A. Continuous	<input type="checkbox"/>				
B. Event activated	<input type="checkbox"/>				
C. Audio	<input type="checkbox"/>				
D. Visual	<input type="checkbox"/>				
E. Electric sensor	<input type="checkbox"/>				
F. Stock/inventory control (manual)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
G. Stock/inventory control (electronic)	<input type="checkbox"/>				
H. Tile drain	<input type="checkbox"/>				
J. Vapor sniff wells	<input type="checkbox"/>				
K. Internal inspection	<input type="checkbox"/>				
L. Other, Please Specify					
M. None	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
25. Tank/piping tested (any type) (MARK ALL THAT APPLY X)	Tank Piping				
A. Yes	<input type="checkbox"/>				
B. No	<input checked="" type="checkbox"/>				
C. Test positive (MARK IF LEAK WAS DISCOVERED)	<input type="checkbox"/>				
D. None (Never tested)	<input checked="" type="checkbox"/>				
26. Leak/spill occurrence (MARK ALL THAT APPLY X)	Tank Piping				
A. Within the past 1 year	<input type="checkbox"/>				
B. Within the past 1 to 5 years	<input type="checkbox"/>				
C. More than 5 years ago	<input type="checkbox"/>				
D. No Records	<input type="checkbox"/>				
E. None	<input checked="" type="checkbox"/>				



State of New Jersey
 DEPARTMENT OF ENVIRONMENTAL PROTECTION
 DIVISION OF WATER RESOURCES
 CN 029
 Trenton, N.J. 08625-0029



FOR STATE USE ONLY

UST # 9439

CK. IN.

AMT.

AUTH.

SP. ROUTE

SITE PLN.

SIGN.

COMCODE

*** ANNUAL CERTIFICATION ***
 UNDERGROUND STORAGE TANK
 REGISTRATION QUESTIONNAIRE

Bureau of Underground Storage Tanks
 Registration Section
 1-800-722-TANK

Use this form ONLY when submitting corrections/changes to registration at Annual Certification

General Facility Information

1. Facility Name NAVAL WEAPONRY STATION EARLE

2. Facility Location
CLOUTSIECK NUMBER AND STREET
MONMOUTH CITY OR MUNICIPALITY
NJ STATE 017121 ZIP CODE
 BLOCK LOT

3. Owner's mailing address:
CLOUTSIECK NUMBER AND STREET
MONMOUTH CITY OR MUNICIPALITY
NJ STATE 017121 ZIP CODE

4. Owner's name: UNITED STATES NAVY

5. Contact person (Facility Operator) WILLIAM T. MATHIAS

6. Contact telephone number: 2101 AREA CODE 5717 CHANGE 211416 NUMBER

7. Total number of facility underground storage tanks 69 (Complete Questions 12 thru 32 for each tank)

8. Total facility underground storage tank capacity (gallons) 477425

9. Status of owner: (mark one)
 A. CURRENT B. FORMER

10. Type of owner (mark one) A. State B. Commercial C. Local D. Federal E. Charitable F. Residence or Public School G. Ownership Uncertain

11a. Two copies of a site plan are submitted with this registration A. YES B. NO

Submit two (2) copies of SITE PLAN showing facility or property boundary, buildings and the location of ALL underground storage tanks. EITHER, an existing engineering site plan, if available, OR a neat and legible hand-drawn sketch of the site may be submitted. In either case the site plan or sketch MUST show the location and distances that tanks, buildings, and dispensers are from the facility's property boundary. Include all tanks that are: E (existing/in use), P (empty), M (emergency), A (abandoned), C (other). Each underground tank on the site plan or sketch shall be numbered in accordance with the instructions for question 12. The number assigned to a tank on the site plan or sketch MUST match and be identical to the tank identification number assigned to that tank on this form.

INCLUDE FACILITY NAME, OWNER'S NAME, FACILITY ADDRESS AND TELEPHONE NUMBER ON ALL SITE PLANS.

11b. Do you have financial responsibility assurance? YES NO

 (Type) (Company/Carrier)

 (Policy Number) (Expiration Date)



ALL underground tanks, including those taken out of operation (UNLESS THE TANK WAS REMOVED FROM THE GROUND) must be included in this registration. All in-ground tanks shall be reported as underground tanks on this questionnaire regardless of their current status; Existing, E; Empty, P; Emergency, M; Abandoned, A; or Other, C.

SPECIFIC TANK INFORMATION

12. Tank Identification number	TANK NO.				TANK NO.				TANK NO.			
	R	2	3	1								
13. CAS number (hazardous substances only)												
14. Tank age (years)	1				1							
15. Tank size (gallons)	20,000				3,000							
16. Tank contents (MARK ONE X)												
A. Leaded gasoline	<input type="checkbox"/>				<input type="checkbox"/>				<input type="checkbox"/>			
B. Unleaded gasoline	<input type="checkbox"/>				<input type="checkbox"/>				<input type="checkbox"/>			
C. Alcohol enriched gasoline	<input type="checkbox"/>				<input type="checkbox"/>				<input type="checkbox"/>			
D. Light diesel fuel (No. 1-D)	<input type="checkbox"/>				<input type="checkbox"/>				<input type="checkbox"/>			
E. Medium diesel fuel (No. 2-D)	<input type="checkbox"/>				<input type="checkbox"/>				<input type="checkbox"/>			
F. Waste oil	<input type="checkbox"/>				<input type="checkbox"/>				<input type="checkbox"/>			
G. Kerosene (No. 1)	<input type="checkbox"/>				<input type="checkbox"/>				<input type="checkbox"/>			
H. Home heating oil (No. 2)	<input checked="" type="checkbox"/>				<input checked="" type="checkbox"/>				<input type="checkbox"/>			
J. Heating oil (No. 4)	<input type="checkbox"/>				<input type="checkbox"/>				<input type="checkbox"/>			
K. Heavy heating oil (No. 6)	<input type="checkbox"/>				<input type="checkbox"/>				<input type="checkbox"/>			
L. Aviation fuel	<input type="checkbox"/>				<input type="checkbox"/>				<input type="checkbox"/>			
M. Hazardous substances (please specify)												
N. Motor oil	<input type="checkbox"/>				<input type="checkbox"/>				<input type="checkbox"/>			
P. Lubricating Oil	<input type="checkbox"/>				<input type="checkbox"/>				<input type="checkbox"/>			
Q. Sewage	<input type="checkbox"/>				<input type="checkbox"/>				<input type="checkbox"/>			
Sewage sludge	<input type="checkbox"/>				<input type="checkbox"/>				<input type="checkbox"/>			
S. Hazardous waste (specify ID number)												
T. Industrial wastewater	<input type="checkbox"/>				<input type="checkbox"/>				<input type="checkbox"/>			
U. Mineral spirits	<input type="checkbox"/>				<input type="checkbox"/>				<input type="checkbox"/>			
V. Mixtures (please specify)												
W. Emergency spill tank (specify substance)												
X. Other petroleum products (please specify)												
Y. Other (please specify)												
17. Tank and piping construction (MARK ALL THAT APPLY X)	Tank	Piping	Tank	Piping	Tank	Piping	Tank	Piping	Tank	Piping	Tank	Piping
A. Bare steel	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B. Carbon steel	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
C. Galvanized steel	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
D. Coated steel	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
E. Iron (cast or ductile)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
F. Cathodically protected steel	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
G. Fiberglass-coated steel	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
H. Other metallic (please specify)												
J. Fiberglass-reinforced plastic	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
K. Other non-metallic (please specify)												
L. Other (please specify)												
18. Tank and piping structure (MARK ALL THAT APPLY X)	Tank	Piping	Tank	Piping	Tank	Piping	Tank	Piping	Tank	Piping	Tank	Piping
A. Single wall	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B. Double wall	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Manway in tank	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
19. Internal tank and piping lining (MARK ONE X)	Tank	Piping	Tank	Piping	Tank	Piping	Tank	Piping	Tank	Piping	Tank	Piping
A. YES (please specify type of material)												
B. None	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



TANK NO.

TANK NO.

Tank I D. No.

R 2 3 / 1

	Tank		Piping		Tank		Piping		Tank		Piping	
20. Tank and piping lining installed (MARK ONE X)												
A. At purchase of tank	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B. Retrofitted	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C. None	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>							
21. Secondary containment (MARK ALL THAT APPLY X)												
A. Liner	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B. Vault	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C. Double wall	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D. None	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
E. Other (please specify)												
22. External type/application of cathodic protection (MARK ALL THAT APPLY X)												
A. Sacrificial anode	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B. Impressed current	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C. None	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>							
D. Other (please specify)												
23. Monitoring/detection method (MARK ALL THAT APPLY X)												
A. Automatic sampling	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B. Manual sampling	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C. Ground water monitoring	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D. System in secondary containment	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
E. System outside backfill	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
System within piping (piping leak detector)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
G. System within backfill	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
H. None	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
24. Type of monitoring/detection system (MARK ALL THAT APPLY X)												
A. Continuous	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B. Event activated	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C. Audio	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D. Visual	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
E. In-tank (automatic) monitoring gauge	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
F. Pressure/vacuum loss sensor	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
G. Liquid filled annular space	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
H. Liquid sensor	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
J. Vapor sniff wells	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
K. Other (please specify)												
L. None	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
25. Tank/piping tested (any type) (MARK ALL THAT APPLY X)												
A. Yes	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>							
B. No	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C. Test positive (MARK IF LEAK WAS DISCOVERED)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
26. Leak/spill occurrence (MARK ALL THAT APPLY X)												
A. Within the past 1 year	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Within the past 1 to 5 years	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C. More than 5 years ago	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D. No Records	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
E. None	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>							



TANK NO. **R 2 3 / 1**

TANK NO.

TANK NO.

2. Tank status (MARK ONE X)

A. In-use	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
† B. Empty less than 12 months	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
† C. Empty 12 months or more	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
† D. Emergency spill tank (sump)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
† E. Abandoned, in place, filled and sealed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
F. Other (please specify)					

28. Spill recovery system on-site (MARK ONE X)

A. Yes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B. No	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

29. Overfill protection (tank only) (MARK ONE X)

A. Yes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B. No	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

30. Spill containment around fill pipe (MARK ONE X)

A. Yes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B. No	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

† If boxes 27 B, C, D, E above have been answered – answer questions 31 and 32 below.

31. Substance last used in tank (MARK ONE X)					
A. Leaded gasoline	<input type="checkbox"/>				
B. Unleaded gasoline	<input type="checkbox"/>				
C. Alcohol enriched gasoline	<input type="checkbox"/>				
D. Light diesel fuel (No. 1-D)	<input type="checkbox"/>				
E. Medium diesel fuel (No. 2-D)	<input type="checkbox"/>				
F. Waste oil	<input type="checkbox"/>				
G. Kerosene (No. 1)	<input type="checkbox"/>				
H. Home heating oil (No. 2)	<input type="checkbox"/>				
J. Heating oil (No. 4)	<input type="checkbox"/>				
K. Heavy heating oil (No. 6)	<input type="checkbox"/>				
L. Aviation fuel	<input type="checkbox"/>				
M. Hazardous substances (per Fact Sheet)	<input type="checkbox"/>				
N. Motor oil	<input type="checkbox"/>				
P. Lubricating Oil	<input type="checkbox"/>				
Q. Sewage	<input type="checkbox"/>				
R. Sewage sludge	<input type="checkbox"/>				
S. Hazardous waste (specify ID number)					
T. Industrial wastewater	<input type="checkbox"/>				
U. Mineral spirits	<input type="checkbox"/>				
V. Mixtures (please specify)					
W. Emergency spill tank (specify substance)					
X. Other petroleum products (please specify)					
Y. Other (please specify)					
32. Estimated date last used (month/year)	<input type="text"/>				
	Mo. Yr.				

OWNER OR OPERATOR CERTIFICATION

"I certify under penalty of law that the information provided in this document is true, accurate and complete. I am aware that there are significant civil and criminal penalties for submitting false, inaccurate or incomplete information, including fines and/or imprisonment."

Courtney McCracken 5/9/11
(SIGNATURE) (DATE)

COURTNEY McCRACKEN
PUBLIC WORKS OFFICER
(PRINT OR TYPE NAME)

(TITLE)



UST # 0439

CK IN.

AMT.

AUTH.

SP. ROUTE

SITE PLN.

SIGN.

COMCODE

***** ANNUAL CERTIFICATION *****
UNDERGROUND STORAGE TANK
REGISTRATION QUESTIONNAIRE

Bureau of Underground Storage Tanks
 Registration Section
 1-800-722-TANK

Use this form ONLY when submitting corrections/changes to registration at Annual Certification

General Facility Information

1. Facility Name: NIAVAL WEAPONS STATION EARLE

2. Facility Location: CULTS NECK NUMBER AND STREET
MONMOUTH COUNTY NJ STATE 07722 ZIP CODE

3. Owner's mailing address: CULTS NECK NUMBER AND STREET
MONMOUTH COUNTY NJ STATE 07722 ZIP CODE

4. Owner's name: UNITED STATES NAVY

5. Contact person (Facility Operator) JOHN J PAWLUS PERSON OR TITLE

6. Contact telephone number: 201 AREA CODE 577 CHANGE 2515 NUMBER

7. Total number of facility underground storage tanks: 0125 (Complete Questions 12 thru 32 for each tank)

8. Total facility underground storage tank capacity (gallons): 449100

9. Status of owner: (mark one)
 A. CURRENT B. FORMER

10. Type of owner (mark one) A. State B. Commercial C. Local D. Federal E. Charitable F. Residence or Public School G. Ownership Uncertain

11a. Two copies of a site plan are submitted with this registration A. YES B. NO

Submit two (2) copies of SITE PLAN showing facility or property boundary, buildings and the location of ALL underground storage tanks. EITHER, an existing engineering site plan, if available, OR a neat and legible hand-drawn sketch of the site may be submitted. In either case the site plan or sketch MUST show the location and distances that tanks, buildings, and dispensers are from the facility's property boundary. Include all tanks that are: E (existing/in use), P (empty), M (emergency), A (abandoned), C (other). Each underground tank on the site plan or sketch shall be numbered in accordance with the instructions for question 12. The number assigned to a tank on the site plan or sketch MUST match and be identical to the tank identification number assigned to that tank on this form.

INCLUDE FACILITY NAME, OWNER'S NAME, FACILITY ADDRESS AND TELEPHONE NUMBER ON ALL SITE PLANS.

11b. Do you have financial responsibility assurance? YES NO

 (Type) SELF INSUREA
 (Company/Carrier)

 (Policy Number) _____
 (Expiration Date)

R5-01

R12-01

UST NO. 01510



TANK NO.

TANK NO.

Tank I.D. No.

010101

1010104

010104

Tank I.D. No.	Tank	Piping	Tank	Piping	Tank	Piping	Tank	Piping	Tank	Piping
Tank piping lining installed (MARK ONE X)										
A. At purchase of tank	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B. Retrofitted	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C. None	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Secondary containment (MARK ALL THAT APPLY X)										
A. Liner	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B. Vault	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C. Double wall	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D. None	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
E. Other (please specify)										
External type/application of cathodic protection (MARK ALL THAT APPLY X)										
A. Sacrificial anode	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B. Impressed current	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C. None	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
D. Other (please specify)										
Monitoring/detection method (MARK ALL THAT APPLY X)										
A. Automatic sampling	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B. Manual sampling	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C. Ground water monitoring	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D. System in secondary containment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
E. System outside backfill	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
F. System within piping (piping leak detector)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
G. System within backfill	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
H. None	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Type of monitoring/detection system (MARK ALL THAT APPLY X)										
A. Continuous	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B. Event activated	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C. Audio	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D. Visual	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
E. In-tank (automatic) monitoring gauge	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
F. Pressure/vacuum loss sensor	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
G. Liquid filled annular space	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
H. Liquid sensor	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
J. Vapor sniff wells	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
K. Other (please specify)										
L. None	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Tank/piping tested (any type) (MARK ALL THAT APPLY X)										
A. Yes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B. No	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
C. Test positive (MARK IF LEAK WAS DISCOVERED)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Leak/spill occurrence (MARK ALL THAT APPLY X)										
A. in the past 1 year	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B. Within the past 1 to 5 years	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C. More than 5 years ago	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D. No Records	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
E. None	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

R5-01
 TANK NO.

R12-01
 TANK NO.

Tank I D. No.

0101011

0101012

27. Tank status (MARK ONE X)

A. In-use	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
† B. Empty less than 12 months	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
† C. Empty 12 months or more	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
† D. Emergency spill tank (sump)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
† E. Abandoned, in place, filled and sealed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
F. Other (please specify)					

28. Spill recovery system on-site (MARK ONE X)

A. Yes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B. No	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

29. Overfill protection (tank only) (MARK ONE X)

A. Yes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B. No	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

30. Spill containment around fill pipe (MARK ONE X)

A. Yes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B. No	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

† If boxes 27 B, C, D, E above have been answered – answer questions 31 and 32 below.

31. Substance last used in tank (MARK ONE X)					
A. Leaded gasoline	<input type="checkbox"/>				
B. Unleaded gasoline	<input type="checkbox"/>				
C. Alcohol enriched gasoline	<input type="checkbox"/>				
J. Light diesel fuel (No. 1-D)	<input type="checkbox"/>				
E. Medium diesel fuel (No. 2-D)	<input type="checkbox"/>				
F. Waste oil	<input type="checkbox"/>				
G. Kerosene (No. 1)	<input type="checkbox"/>				
H. Home heating oil (No. 2)	<input type="checkbox"/>				
J. Heating oil (No. 4)	<input type="checkbox"/>				
K. Heavy heating oil (No. 6)	<input type="checkbox"/>				
L. Aviation fuel	<input type="checkbox"/>				
M. Hazardous substances (per Fact Sheet)	<input type="checkbox"/>				
N. Motor oil	<input type="checkbox"/>				
P. Lubricating Oil	<input type="checkbox"/>				
Q. Sewage	<input type="checkbox"/>				
R. Sewage sludge	<input type="checkbox"/>				
S. Hazardous waste (specify ID number)					
T. Industrial wastewater	<input type="checkbox"/>				
U. Mineral spirits	<input type="checkbox"/>				
V. Mixtures (please specify)					
W. Emergency spill tank (specify substance)					
X. Other petroleum products (please specify)					
Y. Other (please specify)					

32. Estimated date last used (month/year)	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
	Mo. Yr.	Mo. Yr.	Mo. Yr.	Mo. Yr.	Mo.

OWNER OR OPERATOR CERTIFICATION

"I certify under penalty of law that the information provided in this document is true, accurate and complete. I am aware that there are significant civil and criminal penalties for submitting false, inaccurate or incomplete information, including fines and/or imprisonment."

C. J. McCracken 10/2
 (SIGNATURE)
 C. J. MCCRACKEN, LCDR, CEC, USN
 (PRINT OR TYPE NAME)
 PUBLIC WORKS OFFICER
 (TITLE)

REMOVE 10V

UST NO. 0158023

ALL underground tanks, including those taken out of operation (UNLESS THE TANK WAS REMOVED FROM THE GROUND) must be included in this registration. All in-ground tanks shall be reported as underground tanks on this questionnaire regardless of their current status; Existing, E; Empty, P; Emergency, M; Abandoned, A; or Other, C.

SPECIFIC TANK INFORMATION

80 81 82

23-01 TANK NO. 00110

298-01 TANK NO. 00112

12. Tank Identification number	00110		00112							
13. CAS number (hazardous substances only)	N/A									
14. Tank age (years)	1.5		3.0		1.1		2.7		2.1	
15. Tank size (gallons)	11000		11000		11500		11500		11500	
16. Tank contents (MARK ONE X)										
A. Leaded gasoline	<input type="checkbox"/>									
B. Unleaded gasoline	<input type="checkbox"/>									
C. Alcohol enriched gasoline	<input type="checkbox"/>									
D. Light diesel fuel (No. 1-D)	<input type="checkbox"/>									
E. Medium diesel fuel (No. 2-D)	<input type="checkbox"/>									
F. Waste oil	<input type="checkbox"/>									
G. Kerosene (No. 1)	<input type="checkbox"/>									
H. Home heating oil (No. 2)	<input checked="" type="checkbox"/>									
J. Heating oil (No. 4)	<input type="checkbox"/>									
K. Heavy heating oil (No. 6)	<input type="checkbox"/>									
L. Aviation fuel	<input type="checkbox"/>									
M. Hazardous substances (please specify)										
N. Motor oil	<input type="checkbox"/>									
P. Lubricating Oil	<input type="checkbox"/>									
Q. Sewage	<input type="checkbox"/>									
sewage sludge	<input type="checkbox"/>									
S. Hazardous waste (specify ID number)										
T. Industrial wastewater	<input type="checkbox"/>									
U. Mineral spirits	<input type="checkbox"/>									
V. Mixtures (please specify)										
W. Emergency spill tank (specify substance)										
X. Other petroleum products (please specify)										
Y. Other (please specify)										
17. Tank and piping construction (MARK ALL THAT APPLY X)	Tank	Piping	Tank	Piping	Tank	Piping	Tank	Piping	Tank	P
A. Bare steel	<input type="checkbox"/>									
B. Carbon steel	<input type="checkbox"/>									
C. Galvanized steel	<input type="checkbox"/>									
D. Coated steel	<input checked="" type="checkbox"/>									
E. Iron (cast or ductile)	<input type="checkbox"/>									
F. Cathodically protected steel	<input type="checkbox"/>									
G. Fiberglass-coated steel	<input type="checkbox"/>									
H. Other metallic (please specify)										
J. Fiberglass-reinforced plastic	<input type="checkbox"/>									
K. Other non-metallic (please specify)										
L. Other (please specify)										
18. Tank and piping structure (MARK ALL THAT APPLY X)	Tank	Piping	Tank	Piping	Tank	Piping	Tank	Piping	Tank	Pi
A Single wall	<input checked="" type="checkbox"/>									
ouble wall	<input type="checkbox"/>									
C. Manway in tank	<input type="checkbox"/>									
19. Internal tank and piping lining (MARK ONE X)	Tank	Piping	Tank	Piping	Tank	Piping	Tank	Piping	Tank	Pi
A. YES (please specify type of material)	<input type="checkbox"/>									
B. None	<input checked="" type="checkbox"/>									

027-01
TANK NO.

0754-2
TANK NO.

Tank I.D. No

0010

0012

20. ... and piping lining installed (MARK ONE X)	Tank		Piping		Tank		Piping		Tank		Piping	
A. At purchase of tank	<input type="checkbox"/>											
B. Retrofitted	<input type="checkbox"/>											
C. None	<input checked="" type="checkbox"/>	<input type="checkbox"/>										
21. Secondary containment (MARK ALL THAT APPLY X)	<input type="checkbox"/>											
A. Liner	<input type="checkbox"/>											
B. Vault	<input type="checkbox"/>											
C. Double wall	<input type="checkbox"/>											
D. None	<input checked="" type="checkbox"/>											
E. Other (please specify)												
22. External type/application of cathodic protection (MARK ALL THAT APPLY X)	<input type="checkbox"/>											
A. Sacrificial anode	<input type="checkbox"/>											
B. Impressed current	<input type="checkbox"/>											
C. None	<input checked="" type="checkbox"/>											
D. Other (please specify)												
23. Monitoring/detection method (MARK ALL THAT APPLY X)	<input type="checkbox"/>											
A. Automatic sampling	<input type="checkbox"/>											
B. Manual sampling	<input type="checkbox"/>											
C. Ground water monitoring	<input type="checkbox"/>											
D. System in secondary containment	<input type="checkbox"/>											
E. System outside backfill	<input type="checkbox"/>											
F. System within piping (piping leak detector)	<input type="checkbox"/>											
G. System within backfill	<input type="checkbox"/>											
H. None	<input checked="" type="checkbox"/>											
24. Type of monitoring/detection system (MARK ALL THAT APPLY X)	<input type="checkbox"/>											
A. Continuous	<input type="checkbox"/>											
B. Event activated	<input type="checkbox"/>											
C. Audio	<input type="checkbox"/>											
D. Visual	<input type="checkbox"/>											
E. In-tank (automatic) monitoring gauge	<input type="checkbox"/>											
F. Pressure/vacuum loss sensor	<input type="checkbox"/>											
G. Liquid filled annular space	<input type="checkbox"/>											
H. Liquid sensor	<input type="checkbox"/>											
J. Vapor sniff wells	<input type="checkbox"/>											
K. Other (please specify)												
L. None	<input checked="" type="checkbox"/>											
25. Tank/piping tested (any type) (MARK ALL THAT APPLY X)	<input type="checkbox"/>											
A. Yes	<input type="checkbox"/>											
B. No	<input checked="" type="checkbox"/>											
C. Test positive (MARK IF LEAK WAS DISCOVERED)	<input type="checkbox"/>											
26. Leak/spill occurrence (MARK ALL THAT APPLY X)	<input type="checkbox"/>											
A. Within the past 1 year	<input type="checkbox"/>											
B. Within the past 1 to 5 years	<input type="checkbox"/>											
C. More than 5 years ago	<input type="checkbox"/>											
D. No Records	<input type="checkbox"/>											
E. None	<input checked="" type="checkbox"/>											

023-01

TANK NO.

0101101

Tank I D. No.

0298-01

TANK NO.

0101102

UST NO. 01



Tank status (MARK ONE X)

A. In-use	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
† B. Empty less than 12 months	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
† C. Empty 12 months or more	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
† D. Emergency spill tank (sump)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
† E. Abandoned, in place, filled and sealed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
F. Other (please specify)				
28. Spill recovery system on-site (MARK ONE X)				
A. Yes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B. No	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
29. Overfill protection (tank only) (MARK ONE X)				
A. Yes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B. No	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
30. Spill containment around fill pipe (MARK ONE X)				
A. Yes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B. No	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

† If boxes 27 B, C, D, E above have been answered – answer questions 31 and 32 below.

31. Substance last used in tank (MARK ONE X)				
A. Leaded gasoline	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B. Unleaded gasoline	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C. Alcohol enriched gasoline	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D. Light diesel fuel (No. 1-D)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
E. Medium diesel fuel (No. 2-D)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
F. Waste oil	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
G. Kerosene (No. 1)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
H. Home heating oil (No. 2)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
J. Heating oil (No. 4)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
K. Heavy heating oil (No. 6)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
L. Aviation fuel	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
M. Hazardous substances (per Fact Sheet)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
N. Motor oil	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
P. Lubricating Oil	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Q. Sewage	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
R. Sewage sludge	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
S. Hazardous waste (specify ID number)				
T. Industrial wastewater	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
U. Mineral spirits	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
V. Mixtures (please specify)				
W. Emergency spill tank (specify substance)				
X. Other petroleum products (please specify)				
Y. Other (please specify)				
32. Estimated date last used (month/year)				
	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	Mo. Yr.	Mo. Yr.	Mo. Yr.	Mo. Yr.

OWNER OR OPERATOR CERTIFICATION

"I certify under penalty of law that the information provided in this document is true, accurate and complete. I am aware that there are significant civil and criminal penalties for submitting false, inaccurate or incomplete information, including fines and/or imprisonment."

C. J. McCracken

(SIGNATURE)

C. J. MCCRACKEN, LCDR, CEC, USN

(PRINT OR TYPE NAME)

PUBLIC WORKS OFFICER

(TITLE)

10/2

ALL underground tanks, including those taken out of operation (UNLESS THE TANK WAS REMOVED FROM THE GROUND) must be included in this registration. All in-ground tanks shall be reported as underground tanks on this questionnaire regardless of their current status: Existing, E; Empty, P; Emergency, M; Abandoned, A; or Other, C.

SPECIFIC TANK INFORMATION

55 86 87
 07-01
 TANK NO. 00118 001

12. Tank Identification number										
13. CAS number (hazardous substances only)	1117		1117		1117		1117		1117	
14. Tank age (years)	2.7		2.7		2.7		1.8		1.1	
15. Tank size (gallons)	550		550		550		1,000		1,000	
16. Tank contents (MARK ONE X)										
A. Leaded gasoline	<input type="checkbox"/>									
B. Unleaded gasoline	<input type="checkbox"/>									
C. Alcohol enriched gasoline	<input type="checkbox"/>									
D. Light diesel fuel (No. 1-D)	<input type="checkbox"/>									
E. Medium diesel fuel (No. 2-D)	<input type="checkbox"/>									
F. Waste oil	<input type="checkbox"/>									
G. Kerosene (No. 1)	<input type="checkbox"/>									
H. Home heating oil (No. 2)	<input checked="" type="checkbox"/>									
J. Heating oil (No. 4)	<input type="checkbox"/>									
K. Heavy heating oil (No. 6)	<input type="checkbox"/>									
L. Aviation fuel	<input type="checkbox"/>									
M. Hazardous substances (please specify)										
N. Motor oil	<input type="checkbox"/>									
P. Lubricating Oil	<input type="checkbox"/>									
Q. Sewage	<input type="checkbox"/>									
Sewage sludge	<input type="checkbox"/>									
S. Hazardous waste (specify ID number)										
T. Industrial wastewater	<input type="checkbox"/>									
U. Mineral spirits	<input type="checkbox"/>									
V. Mixtures (please specify)										
W. Emergency spill tank (specify substance)										
X. Other petroleum products (please specify)										
Y. Other (please specify)										
17. Tank and piping construction (MARK ALL THAT APPLY X)	Tank	Piping	Tank	Piping	Tank	Piping	Tank	Piping	Tank	P
A. Bare steel	<input type="checkbox"/>									
B. Carbon steel	<input type="checkbox"/>									
C. Galvanized steel	<input type="checkbox"/>									
D. Coated steel	<input checked="" type="checkbox"/>									
E. Iron (cast or ductile)	<input type="checkbox"/>									
F. Cathodically protected steel	<input type="checkbox"/>									
G. Fiberglass-coated steel	<input type="checkbox"/>									
H. Other metallic (please specify)										
J. Fiberglass-reinforced plastic	<input type="checkbox"/>									
K. Other non-metallic (please specify)										
L. Other (please specify)										
18. Tank and piping structure (MARK ALL THAT APPLY X)	Tank	Piping	Tank	Piping	Tank	Piping	Tank	Piping	Tank	Pi
A. Single wall	<input checked="" type="checkbox"/>									
Double wall	<input type="checkbox"/>									
C. Manway in tank	<input type="checkbox"/>									
19. Internal tank and piping lining (MARK ONE X)	Tank	Piping	Tank	Piping	Tank	Piping	Tank	Piping	Tank	Pi
A. YES (please specify type of material)										
B. None	<input checked="" type="checkbox"/>									



Tank I D. No.

	Tank	Piping								
10. and piping lining installed (MARK ONE X)										
A. At purchase of tank	<input type="checkbox"/>									
B. Retrofitted	<input type="checkbox"/>									
C. None	<input checked="" type="checkbox"/>									
11. Secondary containment (MARK ALL THAT APPLY X)										
A. Liner	<input type="checkbox"/>									
B. Vault	<input type="checkbox"/>									
C. Double wall	<input type="checkbox"/>									
D. None	<input checked="" type="checkbox"/>									
E. Other (please specify)										
12. External type/application of cathodic protection (MARK ALL THAT APPLY X)										
A. Sacrificial anode	<input type="checkbox"/>									
B. Impressed current	<input type="checkbox"/>									
C. None	<input checked="" type="checkbox"/>									
D. Other (please specify)										
13. Monitoring/detection method (MARK ALL THAT APPLY X)										
A. Automatic sampling	<input type="checkbox"/>									
B. Manual sampling	<input type="checkbox"/>									
C. Ground water monitoring	<input type="checkbox"/>									
D. System in secondary containment	<input type="checkbox"/>									
E. System outside backfill	<input type="checkbox"/>									
F. System within piping (piping leak detector)	<input type="checkbox"/>									
G. System within backfill	<input type="checkbox"/>									
H. None	<input checked="" type="checkbox"/>									
14. Type of monitoring/detection system (MARK ALL THAT APPLY X)										
A. Continuous	<input type="checkbox"/>									
B. Event activated	<input type="checkbox"/>									
C. Audio	<input type="checkbox"/>									
D. Visual	<input type="checkbox"/>									
E. In-tank (automatic) monitoring gauge	<input type="checkbox"/>									
F. Pressure/vacuum loss sensor	<input type="checkbox"/>									
G. Liquid filled annular space	<input type="checkbox"/>									
H. Liquid sensor	<input type="checkbox"/>									
J. Vapor sniff wells	<input type="checkbox"/>									
K. Other (please specify)										
L. None	<input checked="" type="checkbox"/>									
15. Tank/piping tested (any type) (MARK ALL THAT APPLY X)										
A. Yes	<input type="checkbox"/>									
B. No	<input checked="" type="checkbox"/>									
C. Test positive (MARK IF LEAK WAS DISCOVERED)	<input type="checkbox"/>									
16. Leak/spill occurrence (MARK ALL THAT APPLY X)										
A. Within the past 1 year	<input type="checkbox"/>									
B. Within the past 1 to 5 years	<input type="checkbox"/>									
C. More than 5 years ago	<input type="checkbox"/>									
D. No Records	<input type="checkbox"/>									
E. None	<input checked="" type="checkbox"/>									

UST NO. 018520
 07-01
 TANK NO. 06118
 010

Tank I D. No.

Tank status (MARK ONE X)

A. In-use	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
† B. Empty less than 12 months	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
† C. Empty 12 months or more	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
† D. Emergency spill tank (sump)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
† E. Abandoned, in place, filled and sealed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
F. Other (please specify)				
28. Spill recovery system on-site (MARK ONE X)				
A. Yes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B. No	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
29. Overfill protection (tank only) (MARK ONE X)				
A. Yes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B. No	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
30. Spill containment around fill pipe (MARK ONE X)				
A. Yes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B. No	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

† If boxes 27 B, C, D, E above have been answered – answer questions 31 and 32 below.

31. Substance last used in tank (MARK ONE X)				
A. Leaded gasoline	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B. Unleaded gasoline	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C. Alcohol enriched gasoline	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D. Light diesel fuel (No. 1-D)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
E. Medium diesel fuel (No. 2-D)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
F. Waste oil	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
G. Kerosene (No. 1)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
H. Home heating oil (No. 2)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
J. Heating oil (No. 4)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
K. Heavy heating oil (No. 6)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
L. Aviation fuel	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
M. Hazardous substances (per Fact Sheet)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
N. Motor oil	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
P. Lubricating Oil	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Q. Sewage	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
R. Sewage sludge	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
S. Hazardous waste (specify ID number)				
T. Industrial wastewater	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
U. Mineral spirits	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
V. Mixtures (please specify)				
W. Emergency spill tank (specify substance)				
X. Other petroleum products (please specify)				
Y. Other (please specify)				

32. Estimated date last used (month/year)	<input type="text"/> /				
	Mo. Yr.	Mo. Yr.	Mo. Yr.	Mo. Yr.	M

OWNER OR OPERATOR CERTIFICATION

"I certify under penalty of law that the information provided in this document is true, accurate and complete. I am aware that there are significant civil and criminal penalties for submitting false, inaccurate or incomplete information, including fines and/or imprisonment."

C. J. McCracken
 (SIGNATURE)
 C. J. MCCRACKEN, LCDR, CEC, USN
 (PRINT OR TYPE NAME)
 PUBLIC WORKS OFFICER
 (TITLE)

Removed
 TUST NO. 015
 110 110 112



ALL underground tanks, including those taken out of operation (UNLESS THE TANK WAS REMOVED FROM THE GROUND) must be included in this registration. All in-ground tanks shall be reported as underground tanks on this questionnaire regardless of their current status; Existing, E; Empty, Emergency, M; Abandoned, A; or Other, C.

SPECIFIC TANK INFORMATION

PH-8
 TANK NO:
 00140

12. Tank identification number	00140									
13. CAS number (hazardous substances only)	N/A									
14. Tank age (years)	18		27		30		25		25	
15. Tank size (gallons)	7500		5500		11000		5500		5500	
16. Tank contents (MARK ONE X)										
A. Leaded gasoline	<input type="checkbox"/>									
B. Unleaded gasoline	<input type="checkbox"/>									
C. Alcohol enriched gasoline	<input type="checkbox"/>									
D. Light diesel fuel (No. 1-D)	<input type="checkbox"/>									
E. Medium diesel fuel (No. 2-D)	<input type="checkbox"/>									
F. Waste oil	<input type="checkbox"/>									
G. Kerosene (No. 1)	<input type="checkbox"/>									
H. Home heating oil (No. 2)	<input checked="" type="checkbox"/>									
J. Heating oil (No. 4)	<input type="checkbox"/>									
K. Heavy heating oil (No. 6)	<input type="checkbox"/>									
L. Aviation fuel	<input type="checkbox"/>									
M. Hazardous substances (please specify)										
N. Motor oil	<input type="checkbox"/>									
P. Lubricating Oil	<input type="checkbox"/>									
Q. Sewage	<input type="checkbox"/>									
R. Sewage sludge	<input type="checkbox"/>									
S. Hazardous waste (specify ID number)										
T. Industrial wastewater	<input type="checkbox"/>									
U. Mineral spirits	<input type="checkbox"/>									
V. Mixtures (please specify)										
W. Emergency spill tank (specify substance)										
X. Other petroleum products (please specify)										
Y. Other (please specify)										
17. Tank and piping construction (MARK ALL THAT APPLY X)	Tank	Piping								
A. Bare steel	<input type="checkbox"/>									
B. Carbon steel	<input type="checkbox"/>									
C. Galvanized steel	<input type="checkbox"/>									
D. Coated steel	<input checked="" type="checkbox"/>									
E. Iron (cast or ductile)	<input type="checkbox"/>									
F. Cathodically protected steel	<input type="checkbox"/>									
G. Fiberglass-coated steel	<input type="checkbox"/>									
H. Other metallic (please specify)										
J. Fiberglass-reinforced plastic	<input type="checkbox"/>									
K. Other non-metallic (please specify)										
L. Other (please specify)										
18. Tank and piping structure (MARK ALL THAT APPLY X)	Tank	Piping								
A. Single wall	<input checked="" type="checkbox"/>									
B. Double wall	<input type="checkbox"/>									
C. Manway in tank	<input type="checkbox"/>									
19. Internal tank and piping lining (MARK ONE X)	Tank	Piping								
A. YES (please specify type of material)	<input checked="" type="checkbox"/>									
B. None	<input type="checkbox"/>									



PH-4
TANK NO.

Tank I.D. No. 00040

	Tank	Piping								
20. and piping lining installed (MARK ONE X)										
A. At purchase of tank	<input type="checkbox"/>									
B. Retrofitted	<input type="checkbox"/>									
C. None	<input checked="" type="checkbox"/>									
21. Secondary containment (MARK ALL THAT APPLY X)										
A. Liner	<input type="checkbox"/>									
B. Vault	<input type="checkbox"/>									
C. Double wall	<input type="checkbox"/>									
D. None	<input checked="" type="checkbox"/>									
E. Other (please specify)										
22. External type/application of cathodic protection (MARK ALL THAT APPLY X)										
A. Sacrificial anode	<input type="checkbox"/>									
B. Impressed current	<input type="checkbox"/>									
C. None	<input checked="" type="checkbox"/>									
D. Other (please specify)										
23. Monitoring/detection method (MARK ALL THAT APPLY X)										
A. Automatic sampling	<input type="checkbox"/>									
B. Manual sampling	<input type="checkbox"/>									
C. Ground water monitoring	<input type="checkbox"/>									
D. System in secondary containment	<input type="checkbox"/>									
E. System outside backfill	<input type="checkbox"/>									
F. System within backfill stem within piping (piping leak detector)	<input type="checkbox"/>									
G. System within backfill	<input type="checkbox"/>									
H. None	<input checked="" type="checkbox"/>									
24. Type of monitoring/detection system (MARK ALL THAT APPLY X)										
A. Continuous	<input type="checkbox"/>									
B. Event activated	<input type="checkbox"/>									
C. Audio	<input type="checkbox"/>									
D. Visual	<input type="checkbox"/>									
E. In-tank (automatic) monitoring gauge	<input type="checkbox"/>									
F. Pressure/vacuum loss sensor	<input type="checkbox"/>									
G. Liquid filled annular space	<input type="checkbox"/>									
H. Liquid sensor	<input type="checkbox"/>									
J. Vapor sniff wells	<input type="checkbox"/>									
K. Other (please specify)										
L. None	<input checked="" type="checkbox"/>									
25. Tank/piping tested (any type) (MARK ALL THAT APPLY X)										
A. Yes	<input type="checkbox"/>									
B. No	<input checked="" type="checkbox"/>									
C. Test positive (MARK IF LEAK WAS DISCOVERED)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
26. Leak/spill occurrence (MARK ALL THAT APPLY X)										
A. Within the past 1 year	<input type="checkbox"/>									
B. Within the past 1 to 5 years	<input type="checkbox"/>									
C. More than 5 years ago	<input type="checkbox"/>									
D. No Records	<input type="checkbox"/>									
E. None	<input checked="" type="checkbox"/>									

94-8
TANK NO.

Tank I.D. No. 0101910

Tank status (MARK ONE X)					
A. In-use	<input checked="" type="checkbox"/>				
† B. Empty less than 12 months	<input type="checkbox"/>				
† C. Empty 12 months or more	<input type="checkbox"/>				
† D. Emergency spill tank (sump)	<input type="checkbox"/>				
† E. Abandoned, in place, filled and sealed	<input type="checkbox"/>				
F. Other (please specify)					
28. Spill recovery system on-site (MARK ONE X)					
A. Yes	<input type="checkbox"/>				
B. No	<input checked="" type="checkbox"/>				
29. Overfill protection (tank only) (MARK ONE X)					
A. Yes	<input type="checkbox"/>				
B. No	<input checked="" type="checkbox"/>				
30. Spill containment around fill pipe (MARK ONE X)					
A. Yes	<input type="checkbox"/>				
B. No	<input checked="" type="checkbox"/>				

† If boxes 27 B, C, D, E above have been answered – answer questions 31 and 32 below.

31. Substance last used in tank (MARK ONE X)					
A. Leaded gasoline	<input type="checkbox"/>				
B. Unleaded gasoline	<input type="checkbox"/>				
C. Alcohol enriched gasoline	<input type="checkbox"/>				
D. Light diesel fuel (No. 1-D)	<input type="checkbox"/>				
E. Medium diesel fuel (No. 2-D)	<input type="checkbox"/>				
F. Waste oil	<input type="checkbox"/>				
G. Kerosene (No. 1)	<input type="checkbox"/>				
H. Home heating oil (No. 2)	<input type="checkbox"/>				
J. Heating oil (No. 4)	<input type="checkbox"/>				
K. Heavy heating oil (No. 6)	<input type="checkbox"/>				
L. Aviation fuel	<input type="checkbox"/>				
M. Hazardous substances (per Fact Sheet)	<input type="checkbox"/>				
N. Motor oil	<input type="checkbox"/>				
P. Lubricating Oil	<input type="checkbox"/>				
Q. Sewage	<input type="checkbox"/>				
R. Sewage sludge	<input type="checkbox"/>				
S. Hazardous waste (specify ID number)					
T. Industrial wastewater	<input type="checkbox"/>				
U. Mineral spirits	<input type="checkbox"/>				
V. Mixtures (please specify)					
W. Emergency spill tank (specify substance)					
X. Other petroleum products (please specify)					
Y. Other (please specify)					
32. Estimated date last used (month/year)					
	<input type="text"/>				
	Mo. Yr.	Mo. Yr.	Mo. Yr.	Mo. Yr.	Mo.

OWNER OR OPERATOR CERTIFICATION

"I certify under penalty of law that the information provided in this document is true, accurate and complete. I am aware that there are significant civil and criminal penalties for submitting false, inaccurate or incomplete information, including fines and/or imprisonment."

C. J. McCracken 10/2/94
 (SIGNATURE)
 C. J. MCCRACKEN, LCDR, CEC, USN
 (PRINT OR TYPE NAME)
 PUBLIC WORKS OFFICER
 (TITLE)

ALL underground tanks, including those taken out of operation (UNLESS THE TANK WAS REMOVED FROM GROUND) must be included in this registration. All in-ground tanks shall be reported as underground tanks on this questionnaire regardless of their current status; Existing, E; Empty, P; Emergency, M; Abandoned, A; or Other, C.

SPECIFIC TANK INFORMATION

8457-01
 TANK NO. 10145

12. Tank identification number	10145									
13. CAS number (hazardous substances only)	N/A									
14. Tank age (years)	20	30	25	33	33					
15. Tank size (gallons)	11000	5500	5500	5500	5500					
16. Tank contents (MARK ONE X)										
A. Leaded gasoline	<input type="checkbox"/>									
B. Unleaded gasoline	<input type="checkbox"/>									
C. Alcohol enriched gasoline	<input type="checkbox"/>									
D. Light diesel fuel (No. 1-D)	<input type="checkbox"/>									
E. Medium diesel fuel (No. 2-D)	<input type="checkbox"/>									
F. Waste oil	<input type="checkbox"/>									
G. Kerosene (No. 1)	<input type="checkbox"/>									
H. Home heating oil (No. 2)	<input checked="" type="checkbox"/>									
J. Heating oil (No. 4)	<input type="checkbox"/>									
K. Heavy heating oil (No. 6)	<input type="checkbox"/>									
L. Aviation fuel	<input type="checkbox"/>									
M. Hazardous substances (please specify)										
N. Motor oil	<input type="checkbox"/>									
P. Lubricating Oil	<input type="checkbox"/>									
Q. Sewage	<input type="checkbox"/>									
Sewage sludge	<input type="checkbox"/>									
S. Hazardous waste (specify ID number)										
T. Industrial wastewater	<input type="checkbox"/>									
U. Mineral spirits	<input type="checkbox"/>									
V. Mixtures (please specify)										
W. Emergency spill tank (specify substance)										
X. Other petroleum products (please specify)										
Y. Other (please specify)										
17. Tank and piping construction (MARK ALL THAT APPLY X)	Tank	Piping	Tank	Piping	Tank	Piping	Tank	Piping	Tank	Pip
A. Bare steel	<input type="checkbox"/>									
B. Carbon steel	<input type="checkbox"/>									
C. Galvanized steel	<input type="checkbox"/>									
D. Coated steel	<input checked="" type="checkbox"/>									
E. Iron (cast or ductile)	<input type="checkbox"/>									
F. Cathodically protected steel	<input type="checkbox"/>									
G. Fiberglass-coated steel	<input type="checkbox"/>									
H. Other metallic (please specify)										
J. Fiberglass-reinforced plastic	<input type="checkbox"/>									
K. Other non-metallic (please specify)										
L. Other (please specify)										
18. Tank and piping structure (MARK ALL THAT APPLY X)	Tank	Piping	Tank	Piping	Tank	Piping	Tank	Piping	Tank	Pip
A. Single wall	<input checked="" type="checkbox"/>									
Double wall	<input type="checkbox"/>									
Manway in tank	<input type="checkbox"/>									
19. Internal tank and piping lining (MARK ONE X)	Tank	Piping	Tank	Piping	Tank	Piping	Tank	Piping	Tank	Pip
A. YES (please specify type of material)	<input type="checkbox"/>									
B. None	<input checked="" type="checkbox"/>									

5457-01

UST NO. 015109439



TANK NO.

TANK NO.

Tank I.D. No. 1010151

	Tank	Piping								
20. ... and piping lining installed (MARK ONE X)										
A. At purchase of tank	<input type="checkbox"/>									
B. Retrofitted	<input type="checkbox"/>									
C. None	<input checked="" type="checkbox"/>									
21. Secondary containment (MARK ALL THAT APPLY X)										
A. Liner	<input type="checkbox"/>									
B. Vault	<input type="checkbox"/>									
C. Double wall	<input type="checkbox"/>									
D. None	<input checked="" type="checkbox"/>									
E. Other (please specify)										
22. External type/application of cathodic protection (MARK ALL THAT APPLY X)										
A. Sacrificial anode	<input type="checkbox"/>									
B. Impressed current	<input type="checkbox"/>									
C. None	<input checked="" type="checkbox"/>									
D. Other (please specify)										
3. Monitoring/detection method (MARK ALL THAT APPLY X)										
A. Automatic sampling	<input type="checkbox"/>									
B. Manual sampling	<input type="checkbox"/>									
C. Ground water monitoring	<input type="checkbox"/>									
D. System in secondary containment	<input type="checkbox"/>									
E. System outside backfill	<input type="checkbox"/>									
F. System within piping (piping leak detector)	<input type="checkbox"/>									
G. System within backfill	<input type="checkbox"/>									
H. None	<input checked="" type="checkbox"/>									
4. Type of monitoring/detection system (MARK ALL THAT APPLY X)										
A. Continuous	<input type="checkbox"/>									
B. Event activated	<input type="checkbox"/>									
C. Audio	<input type="checkbox"/>									
D. Visual	<input type="checkbox"/>									
E. In-tank (automatic) monitoring gauge	<input type="checkbox"/>									
F. Pressure/vacuum loss sensor	<input type="checkbox"/>									
G. Liquid filled annular space	<input type="checkbox"/>									
H. Liquid sensor	<input type="checkbox"/>									
J. Vapor sniff wells	<input type="checkbox"/>									
K. Other (please specify)										
L. None	<input checked="" type="checkbox"/>									
5. Tank/piping tested (any type) (MARK ALL THAT APPLY X)										
A. Yes	<input type="checkbox"/>									
B. No	<input checked="" type="checkbox"/>									
C. Test positive (MARK IF LEAK WAS DISCOVERED)	<input type="checkbox"/>									
6. Leak/spill occurrence (MARK ALL THAT APPLY X)										
A. within the past 1 year	<input type="checkbox"/>									
B. within the past 1 to 5 years	<input type="checkbox"/>									
C. More than 5 years ago	<input type="checkbox"/>									
D. No Records	<input type="checkbox"/>									
E. None	<input checked="" type="checkbox"/>									

5457-01

UST NO. 0159030

TANK No. 10104151
Tank I D. No. 10104151

Tank status (MARK ONE X)

A. In-use	<input checked="" type="checkbox"/>				
† B. Empty less than 12 months	<input type="checkbox"/>				
† C. Empty 12 months or more	<input type="checkbox"/>				
† D. Emergency spill tank (sump)	<input type="checkbox"/>				
† E. Abandoned, in place, filled and sealed	<input type="checkbox"/>				
F. Other (please specify)					
28. Spill recovery system on-site (MARK ONE X)					
A. Yes	<input type="checkbox"/>				
B. No	<input checked="" type="checkbox"/>				
29. Overfill protection (tank only) (MARK ONE X)					
A. Yes	<input type="checkbox"/>				
B. No	<input checked="" type="checkbox"/>				
30. Spill containment around fill pipe (MARK ONE X)					
A. Yes	<input type="checkbox"/>				
B. No	<input checked="" type="checkbox"/>				

† If boxes 27 B, C, D, E above have been answered – answer questions 31 and 32 below.

31. Substance last used in tank (MARK ONE X)					
A. Leaded gasoline	<input type="checkbox"/>				
B. Unleaded gasoline	<input type="checkbox"/>				
C. Alcohol enriched gasoline	<input type="checkbox"/>				
D. Light diesel fuel (No. 1-D)	<input type="checkbox"/>				
E. Medium diesel fuel (No. 2-D)	<input type="checkbox"/>				
F. Waste oil	<input type="checkbox"/>				
G. Kerosene (No. 1)	<input type="checkbox"/>				
H. Home heating oil (No. 2)	<input type="checkbox"/>				
J. Heating oil (No. 4)	<input type="checkbox"/>				
K. Heavy heating oil (No. 6)	<input type="checkbox"/>				
L. Aviation fuel	<input type="checkbox"/>				
M. Hazardous substances (per Fact Sheet)	<input type="checkbox"/>				
N. Motor oil	<input type="checkbox"/>				
P. Lubricating Oil	<input type="checkbox"/>				
Q. Sewage	<input type="checkbox"/>				
R. Sewage sludge	<input type="checkbox"/>				
S. Hazardous waste (specify ID number)					
T. Industrial wastewater	<input type="checkbox"/>				
U. Mineral spirits	<input type="checkbox"/>				
V. Mixtures (please specify)					
W. Emergency spill tank (specify substance)					
X. Other petroleum products (please specify)					
Y. Other (please specify)					
32. Estimated date last used (month/year)					
	<input type="text"/>				
	Mo. Yr.	Mo. Yr.	Mo. Yr.	Mo. Yr.	Mo.

OWNER OR OPERATOR CERTIFICATION

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C. J. McCracken 10/2/01
 (SIGNATURE)
 C. J. MCCRACKEN, LCDR, CEC, USN
 (PRINT OR TYPE NAME)
 PUBLIC WORKS OFFICER
 (TITLE)

ALL underground tanks, including those taken out of operation (UNLESS THE TANK WAS REMOVED FROM THE GROUND) must be included in this registration. All in-ground tanks shall be reported as underground tanks on this questionnaire regardless of their current status; Existing, E; Empty, E; Emergency, M; Abandoned, A; or Other, C.

SPECIFIC TANK INFORMATION

	573 TANK NO. 0050		033-01 TANK NO. 0051		034-02 TANK NO. 0052		FA-7 TANK NO. 0053		NIA-7 TANK NO. 00	
12. Tank Identification number	0050		0051		0052		0053		00	
13. CAS number (hazardous substances only)	N/A									
14. Tank age (years)	33		18		23		31		3	
15. Tank size (gallons)	1,2940		1,560		1,1000		1,10,900		1,1	
16. Tank contents (MARK ONE X)										
A. Leaded gasoline	<input type="checkbox"/>									
B. Unleaded gasoline	<input type="checkbox"/>									
C. Alcohol enriched gasoline	<input type="checkbox"/>									
D. Light diesel fuel (No. 1-D)	<input type="checkbox"/>									
E. Medium diesel fuel (No. 2-D)	<input type="checkbox"/>									
F. Waste oil	<input type="checkbox"/>									
G. Kerosene (No. 1)	<input type="checkbox"/>									
H. Home heating oil (No. 2)	<input checked="" type="checkbox"/>									
J. Heating oil (No. 4)	<input type="checkbox"/>									
K. Heavy heating oil (No. 6)	<input type="checkbox"/>									
L. Aviation fuel	<input type="checkbox"/>									
M. Hazardous substances (please specify)										
N. Motor oil	<input type="checkbox"/>									
P. Lubricating Oil	<input type="checkbox"/>									
Q. Sewage	<input type="checkbox"/>									
Sewage sludge	<input type="checkbox"/>									
S. Hazardous waste (specify ID number)										
T. Industrial wastewater	<input type="checkbox"/>									
U. Mineral spirits	<input type="checkbox"/>									
V. Mixtures (please specify)										
W. Emergency spill tank (specify substance)										
X. Other petroleum products (please specify)										
Y. Other (please specify)										
17. Tank and piping construction (MARK ALL THAT APPLY X)	Tank	Piping								
A. Bare steel	<input type="checkbox"/>									
B. Carbon steel	<input type="checkbox"/>									
C. Galvanized steel	<input type="checkbox"/>									
D. Coated steel	<input checked="" type="checkbox"/>									
E. Iron (cast or ductile)	<input type="checkbox"/>									
F. Cathodically protected steel	<input type="checkbox"/>									
G. Fiberglass-coated steel	<input type="checkbox"/>									
H. Other metallic (please specify)										
J. Fiberglass-reinforced plastic	<input type="checkbox"/>									
K. Other non-metallic (please specify)										
L. Other (please specify)										
18. Tank and piping structure (MARK ALL THAT APPLY X)	Tank	Piping								
A. Single wall	<input checked="" type="checkbox"/>									
Double wall	<input type="checkbox"/>									
C. Manway in tank	<input type="checkbox"/>									
19. Internal tank and piping lining (MARK ONE X)	Tank	Piping								
A. YES (please specify type of material)	<input type="checkbox"/>									
B. None	<input checked="" type="checkbox"/>									

513
TANK NO.

033-01
TANK NO.

034-01
TANK NO.

UST NO. 051
FA-2
TANK NO.



Tank I.D. No.

100510

00511

00512

00513

00514

	Tank	Piping								
20. Tank and piping lining installed (MARK ONE X)										
A. Purchase of tank	<input type="checkbox"/>									
B. Retrofitted	<input type="checkbox"/>									
C. None	<input checked="" type="checkbox"/>									
21. Secondary containment (MARK ALL THAT APPLY X)										
A. Liner	<input type="checkbox"/>									
B. Vault	<input type="checkbox"/>									
C. Double wall	<input type="checkbox"/>									
D. None	<input checked="" type="checkbox"/>									
E. Other (please specify)										
22. External type/application of cathodic protection (MARK ALL THAT APPLY X)										
A. Sacrificial anode	<input type="checkbox"/>									
B. Impressed current	<input type="checkbox"/>									
C. None	<input checked="" type="checkbox"/>									
D. Other (please specify)										
23. Monitoring/detection method (MARK ALL THAT APPLY X)										
A. Automatic sampling	<input type="checkbox"/>									
B. Manual sampling	<input type="checkbox"/>									
C. Ground water monitoring	<input type="checkbox"/>									
D. System in secondary containment	<input type="checkbox"/>									
E. System outside backfill	<input type="checkbox"/>									
F. System within piping (piping leak detector)	<input type="checkbox"/>									
G. System within backfill	<input type="checkbox"/>									
H. None	<input checked="" type="checkbox"/>									
24. Type of monitoring/detection system (MARK ALL THAT APPLY X)										
A. Continuous	<input type="checkbox"/>									
B. Event activated	<input type="checkbox"/>									
C. Audio	<input type="checkbox"/>									
D. Visual	<input type="checkbox"/>									
E. In-tank (automatic) monitoring gauge	<input type="checkbox"/>									
F. Pressure/vacuum loss sensor	<input type="checkbox"/>									
G. Liquid filled annular space	<input type="checkbox"/>									
H. Liquid sensor	<input type="checkbox"/>									
J. Vapor sniff wells	<input type="checkbox"/>									
K. Other (please specify)										
L. None	<input checked="" type="checkbox"/>									
25. Tank/piping tested (any type) (MARK ALL THAT APPLY X)										
A. Yes	<input type="checkbox"/>									
B. No	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C. Test positive (MARK IF LEAK WAS DISCOVERED)	<input type="checkbox"/>									
26. Leak/spill occurrence (MARK ALL THAT APPLY X)										
A. Within the past 1 year	<input type="checkbox"/>									
B. Within the past 1 to 5 years	<input type="checkbox"/>									
C. More than 5 years ago	<input type="checkbox"/>									
D. No Records	<input type="checkbox"/>									
E. None	<input checked="" type="checkbox"/>									

UST NO. 015
FA-2
TANK NO. 003
CORP. 003

Tank I D. No. 513 TANK NO. 00510
033-01 TANK NO. 00511
034-01 TANK NO. 00512
00513

Tank status (MARK ONE X)					
A. In-use	<input checked="" type="checkbox"/>				
† B. Empty less than 12 months	<input type="checkbox"/>				
† C. Empty 12 months or more	<input type="checkbox"/>				
† D. Emergency spill tank (sump)	<input type="checkbox"/>				
† E. Abandoned, in place, filled and sealed	<input type="checkbox"/>				
F. Other (please specify)					
28. Spill recovery system on-site (MARK ONE X)					
A. Yes	<input type="checkbox"/>				
B. No	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
29. Overfill protection (tank only) (MARK ONE X)					
A. Yes	<input type="checkbox"/>				
B. No	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
30. Spill containment around fill pipe (MARK ONE X)					
A. Yes	<input type="checkbox"/>				
B. No	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

† If boxes 27 B, C, D, E above have been answered – answer questions 31 and 32 below.

31. Substance last used in tank (MARK ONE X)					
A. Leaded gasoline	<input type="checkbox"/>				
B. Unleaded gasoline	<input type="checkbox"/>				
C. Alcohol enriched gasoline	<input type="checkbox"/>				
D. Light diesel fuel (No. 1-D)	<input type="checkbox"/>				
E. Medium diesel fuel (No. 2-D)	<input type="checkbox"/>				
F. Waste oil	<input type="checkbox"/>				
G. Kerosene (No. 1)	<input type="checkbox"/>				
H. Home heating oil (No. 2)	<input type="checkbox"/>				
J. Heating oil (No. 4)	<input type="checkbox"/>				
K. Heavy heating oil (No. 6)	<input type="checkbox"/>				
L. Aviation fuel	<input type="checkbox"/>				
M. Hazardous substances (per Fact Sheet)	<input type="checkbox"/>				
N. Motor oil	<input type="checkbox"/>				
P. Lubricating Oil	<input type="checkbox"/>				
Q. Sewage	<input type="checkbox"/>				
R. Sewage sludge	<input type="checkbox"/>				
S. Hazardous waste (specify ID number)					
T. Industrial wastewater	<input type="checkbox"/>				
U. Mineral spirits	<input type="checkbox"/>				
V. Mixtures (please specify)					
W. Emergency spill tank (specify substance)					
X. Other petroleum products (please specify)					
Y. Other (please specify)					

32. Estimated date last used (month/year)	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
	Mo. Yr.				

OWNER OR OPERATOR CERTIFICATION

"I certify under penalty of law that the information provided in this document is true, accurate and complete. I am aware that there are significant civil and criminal penalties for submitting false, inaccurate or incomplete information, including fines and/or imprisonment."

C. J. McCracken 10/2
(SIGNATURE)
C. J. MCCRACKEN, LCDR, CEC, USN
(PRINT OR TYPE NAME)
PUBLIC WORKS OFFICER
(TITLE)
FORM 17

107
 ALL underground tanks, including those taken out of operation (UNLESS THE TANK WAS REMOVED FROM THE GROUND) must be included in this registration. All in-ground tanks shall be reported as underground tanks on this questionnaire regardless of their current status; Existing, E; Empty, P; Emergency, M; Abandoned, A; or Other, C.

SPECIFIC TANK INFORMATION

	TANK NO.	TANK NO.	TANK NO.	TANK NO.	TANK NO.					
12. Tank identification number	010551									
13. CAS number (hazardous substances only)	11687									
14. Tank age (years)	2.5									
15. Tank size (gallons)	11000									
16. Tank contents (MARK ONE X)										
A. Leaded gasoline	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
B. Unleaded gasoline	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
C. Alcohol enriched gasoline	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
D. Light diesel fuel (No. 1-D)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
E. Medium diesel fuel (No. 2-D)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
F. Waste oil	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
G. Kerosene (No. 1)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
H. Home heating oil (No. 2)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
J. Heating oil (No. 4)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
K. Heavy heating oil (No. 6)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
L. Aviation fuel	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
M. Hazardous substances (please specify)										
N. Motor oil	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
P. Lubricating Oil	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
Q. Sewage	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
Sewage sludge	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
R. Hazardous waste (specify ID number)										
T. Industrial wastewater	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
U. Mineral spirits	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
V. Mixtures (please specify)										
W. Emergency spill tank (specify substance)										
X. Other petroleum products (please specify)										
Y. Other (please specify)										
17. Tank and piping construction (MARK ALL THAT APPLY X)	Tank	Piping	Tank	Piping	Tank	Piping	Tank	Piping	Tank	Piping
A. Bare steel	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B. Carbon steel	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C. Galvanized steel	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D. Coated steel	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>							
E. Iron (cast or ductile)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
F. Cathodically protected steel	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
G. Fiberglass-coated steel	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
H. Other metallic (please specify)										
J. Fiberglass-reinforced plastic	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
K. Other non-metallic (please specify)										
L. Other (please specify)										
18. Tank and piping structure (MARK ALL THAT APPLY X)	Tank	Piping	Tank	Piping	Tank	Piping	Tank	Piping	Tank	Piping
A. Single wall	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>							
Double wall	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C. Manway in tank	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	
19. Internal tank and piping lining (MARK ONE X)	Tank	Piping	Tank	Piping	Tank	Piping	Tank	Piping	Tank	Piping
A. YES (please specify type of material)										
B. None	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>							

TANK NO. 03702
 Tank I D. No. 0101515 TANK NO. TANK NO. TANK NO.

Tank status (MARK ONE X)

A. In-use	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
† B. Empty less than 12 months	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
† C. Empty 12 months or more	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
† D. Emergency spill tank (sump)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
† E. Abandoned, in place, filled and sealed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
F. Other (please specify)				

28. Spill recovery system on-site (MARK ONE X)

A. Yes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B. No	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

29. Overfill protection (tank only) (MARK ONE X)

A. Yes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B. No	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

30. Spill containment around fill pipe (MARK ONE X)

A. Yes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B. No	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

† If boxes 27 B, C, D, E above have been answered -- answer questions 31 and 32 below.

31. Substance last used in tank (MARK ONE X)

A. Leaded gasoline	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B. Unleaded gasoline	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C. Alcohol enriched gasoline	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D. Light diesel fuel (No. 1-D)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
E. Medium diesel fuel (No. 2-D)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
F. Waste oil	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
G. Kerosene (No. 1)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
H. Home heating oil (No. 2)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
J. Heating oil (No. 4)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
K. Heavy heating oil (No. 6)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
L. Aviation fuel	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
M. Hazardous substances (per Fact Sheet)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
N. Motor oil	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
P. Lubricating Oil	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Q. Sewage	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
R. Sewage sludge	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
S. Hazardous waste (specify ID number)				
T. Industrial wastewater	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
U. Mineral spirits	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
V. Mixtures (please specify)				
W. Emergency spill tank (specify substance)				
X. Other petroleum products (please specify)				
Y. Other (please specify)				

32. Estimated date last used (month/year)

<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Mo. Yr.				

OWNER OR OPERATOR CERTIFICATION
 "I certify under penalty of law that the information provided in this document is true, accurate and complete. I am aware that there are significant civil and criminal penalties for submitting false, inaccurate or incomplete information, including fines and/or imprisonment."

C. J. McCracken 10/2
 (SIGNATURE)
 C. J. MCCRACKEN, LCDR, CEC, USN
 (PRINT OR TYPE NAME)
 PUBLIC WORKS OFFICER
 (TITLE)



11. All underground tanks used after January 1, 1974 including those taken out of operation, (UNLESS THE TANK WAS REMOVED FROM THE GROUND) must be included in this registration. All in-ground tanks shall be reported as underground tanks on this questionnaire regardless of their current status: Existing, E; Abandoned, A; or Closed C.

SPECIFIC TANK INFORMATION

	TANK NO.	TANK NO.	TANK NO.	TANK NO.	TANK NO.					
12. Tank Identification Number	RO11									
13. CASRN Number (Hazardous Substances Only)										
14. Tank Age (Years)	3									
15. Tank Size (gallons)										
16. Tank Contents (MARK ONE X)										
A. Leaded gasoline	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
B. Unleaded gasoline	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
C. Alcohol enriched gasoline	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
D. Light diesel fuel (No. 1-D)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
E. Medium diesel fuel (No. 2-D)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
F. Waste oil	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
G. Kerosene (No. 1)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
H. Home heating oil (No. 2)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
J. Heating oil (No. 4)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
K. Heavy heating oil (No. 6)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
L. Aviation fuel	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
M. Hazardous substances (per Fact Sheet)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
N. Other; Please Specify										
17. Tank and Piping Construction (MARK ALL THAT APPLY X)	Tank	Piping	Tank	Piping	Tank	Piping	Tank	Piping	Tank	Piping
A. Bare steel	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>							
B. Carbon steel	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C. Stainless steel	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D. Aluminum	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
E. Polyvinyl chloride	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
F. Concrete	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
G. Bronze	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
H. Earthen walls	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
J. Fiberglass reinforced plastic	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
K. Fiberglass-clad steel	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
L. Painted/asphalt steel	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
M. Vaulted	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
N. Composite	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
P. Iron (cast or ductile)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
R. Non-metallic	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
S. Other; Please Specify										
18. Tank and Piping Structure (MARK ALL THAT APPLY X)	Tank	Piping	Tank	Piping	Tank	Piping	Tank	Piping	Tank	Piping
A. Single wall	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B. Double wall	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C. Manway in tank	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	
19. Internal Tank and Piping Lining (MARK ONE X)	Tank	Piping	Tank	Piping	Tank	Piping	Tank	Piping	Tank	Piping
A. Rubber	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B. Epoxy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C. Alklyd	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D. Phenolic	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
E. Glass	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
F. Clay	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
G. None	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>							



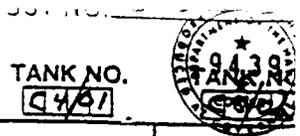
Tank I.D. No.	TANK NO. <u>0011</u>		TANK NO. <u>0000</u>		TANK NO. <u>0000</u>		TANK NO. <u>0000</u>		TANK NO. <u>0000</u>	
	Tank	Piping	Tank	Piping	Tank	Piping	Tank	Piping	Tank	Piping
20. Tank and Piping Lining installed (MARK ONE X)										
A. At purchase of tank	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B. Retrofitted	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
21. Secondary containment (MARK ALL THAT APPLY X)										
A. Liner	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B. Vault	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C. Double wall	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D. None	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>							
E. Other. Please Specify										
22. External Type/Application of Cathodic Protection (MARK ALL THAT APPLY X)										
A. Wrapped	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B. Sprayed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C. Sacrificial anode	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D. Impressed current	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>							
E. None	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
F. Other. Please Specify										
23. Monitoring/detection method (MARK ALL THAT APPLY X)										
A. Automatic sampling	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B. Manual sampling	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C. Ground water monitoring	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D. System in secondary containment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
E. System outside backfill	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
F. System within piping (piping leak detector)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
G. None	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>							
24. Type of monitoring/detection system (MARK ALL THAT APPLY X)										
A. Continuous	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B. Event activated	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C. Audio	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D. Visual	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
E. Electric sensor	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
F. Stock/inventory control (manual)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
G. Stock/inventory control (electronic)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
H. Tile drain	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
J. Vapor sniff wells	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
K. Internal inspection	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
L. Other. Please Specify										
M. None	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>							
25. Testing history recorded (MARK ALL THAT APPLY X)										
A. Yes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B. No	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>							
C. Test Result (MARK IF LEAKING NOW)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
26. Leak/spill occurrence (MARK ALL THAT APPLY X)										
A. Within the past 1 year	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B. Within the past 1 to 5 years	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C. More than 5 years ago	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D. No Records	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

ALL underground tanks, including those taken out of operation. (UNLESS THE TANK WAS REMOVED FROM GROUND) must be included in this registration. All in-ground tanks shall be reported as underground tanks on this questionnaire regardless of their current status; Existing, E; Abandoned, A; or out of service, C.



SPECIFIC TANK INFORMATION

	TANK NO. C2/01	TANK NO. C3/01	TANK NO. C3/07	TANK NO. C4/01	TANK NO. C9/02
12. Tank Identification Number					
13. CASRN Number (Hazardous Substances Only)	N/A	N/A	N/A		
14. Tank Age (Years)	UNK	UNK	UNK	2.7	2.8
15. Tank Size (gallons)	5000	11000	11000	5000	5000
16. Tank Contents (MARK ONE X)					
A. Leaded gasoline	<input type="checkbox"/>				
B. Unleaded gasoline	<input type="checkbox"/>				
C. Alcohol enriched gasoline	<input type="checkbox"/>				
D. Light diesel fuel (No. 1-D)	<input type="checkbox"/>				
E. Medium diesel fuel (No. 2-D)	<input type="checkbox"/>				
F. Waste oil	<input type="checkbox"/>				
G. Kerosene (No. 1)	<input type="checkbox"/>				
H. Home heating oil (No. 2)	<input checked="" type="checkbox"/>				
J. Heating oil (No. 4)	<input type="checkbox"/>				
K. Heavy heating oil (No. 6)	<input type="checkbox"/>				
L. Aviation fuel	<input type="checkbox"/>				
M. Hazardous substances (per Fact Sheet)	<input type="checkbox"/>				
N. Other, Please Specify					
17. Tank and Piping Construction (MARK ALL THAT APPLY X)	Tank Piping				
A. Bare steel	<input type="checkbox"/>				
B. Carbon steel	<input type="checkbox"/>				
C. Stainless steel	<input type="checkbox"/>				
D. Aluminum	<input type="checkbox"/>				
E. Polyvinyl chloride	<input type="checkbox"/>				
F. Concrete	<input type="checkbox"/>				
G. Bronze	<input type="checkbox"/>				
H. Earthen walls	<input type="checkbox"/>				
J. Fiberglass reinforced plastic	<input type="checkbox"/>				
K. Fiberglass-clad steel	<input type="checkbox"/>				
L. Painted/asphalt steel	<input checked="" type="checkbox"/>				
M. Vaulted	<input type="checkbox"/>				
N. Composite	<input type="checkbox"/>				
P. Iron (cast or ductile)	<input type="checkbox"/>				
R. Non-metallic	<input type="checkbox"/>				
S. Other, Please Specify					
18. Tank and Piping Structure (MARK ALL THAT APPLY X)	Tank Piping				
A. Single wall	<input checked="" type="checkbox"/>				
B. Double wall	<input type="checkbox"/>				
C. Manway in tank	<input type="checkbox"/>				
19. Internal Tank and Piping Lining (MARK ALL THAT APPLY X)	Tank Piping				
A. Rubber	<input type="checkbox"/>				
B. Epoxy	<input type="checkbox"/>				
C. Alklyd	<input type="checkbox"/>				
D. Phenolic	<input type="checkbox"/>				
E. Glass	<input type="checkbox"/>				
F. Clay	<input type="checkbox"/>				
G. None	<input checked="" type="checkbox"/>				
H. Other, Please Specify					



	Tank LD. No.	TANK NO. C23/01	TANK NO. C33/01	TANK NO. C33/02	TANK NO. C44/01
27. Tank Status (MARK ONE X)					
A. Operational		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
(+) B. Temporarily out of service (Less than 90 days)		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(+) C. Extended out of service (90 days to 2 years)		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D. Long term out of service (Greater than 2 years)		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
E. Abandoned, in place		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
F. Abandoned, in place, filled only		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
G. Abandoned, in place, sealed only		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
H. Abandoned, in place, filled and sealed		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(+) J. Seasonal (Answer only for motor fuel uses)		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
K. Prior retrofitting work, Please Specify					
L. Other, Please Specify					
28. Spill recovery system on-site (MARK ONE X)					
A. Yes		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B. No		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
29. Overfill protection (tank only) (MARK ONE X)					
A. Yes		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B. No		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
30. Emergency shut-off mechanisms (dispensers) (MARK ONE X)					
A. Yes		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B. No		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

* If boxes 27 E, F, G or H above have been answered - answer questions 31, 32 and 33 below.

31. Substance last used in tank (MARK ONE X)					
A. Leaded gasoline	<input type="checkbox"/>				
B. Unleaded gasoline	<input type="checkbox"/>				
C. Alcohol enriched gasoline	<input type="checkbox"/>				
D. Light diesel fuel (No. 1-D)	<input type="checkbox"/>				
E. Medium diesel fuel (No. 2-D)	<input type="checkbox"/>				
F. Waste oil	<input type="checkbox"/>				
G. Kerosene (No. 1)	<input type="checkbox"/>				
H. Home heating oil (No. 2)	<input type="checkbox"/>				
I. Heating oil (No. 4)	<input type="checkbox"/>				
J. Heavy heating oil (No. 6)	<input type="checkbox"/>				
K. Aviation fuel	<input type="checkbox"/>				
L. Hazardous substances (per Fact Sheet)	<input type="checkbox"/>				
M. Other, Please Specify					
32. Estimated date last used (month/year)	<input type="text"/> Mo. Yr.				
33. Estimated quantity (gallons) left in tank	<input type="text"/>				

*** This registration form shall be signed by the highest ranking individual at the facility with overall responsibility for that facility (7:14B-2.3 (a) 1). ***

"I certify under penalty of law that the information provided in this document is true, accurate and complete. I am aware that there are significant civil and criminal penalties for submitting false, inaccurate or incomplete information, including fines and/or imprisonment.

(SIGNATURE)
JEFFREY TUBELLO
 (PRINT OR TYPE NAME)
PUBLIC WORKS OFFICER
 (TITLE)