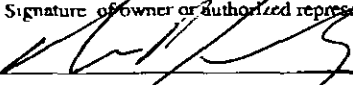


Tank Information Continued		Tank# 1018	Tank#	Tank#	Tank#	Tank#	Tank#
9. Secondary Containment (Dikes)							
Concrete	<i>double walled</i>	☐	☐	☐	☐	☐	☐
Steel or Fiberglass		☐	☐	☐	☐	☐	☐
Soil (meeting permeability requirements)		☐	☐	☐	☐	☐	☐
Synthetic Membrane		☐	☐	☐	☐	☐	☐
Geosynthetic Clay Liner		☐	☐	☐	☐	☐	☐
% Containment of Tank (i.e. 100%, 110% ect.)	110%						
10. Corrosion Protection							
Sacrificial Anodes System		☐	☐	☐	☐	☐	☐
Impressed Current System		☐	☐	☐	☐	☐	☐
Draining Concrete Pad		☐	☐	☐	☐	☐	☐
Internal Liner (in accordance w/ API 652)	☒ ☒	☐	☐	☐	☐	☐	☐
Internal Inspection (in accordance w/ API 653)	☐	☐	☐	☐	☐	☐	☐
11. AST Base Material (what is under tank)							
Concrete Slab or Pad	☒ ☒	☐	☐	☐	☐	☐	☐
Concrete Ring Wall	☐	☐	☐	☐	☐	☐	☐
Asphalt	☐	☐	☐	☐	☐	☐	☐
Ground (soils, rock, sand ect. .)	☐	☐	☐	☐	☐	☐	☐
Supports (elevated above ground)	☐	☐	☐	☐	☐	☐	☐
Impermeable Liner (Describe)							
12. Overfill Protection							
High Level Alarm (Visible or Audible)	☒ ☒	☐	☐	☐	☐	☐	☐
Automatic Shut-Off	☐	☐	☐	☐	☐	☐	☐
Mounted Sight Glass/Gauge (refer to directions)	☐	☐	☐	☐	☐	☐	☐
Manual Gauge (refer to directions)	☐	☐	☐	☐	☐	☐	☐
13. Substance Transfer Area							
Pad	☐	☐	☐	☐	☐	☐	☐
Curbed Pad	☐	☐	☐	☐	☐	☐	☐
Spill Box	☒ ☒	☐	☐	☐	☐	☐	☐
Other (please specify)							
14. Leak Detection							
Visual Monitoring (elevated tanks)	☐	☐	☐	☐	☐	☐	☐
Interstitial Monitoring (for double-walled tanks)	☒ ☒	☐	☐	☐	☐	☐	☐
Soil Vapor Monitoring	☐	☐	☐	☐	☐	☐	☐
SIR (Statistical Inventory Reconciliation)	☐	☐	☐	☐	☐	☐	☐
Monthly Reconciliation	☐	☐	☐	☐	☐	☐	☐
D. Piping Information							
1. Type of Pipe (steel, flexible, plastic, fiberglass ..)	FIBERGLASS						
2. Piping Location aboveground or underground	Ab ☒ Un ☐	Ab ☐ Un ☐	Ab ☐ Un ☐	Ab ☐ Un ☐	Ab ☐ Un ☐	Ab ☐ Un ☐	Ab ☐ Un ☐
3. Double-walled	Yes ☐ No ☒	Yes ☐ No ☐	Yes ☐ No ☐	Yes ☐ No ☐	Yes ☐ No ☐	Yes ☐ No ☐	Yes ☐ No ☐
4. Corrosion Protection							
Sacrificial Anodes System	☐	☐	☐	☐	☐	☐	☐
Impressed Current System	☐	☐	☐	☐	☐	☐	☐
Other (specify in comments box in directions)							
5. Pipe Monitoring							
Tracer Gas	☐	☐	☐	☐	☐	☐	☐
Hydrostatic	☐	☐	☐	☐	☐	☐	☐
Lock Down Pressures	☐	☐	☐	☐	☐	☐	☐
Sump Sensor	☐	☐	☐	☐	☐	☐	☐
Other approved method (please specify)							
E. Signature							
Printed name of owner or authorized representative	Signature of owner or authorized representative	Date					
DAVID P. ZINSCHKE		5/11/00					
I certify under penalty of law that the information submitted is accurate and complete to the best of my knowledge							