

**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 \_\_\_\_\_