



CHESPROCOTT HEALTH DISTRICT

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www.chesprocott.org

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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 _____