



**CHESPROCOTT HEALTH DISTRICT**  
1247 HIGHLAND AVENUE • CHESHIRE • CONNECTICUT  
PHONE (203) 272-2761 • FAX (203) 250-9412  
[www.chesprocott.org](http://www.chesprocott.org)

**Maura A. Esposito RS, MPH, 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 \_\_\_\_\_