



Swett & Crawford

UNDERGROUND TANK DATA SHEET

Store No. _____

Site Name _____

Site Description (see codes*) _____

Address _____

Title _____ Tank Owner _____ Site Operator _____

TANK INFORMATION Valid codes* are indicated at the bottom

Tank ID (1,2,3, etc.) (specify if manifolded)						
Product Stored*						
Capacity (Gals.) (specify if compartmentalized)						
Year Installed						
Construction Code*						
Leak Detection Code(s)*						
Overfill Protection (Yes, No or N/A)						
Spill Containment (Yes, No or N/A)						

PIPE/PUMP

Year installed					
Construction Code*					
Pump Type (Pressurized or Suction)					
Line Leak Detector/ Flow Restrictor*					
Number of Dispensers Serviced					

CODES*

SITE DESCRIPTION

- CS Convenience Store
- FS Full Service
- CW Car Wash
- SS Self Service
- BP Bulk Plant
- CD Car Dealer
- NM Non-Marketer (Describe)

LEAK DETECTION

- AGM Automatic Groundwater Monitoring
- MOM Manual Groundwater Monitoring
- AVM Automatic Vapor Monitoring
- MVM Manual Vapor Monitoring
- INT Interstitial Monitoring
- AUTO Automatic Tank Gauging System
- MIC Manual Inventory Control
- SIR Statistical Inventory Reconciliation
- TEST Precision Leak Test (attach copy)
- NONE No Leak Detection on the tank system

PRODUCT STORED

- ATF Automatic Transmission Fluid
- AVGAS Aviation Gas
- DSL Diesel
- FO Fuel Oil (specify: #2, 4 or 6)
- K-1 Kerosene
- JETA Jet A Fuel
- JP Jet Propulsion Fuels
- MO Motor Oil
- PREM Premium Unleaded
- MUL Mid-grade Unleaded
- UL Regular Unleaded
- WO Waste Oil

TANK CONSTRUCTION CODE

- BS Bare Steel
- FRP Fiberglass
- CPS Cathodically Protected Steel
- STIP3 Steel Tank Institute-T.P.
- FLS Fiberglass Lined Steel

PIPE CONSTRUCTION

- BS Bare Steel
- FRP Fiberglass
- CPS Cathodically Protected Steel
- FCS Fiberglass Coated Steel
- BI Black Iron
- COP Copper
- GV Galvanized Steel

RESTRICTOR

- FCS Fiberglass Coated Steel
- Other (Describe)

LINE LEAK DETECTOR/FLOW

- M Mechanical Line Det.
- E Electronic Line Leak Detector
- None
- N/A





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If tank(s) and/or line(s) are of double walled construction, indicate by placing DW in front of the construction code, i.e. DWFRP.

* Must have signature and date if site is being requested for coverage after original submission.

APPLICANT'S SIGNATURE _____

DATE _____

LOCATION INFORMATION SUPPLEMENT

1. Is this site operated by your employees? Yes No
2. In addition to the underground storage systems listed on the tank data sheet, are any other storage tanks (aboveground or underground), vent lines or product lines present? Yes No
3. State approximate year any petroleum USTs were initially located at this site _____
4. What type of area is the site located in? (Check all that apply) Residential Urban Commercial Rural
5. Is the site within 250 feet of the following? (Check all that apply)

<input type="radio"/> Bodies of water	<input type="radio"/> Water wells	<input type="radio"/> Basements	<input type="radio"/> Other underground tanks
<input type="radio"/> Petroleum pipelines	<input type="radio"/> Suspected or documented release of hydrocarbons		<input type="radio"/> Other aboveground tanks
			<input type="radio"/> Electric transportation
6. Has any form of subsurface assessment been completed at this facility which includes one of the following? (Check all that apply)

<input type="radio"/> Soil sampling	<input type="radio"/> Groundwater sampling	<input type="radio"/> Soil gas sampling	<input type="radio"/> None
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7. Was the assessment related to any of the following? (Check all that apply)

<input type="radio"/> Property transaction	<input type="radio"/> Inventory shortage	<input type="radio"/> Hydrocarbon release on adjacent property
<input type="radio"/> Tank removal/replacement	<input type="radio"/> Suspected release	<input type="radio"/> Tank in-place abandonment
<input type="radio"/> Failed tightness test	<input type="radio"/> Site environmental audit	<input type="radio"/> Risk management
<input type="radio"/> Detected release	<input type="radio"/> Other (attach additional sheets)	<input type="radio"/> Confirmed release
		<input type="radio"/> N/A
8. Has this site been identified on any federal, state or local environmental agency list due to a confirmed or suspected discharge of pollutants? Yes No
If yes, give case No _____ and attach complete copies of all data, reports, and regulatory correspondence.
9. Have you had any type of pollution incident which was not reported to the appropriate federal, state or local environmental agencies? (attach) Yes No
10. Is or was this site covered by another carrier's pollution liability insurance? Yes No
11. Are the tanks at this site currently in compliance with all federal, state and local technical regulations concerning leak detection, corrosion protection and spill/overflow prevention? Yes No
12. Are all UST systems at this site eligible for the State UST Fund? Yes No
13. If tanks and lines currently in operation do not yet meet federal technical standards required by December 1998, describe the nature of and time frame associated with your upgrade plans _____
14. If tanks have been upgraded via interior lining, or if tanks and/or lines have been retrofit with cathodic protection systems, note what year that each project was performed. _____
15. Are USTs checked for water weekly with a water finding paste? Yes No
16. Are tank product levels measured for accuracy daily, if yes, to what fractional margin? Yes No
If no, please describe sticking procedures _____
17. Who is responsible for collection of this data? Company employee Lessee Other _____





18. On what inventory trends, discrepancies or variances do you rely as a potential indicator of tank and/or line leakage? _____

19. If tank or line leakage is suspected, what actions are then taken? _____

*APPLICANT'S SIGNATURE _____ DATE _____

* Must have signature and date if site is being requested for coverage after original submission.

UST MANAGEMENT SUMMARY

1. Inventory Reconciliation Program

(a) Is any analysis performed on the inventory data collected on your underground storage tank systems? Yes No
If "Yes", an portions of the analysis must be fully detailed and specific examples attached: _____

(b) What criteria (loss rate/variance, etc) are used to mandate further investigation as a result of your inventory reconciliation and/or analysis?

(c) If one or more criterion is not met, what are the subsequent procedures to review the particular discrepancy? _____

(d) What are your corporate inventory audit procedures? This should include by whom, the frequency of audit and what parameters are monitored.

2. Tank and Pipe Testing Program

(a) Do you have a formalized tank and pipe testing program ? Yes No
If "Yes", who performs the testing and what type of system is utilized? Attach a copy of all tank/pipe test results for tests performed in the last 12 months. _____

(b) Specifically, what criteria is used to determine which tanks and/or piping are to be tested? _____

(c) Provide a schedule of anticipated testing for the next year. The tank location, month and year of tentative testing should be provided.

3. Tank and limiting Replacement Program

(a) Specifically, what criteria is utilized for replacement (construction, age, location, soil conditions, tank test failure. etc.)? _____





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(b) What type of tanks and piping system are being installed as replacements? Include the manufacturer's warranty (if any). Provide a schedule of all tanks and piping to be replaced in the coming year by tank identification location, and the month and year of scheduled replacement.

(c) Are you going to be retrofitting any existing tanks/piping with interior lining or cathodic protection in the coming year? Yes No
If "Yes", provide a schedule of all tanks to be retrofitted and type of retrofitting to be performed.

(d) What type of overfill devices are being installed on your tanks? _____

(e) Provide specific details on the procedures for tank installation and removal. Included should be the procedures for corrective action in the event product and/or contamination is discovered during the process. _____

4. Tank and Piping Leak Detection Systems

(a) Which existing tanks are going to be retrofitted with leak detection systems during the coming year? A schedule listing the tank, location, month and year of retrofitting should be provided. _____

(b) In the event that a detection system indicates that product has escaped the tank/piping, what procedures are then implemented? _____

5. Lessee/Lessor Arrangements

If you own stations that are not being operated by your employees, are the operators subject to the same inventory procedures listed in this supplement? Yes No
If "No", who is responsible for the tank management of these facilities? _____

APPLICANTS STATEMENT

I declare that to the best of my knowledge and belief, all of the foregoing statements on the UST Management Summary are true, accurate, and complete and that these statements are to be appended to my application for insurance, and are the declarations upon which the insurance policy may be issued.

APPLICANTS SIGNATURE _____

APPLICANTS TITLE _____

DATE SIGNED _____

