CHESPROCOTT HEALTH DISTRICT

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Kathryn Glendon, MPH, CHES, CPS, Director of Health

REMOVAL / ABANDONMENT OF EXISTING FUEL OIL TANK

Date:_____

Owner:_____

Address (Street & Town):_____

Residential:_____ Commercial/Industrial:_____ Removal:_____ Abandonment:_____

Year Installed:_____ Age of Tank:_____ Size of Tank:_____gallon

Type of Fuel:_____ Type of Replacement: _____

Removal / Abandonment Contractor:

Company Name:_____

Address:_____
(Street, City, State, Zip Code)

Telephone:_____
(Include area code)

CHD Office Staff Only:

Condition of tank:_____

Soil Contamination Noted:_____ Sample Collected:_____

Results (attach report):_____

Remarks:_____

_____

_____

Inspection by:_____
Chesprocott Health District Representative

Draw a sketch of tank grave location on reverse side:

Date Paid: _____Check #: _____or Cash: _____

Appointment Date and Time: _____