



ENVIRONMENTAL APPLICATION

AST UST SUPPLEMENTAL

PROPERTY DESCRIPTION

NAME OF APPLICANT:			
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PHYSICAL ADDRESS:	CITY:	STATE:	ZIP CODE:
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1. Does this site have any Above Ground Storage Tanks? Yes No
 If Yes. Please complete the following:

	Tank 1	Tank 2	Tank 3	Tank 4
Installation Date				
Tank Construction Material				
Capacity				
Material stored				
Most Recent Tightness Test				
Tank Protection				
Tank Leak Detection				
Number of Monitoring Wells (Site)				

2. Does this site have any Underground Storage Tanks? Yes No

3. Is all above ground piping protected from accidental Mobile Equipment contact damage? Yes No

4. Are all tanks compliant with all API Guidelines? Yes No

5. Please describe your storm water drainage procedures?

Signature _____

Title

Date

Roush Insurance Services, Inc.

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