

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

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

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

Signature: _____

Title:

Date: