



CHESPROCOTT HEALTH DISTRICT

1220 WATERBURY ROAD • CHESHIRE • CONNECTICUT

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www.chesprocott.org

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

APPLICATION FOR REMOVAL / ABANDONMENT OF EXISTING FUEL OIL TANK

Date: _____

WORK SITE ADDRESS: _____ TOWN: _____

Owner Name: _____

Address (Street & Town): _____

Phone: _____ E-Mail: _____

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

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

Type of Fuel: _____ Condition of tank: _____

Soil Contamination Noted: _____ Sample Collected: _____

Results (attach report): _____

Type of replacement: _____

Removal / Abandonment Contractor:

Company Name: _____

Address: _____

(Street, City, State, Zip Code)

Telephone: _____

(Include area code)

Remarks: _____

Inspection by: _____

Chesprocott Health District Representative

Draw a sketch of tank grave location on reverse side: