

Maine Board of Underground Storage Tank Installers  
 c/o Maine Department of Environmental Protection  
 State House Station 17  
 Augusta, Maine 04333  
 207/287-2651

**Individual Facility Installation Form**  
 Supplement to Variance Application Form  
 (32 MRSA Sec. 10010.3-A.D; 06-481 CMR c. 3 Sec. 4.D)

Name of Applicant: \_\_\_\_\_ Apprentice ID No.: \_\_\_\_\_

Name of Facility: \_\_\_\_\_ Date(s) Installed: \_\_\_\_\_

Location of Facility (Street Address, State or Province):  
 \_\_\_\_\_  
 \_\_\_\_\_

Name of Supervisor: \_\_\_\_\_ Daytime Telephone: \_\_\_\_\_

Name of Facility Owner: \_\_\_\_\_ Daytime Telephone: \_\_\_\_\_

Name of Responsible Gov't Official: \_\_\_\_\_  
 Daytime Telephone: \_\_\_\_\_

Individual Tank Data (Use additional space if needed):

Tank No.	1	2	3	4
Tank Type <sup>1</sup>				
Piping Type <sup>2</sup>				
Tank Size <sup>3</sup>				
Leak Det. <sup>4</sup>				
Product <sup>5</sup>				
Pump System <sup>6</sup>				
Overfill <sup>7</sup>				

<sup>1</sup> C=Cathodically Protected Steel - Single Wall; W=Cathodically Protected Steel - Double Wall; E=Fiberglass - Single Wall; G=Fiberglass - Double Wall; J=Jacketed; S=Fiberglass coated steel; N=Other, please specify.

<sup>2</sup> E=Single walled fiberglass, G=Double walled fiberglass, C=Cathodically protected steel, O=Copper with secondary containment, F=Flexible with secondary containment.

<sup>3</sup> Fill in with the size of the tank in U.S. gallons.

<sup>4</sup> 1=Continuous Electronic Monitoring of Ground water, 2=Continuous Electronic Monitoring of vapors.

3=Secondary Containment with Interstitial space monitoring, 4=Manual Groundwater Sampling.

5=Continuous in-Tank Gauging, 6=In-Line Leak Detector

<sup>5</sup> 1=Kerosene, 2=#2 Fuel Oil, 4=#4 Fuel Oil, 5=#5 Fuel Oil, 6=#6 Fuel Oil, 20=Unleaded-Plus,

22=Premium, 23=Unleaded, 28=Premium Unleaded, 29=Diesel, 81=Waste Oil, 99=Other - please specify.

<sup>6</sup> 1=Suction, 2=Pressurized.

<sup>7</sup> 1=Automatic shutoff, 2=Automatic alarm, 3=overfill spill container.

Applicant Name: \_\_\_\_\_  
Facility Name: \_\_\_\_\_

Place an "✖" or "✓" in the column which best describes your role in each of the following tasks of the installation:

Task	Level Resp.	
	Prime	Assist
a. Planning for job		
b. Excavation/Tanks		
c. Bedding/Tanks		
d. Anchoring/Tanks		
e. Tank testing		
f. Tank Placement		
g. Tank Backfill		
h. Tank Opening Treatment		
i. Cathodic protection monitoring/tanks		
j. Excavation/Piping		
k. Piping assembly		
l. Piping connections		
m. Piping cathodic protection		
n. Leak detection		
o. Backfill to subgrade		
p. Final covering		

Certification: The preceding reflects, to the best of my knowledge, my role in the above-named installation.

Applicant Signature: \_\_\_\_\_

Date: \_\_\_\_\_