

Petroleum Underground Storage Tank Release Compensation Board

Phone: (614) 752-8963 • Ohio Toll Free Phone: (800) 224-4659 • Fax: (614) 752-8397 • Website: www.petroboard.org

TANK INVENTORY FORM

On the Tank Inventory Form below, please list all known or discovered underground storage tanks located at the referenced facility since **1986**. If the exact dates are unknown, please approximate the month and year. **Please sign and date this form in the space provided at the bottom of the page.**

Facility Name _____

For USTs Located at: Facility Address _____

City, Zip _____

Tank #	Product	Capacity	Month & Year Installed	Date Product Placed in Tank	Month & Year Last Used <i>or</i> Currently in Use	Is Tank Removed? <i>If Yes Include Date</i>	Used for Heating on Premises?	Used for Emergency Generator?
1						<input type="checkbox"/> Yes _____ <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
2						<input type="checkbox"/> Yes _____ <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
3						<input type="checkbox"/> Yes _____ <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
4						<input type="checkbox"/> Yes _____ <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
5						<input type="checkbox"/> Yes _____ <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
6						<input type="checkbox"/> Yes _____ <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
7						<input type="checkbox"/> Yes _____ <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
8						<input type="checkbox"/> Yes _____ <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
9						<input type="checkbox"/> Yes _____ <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
10						<input type="checkbox"/> Yes _____ <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

Form Completed By: _____

Phone Number: _____ **Date:** _____

Mail to:
Petroleum UST Board
Post Office Box 163188
Columbus, OH 43216-3188

OR Fax to:
(614) 752-8397