



New Jersey Department of Environmental Protection
Site Remediation and Waste Management Program

UNDERGROUND STORAGE TANK
FACILITY CERTIFICATION QUESTIONNAIRE

Date Stamp
 (For Department use only)

Completion of this UST Facility Certification Questionnaire will satisfy the registration requirements of the Underground Storage of Hazardous Substances Act, N.J.S.A. 58:10A-21 et seq., and the Underground Storage Tank Rules N.J.A.C. 7:14B et. seq. **An owner or operator's submission of false, inaccurate, or incomplete information on this Questionnaire constitutes a violation of these regulations and may result in a delay or denial of a Registration.**

SECTION A. GENERAL FACILITY INFORMATION

UST Facility # (Program Interest ID): _____

UST Facility Name: _____

Street Address: _____

Municipality: _____ (Township, Borough or City)

County: _____ Zip Code: _____

List the name and contact information of the owner of the real property on which the UST facility is located and the municipal Block and Lot numbers of the property:

Real Property Owner: _____

Contact Person: _____

Mailing Address: _____

Municipality: _____ State: _____ Zip Code: _____

Phone Number: _____ Email Address: _____

Block # _____	Lot #(s) _____	Block # _____	Lot #(s) _____
Block # _____	Lot #(s) _____	Block # _____	Lot #(s) _____
Block # _____	Lot #(s) _____	Block # _____	Lot #(s) _____

1. Type of Submission (Check all that apply)

- a) Registration of a newly installed underground storage tank(s). **(Complete Attachment A)**
- b) Registration of an existing underground storage tank not presently registered. **(Complete Attachment A)**
- c) Change, correction, or amendment to an existing facility registration **(Check type of change, correction, or amendment below)**
- d) Annual renewal

If "c" is checked above, please check the appropriate type of change, correction, or amendment below (check all that apply)

- | | |
|---|--|
| <input type="checkbox"/> UST Facility Name and/or Address | <input type="checkbox"/> Change in Type of Product(s) Stored (Complete Attachment A - 3) |
| <input type="checkbox"/> UST Facility Owner and/or Address | <input type="checkbox"/> Substantial Modification(s) (Complete Attachment A - 12B) |
| <input type="checkbox"/> UST Facility Operator and/or Address | <input type="checkbox"/> Tank(s) and/or Piping (Complete Attachment A) |
| <input type="checkbox"/> Property Owner Name | <input type="checkbox"/> Closure (Complete Attachment A - 3, 4, 10C) |
| <input type="checkbox"/> Class A or B Operator | <input type="checkbox"/> Financial Responsibility (Attach whole policy listing all tanks) |
| <input type="checkbox"/> Billing Contact Person | |
| <input type="checkbox"/> Other (please specify): _____ | |

2. Total number of regulated underground storage tanks at facility: _____

3. Total capacity of regulated underground storage tanks at facility (gallons): _____

4. Facility Type

- State County/Municipal Charitable / Public School Farm
 Commercial/Industrial Federal Residential

5. Is this facility a retail service station?..... Yes No
 6. Is this facility a heating oil sales / distribution center? Yes No

SECTION B. UST FACILITY OWNER AND OPERATOR INFORMATION

1. UST Facility Owner (*Owner of tanks*)

Name of UST Facility Owner: _____

Mailing Address: _____

Municipality: _____ State: _____ Zip Code: _____

Name of UST Facility Owner Contact: _____ Title: _____

Mailing Address: _____

Municipality: _____ State: _____ Zip Code: _____

Phone Number: _____ Ext: _____ Fax: _____

Email Address: _____

If the owner is a corporation, a limited liability company, a partnership, a limited partnership, or other form of business complete the following:

NJ Business Entity 10-digit ID #: _____ Type of business entity: _____

Date of original business formation or date registration filed with the State: _____

Name of the corporate officer, partner, or other person with primary decision making authority regarding this UST Facility: _____

Phone Number: _____

Email Address: _____

2. UST Facility Operator Same as UST Facility Owner (*Attach additional pages if necessary*)

If change to facility operator, check one:

- Add this operator Replace prior operator with this operator

Name of UST Facility Operator: _____

Mailing Address: _____

Municipality: _____ State: _____ Zip Code: _____

Name of UST Facility Operator Contact: _____

Mailing Address: _____

Municipality: _____ State: _____ Zip Code: _____

Phone Number: _____ Ext: _____ Fax: _____

Email Address: _____

If the operator is a corporation, a limited liability company, a partnership, a limited partnership, or other form of business complete the following:

NJ Business Entity 10-digit ID #: _____ Type of business entity: _____

Date of original business formation or date registration filed with the State: _____

Name of the corporate officer, partner, or other person with primary decision making authority regarding this UST Facility: _____

Phone Number: _____ Ext: _____ Fax: _____

Email Address: _____

3. Class A Operator

Name: _____

Mailing Address: _____

Municipality: _____ State: _____ Zip Code: _____

Phone Number: _____ Ext: _____ Fax: _____

Email Address: _____

Provide the NJ Registration and Validation Numbers, which can be found on the examination results page. If you received training/certification in another state, provide the name of the state from which you received training and attach formal documentation of training received and/or record of a passing evaluation.

NJ Registration Number: _____ and Validation Number: _____

OR, if training received out of state:

Name of State where training occurred: _____ (attach training documentation)

4. Class B Operator Same as Class A Operator

Name: _____

Mailing Address: _____

Municipality: _____ State: _____ Zip Code: _____

Phone Number: _____ Ext: _____ Fax: _____

Email Address: _____

Provide either the NJ examination result numbers or, if you received training/certification in another state, provide the name of the state from which you received training and attach formal documentation of training received and/or record of a passing evaluation.

NJ Registration Number: _____ and Validation Number: _____

OR, if training received out of state:

Name of State where training occurred: _____ (attach training documentation)

5. Billing Contact Check the appropriate box:

Same as Facility Owner Same as Facility Operator Other – provide contact information below

Name of UST Facility: _____

Name of UST Facility Billing Contact: _____ Title: _____

Mailing Address: _____

Municipality: _____ State: _____ Zip Code: _____

Phone Number: _____ Ext: _____ Fax: _____

Email Address: _____

SECTION C. FINANCIAL RESPONSIBILITY *(Attach additional pages if necessary)*

Include entire Financial Responsibility Assurance Mechanism Document

Type of Mechanism (e.g., Insurance): _____

Carrier/Issuing Institution: _____

Name of Insured: _____ Policy Number: _____

Effective Date: _____ Expiration Date: _____

Limit of Liability: Each "Occurrence" or "Incident": .. _____

Limit of Liability: Aggregate: _____

Limit of Defense Costs: _____

(Defense costs must be subject to a separate policy limit as provided in 40 CFR 280.97)

Retroactive Dates(s): _____

(attach or Identify Insurer's Schedule of Covered UST Systems Providing This Information)

SECTION D. ATTACHMENTS

The owner and operator can submit attachments to the NJDEP electronically by emailing them to: spustregistration@dep.nj.gov. The owner and operator must save the documents in Adobe Portable Document Format (PDF) and then add them as attachments to the email. The owner and operator shall include in the email subject line the UST Facility # (Program Interest ID) and the year, separated by a comma.

Example: You are submitting for XYZ facility in Hamilton Twp. with the UST Facility # of 013164. So, the Email Subject Line should be only: 013164,2016.

Indicate below how you have included each of the following attachments with this submission:

Attached Emailed

Attachment A – Specific Tank Information *(if applicable)*

Facility Site Plan *(if applicable)*

You are required to submit a Facility Site Plan only for the initial registration of a tank or if there are any changes to the physical configuration of the tank system or property. You must include in the facility site plan the location of the tanks, lines, pumps, dispensers, fill pipes, and other features of the underground storage tank system, including the distance from existing buildings and property boundaries;

Financial Responsibility Assurance Mechanism *(entire document always required)*

Owner's copy of written authorization authorizing the signature above. *(if applicable)*

Operator's copy of written authorization authorizing the signature above. *(if applicable)*

Other *(specify):* _____

SECTION E. INSTALLER CERTIFICATION

(To be completed by installer for new UST installations or returning out-of-service USTs to service)

Purpose of Certification *(check all that apply)*

- Certification of New UST Installation
- Certification that out-of-service USTs are properly designed and capable of being put back into service

Check the applicable boxes to indicate the methods used to comply with installation/return-to-service requirements.

(Attach additional pages if necessary)

Tank Identification Number	Tank No.	Tank No.	Tank No.	Tank No.
	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Installer certified by tank and piping manufacturers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Installer certified or licensed by the NJDEP	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Installation is/will be in accordance with manufacturers installation checklists	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Company: _____ Installation-Entire UST System License #: _____

Mailing Address: _____

Municipality: _____ State: _____ Zip Code: _____

Phone Number: _____ Ext: _____ Fax: _____

Email Address: _____

Signature of UST installer certifies that the UST System and/or out-of-service UST system is/are properly designed and capable of being put back into service:

Signature: _____ Date: _____

Name: _____ Title: _____

SECTION F. FACILITY OWNER CERTIFICATION**Must be signed as follows:**

- For a corporation, by a responsible corporate official.
- For a partnership or sole proprietorship, by a general partner or the proprietor, respectively.
- For a municipality, County, State, Federal or other public agency, by either a principal executive officer or ranking elected official.
- For a person other than those indicated above, a duly authorized representative.

"I certify under penalty of law that:

- 1. I have read, understand, and have followed the applicable rules and instructions for this New Jersey Underground Storage Tank Facility Certification Questionnaire;*
- 2. I have personally examined and am familiar with the information submitted in this New Jersey Underground Storage Tank Facility Certification Questionnaire and all attached documents;*
- 3. I believe, based on my inquiry of those individuals responsible for obtaining the information, that the submitted information is true, accurate and complete;*
- 4. This facility is in compliance with N.J.A.C. 7:14B; and*
- 5. I am the person required, pursuant to N.J.A.C. 7:14B-2.2, to sign this New Jersey Underground Storage Tank Facility Certification Questionnaire for the owner of this facility.*
- 6. I am aware that there are significant civil penalties for knowingly submitting false, inaccurate or incomplete information and that I am committing a crime of the fourth degree if I make a written false statement which I do not believe to be true. I am also aware that if I knowingly direct or authorize the violation of any statute or regulation, I am personally liable for penalties."*

Signature: _____ Date: _____

Name: _____ Title: _____

UST Facility #: _____

SECTION G. FACILITY OPERATOR CERTIFICATION**Must be signed as follows:**

- For a corporation, responsible corporate official.
- For a partnership or sole proprietorship, by a general partner or the proprietor, respectively.
- For a municipality, County, State, Federal or other public agency, by either a principal executive officer or ranking elected official.
- For a person other than those indicated above, a duly authorized representative.

"I certify under penalty of law that:

- 1. I have read, understand, and have followed the applicable rules and instructions for this New Jersey Underground Storage Tank Facility Certification Questionnaire;*
- 2. I have personally examined and am familiar with the information submitted in this New Jersey Underground Storage Tank Facility Certification Questionnaire and all attached documents;*
- 3. I believe, based on my inquiry of those individuals responsible for obtaining the information, that the submitted information is true, accurate and complete;*
- 4. This facility is in compliance with N.J.A.C. 7:14B; and*
- 5. I am the person required, pursuant to N.J.A.C. 7:14B-2.2, to sign this New Jersey Underground Storage Tank Facility Certification Questionnaire for an operator of this facility.*
- 6. I am aware that there are significant civil penalties for knowingly submitting false, inaccurate or incomplete information and that I am committing a crime of the fourth degree if I make a written false statement which I do not believe to be true. I am also aware that if I knowingly direct or authorize the violation of any statute or regulation, I am personally liable for penalties."*

Signature: _____ Date: _____

Name: _____ Title: _____

UST Facility #: _____

Annual renewal with a billing invoice

If a billing invoice has been received for an **annual renewal (only)**, send the completed UST Facility Certification Questionnaire (USTFCQ) with attachments, the applicable \$50 fee, and the invoice payment stub to:

NJ Department of Treasury
Division of Revenue
PO Box 417
Trenton, NJ 08646-0417

All Other Types of Submissions

All other submissions for initial registrations, modifications and responses to deficiencies must be submitted to the address below. Send the completed USTFCQ with attachments and any applicable fee to:

NJ Department of Environmental Protection
Site Remediation and Waste Management Program
Bureau of Case Assignment and Initial Notice
UST Registration & Billing Unit
401-05H
PO Box 420
Trenton, NJ 08625-0420

ATTACHMENT A

SPECIFIC TANK INFORMATION

ALL regulated underground storage tanks, including those taken out of operation (*unless the tank was removed from the ground prior to 9/3/86*) must be registered. Report all tank/piping status changes.

Tank Identification Number	Tank No. <input style="width: 100%;" type="text"/>	Tank No. <input style="width: 100%;" type="text"/>	Tank No. <input style="width: 100%;" type="text"/>	Tank No. <input style="width: 100%;" type="text"/>				
1. Date Tank Installed (<i>mm/dd/yyyy</i>)	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>				
2. Tank Size (<i>gallons</i>)	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>				
3. Tank Contents (<i>check one</i>) <i>Please note that each compartment is considered a separate tank system.</i>								
A. Lead 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 (> 10%)	<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. Heating Oil (No. 2) Complete 11C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
I. Heating Oil (No. 4) Complete 11C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
J. Heating Oil (No. 6) Complete 11C	<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"/>				
L. Motor Oil	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
M. Lubricating Oil	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
N. Automatic Transmission Fluid	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
O. Hazardous Waste (<i>Specify ID Number</i>)	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>				
P. Coolant/Antifreeze	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
Q. Other (<i>please specify</i>) CAS Number (<i>Hazardous substances only</i>)	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>				
4. Tank & Piping Construction <i>(Check at least one for each Tank and Piping)</i>	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"/>
B. Cathodically Protected Metal								
1. Sacrificial Anode (SA)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Impressed Current (IC)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Date SA/IC installed:	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
Date of last passing CP inspection:	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
C. Fiberglass-Coated Steel (<i>Tank Only</i>)	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	
D. 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"/>

Tank Identification Number	Tank No.		Tank No.		Tank No.		Tank No.	
	<input type="text"/>		<input type="text"/>		<input type="text"/>		<input type="text"/>	
	Tank		Tank		Tank		Tank	
E. Internally Lined								
Single lining	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	
Double walled lining	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	
Date Internal Lining Installed:	_____		_____		_____		_____	
Date of last passing inspection:	_____		_____		_____		_____	
F. Other (Please specify, include Brand Name)								
5. Piping Operation (Check one for each tank system)		Piping		Piping		Piping		Piping
A. Pressurized Piping		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>
B. American Suction Piping		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>
C. European Suction Piping		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>
D. Supply/Return (Heating Oil Piping Only)		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>
6. Tank & Piping Structure (Check all that apply for Tank & Piping)	Tank	Piping	Tank	Piping	Tank	Piping	Tank	Piping
A. Single 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"/>
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"/>
C. Secondary Containment (e.g. Externally Lined)	<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 piping exists	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Type of Monitoring/Detection (Check all that apply for Tank & Piping)	Tank	Piping	Tank	Piping	Tank	Piping	Tank	Piping
A. Statistical Inventory Reconciliation	<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 Tank Gauging	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	
C. Inventory Control	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	
D. Interstitial	<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. Tightness Test	<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. Ground Water Observation 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"/>
G. Vapor Observation 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"/>
H. In-Tank (Auto Monitoring Gauge)	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	
I. In-Line Electronic Pressure Monitoring		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>
J. Automatic Line Leak Detector		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>
K. 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"/>
8. Overfill Protection (Check one for each tank)	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No	
9. Spill Containment Around Fill Pipe (Check one for each tank)	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No	

Tank Identification Number	Tank No. <input type="text"/>	Tank No. <input type="text"/>	Tank No. <input type="text"/>	Tank No. <input type="text"/>
10. Tank Status Information				
A. In-Use	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B. Out of Service Date Taken Out of Service (mm/dd/yyyy) _____ Out of Service extension approval #: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C. Closed 1. Removed Date Removed (mm/dd/yyyy) _____ Activity # _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Abandoned-In-Place Date Abandoned-In-Place _____ Activity # _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. Tank Use Information (Check if applicable)				
A. Emergency Back-up Generator	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B. Sump	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C. Heating Oil Tanks If you checked I, J or K under item 3, check one of the following:				
1. Heating Oil for on-site consumption	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Heating Oil for sale or distribution	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. Other Information (Complete if applicable)				
A. Date of Sale or Transfer (mm/dd/yyyy) _____	_____	_____	_____	_____
B. Substantial Modification #	_____	_____	_____	_____