



CHESPROCOTT HEALTH DISTRICT

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Hilary Norcia, MPH, Acting Director of Health

REGISTRATION OF EXISTING UNDERGROUND FUEL OIL TANK (UFOT) FACILITY

Please fill in registration form completely. Indicate any items for which information is not known as (N/A).

Date _____

Residential _____ Commercial _____ Industrial _____

Above Ground Transmission Line Safety Shield _____

Year of Installation _____ Pressure Tested Yes ___ No ___

Owner _____ Year Tested _____

Address _____ Testing Company _____

Town _____ Address _____

Phone _____ Phone _____

TYPE of TANK

Fiberglass (F. R. P.)

- _____ Number of Gallons
- _____ Years of Guarantee
- _____ Contact Plates
- _____ Overfill Protection
- _____ Safety Shield or Sleeve
- _____ Type of Petroleum

Steel

- _____ Number of Gallons
- _____ Years of Guarantee
- _____ Contact Plates
- _____ Overfill Protection
- _____ Safety Shield or Sleeve
- _____ Type of Petroleum
- _____ Cathodic Protection & Monitoring Device
- _____ Protective Coating

Chesprocott Health District Approved _____