

UNDERGROUND STORAGE TANK INFORMATION SHEET

(Please fill out this sheet and mail or fax to the address below if you live in New Jersey and you'd like us to contact you regarding the removal of your Underground Storage Tank.)

PERSONAL INFORMATION

NAME: _____

ADDRESS: _____

CITY (Must be in New Jersey): _____

PRIMARY PHONE NUMBER: _____

ALTERNATE PHONE NUMBER: _____

HELPFUL INFORMATION

How old is the underground tank? _____

How old is your home? _____

Is the underground tank active now? _____

If the underground tank is no longer in use, when did you switch to your current fuel source (approximately)? _____

Do you need your tank replaced? _____

What fuel source do you currently use? (circle one) Oil/Gas/Electric/Other

Where is the tank located? (circle one) Beneath grass? Beneath concrete/asphalt?

Have you had problems with your boiler? (explain) _____

Oil staining on basement wall? Y or N Oil odor in basement? Y or N

Oil in sump pump or French drain? Y or N

Are there any utilities near the underground tank? (Circle Y or N below.)

Water line? Y or N

Gas line? Y or N

Sewer line? Y or N

Overhead wires? Y or N

