BOROUGH OF CONSHOHOCKEN
400 Fayette Street, Suite 200 Conshohocken, PA 19428
Phone (610) 828-1092 Fax (610) 828-0920

TANK INSTALLATION/REMOVAL AND INSPECTION FORM

Permit Number_____

Street Address of Tank(s) Location:_____

Property Owner:_____

Address:_____

Phone:_____

Business Owner:_____

Address:_____

Phone:_____

Contractor:_____ License #:_____

Address: _____

Phone #_____

Type of Work: New _____ Alteration _____ Removal _____ Number of Tanks _____

APPLICATION MUST INCLUDE LEGIBLE **CURRENT** COPIES OF SITE PLAN LAYOUT FOR REMOVAL

*****PA One Call must locate services prior to any digging*****

Date work is to begin: _____

48-hour notice is required prior to removal of tank. The Fire Marshal is required to be in attendance at the time the tank is uncovered and removed. Ground or soil conditions indicating contamination, **Must Be Reported Immediately** to the Department of Environmental Protection (DEP); by calling (484) 250- 5900, 24 hour emergency.

Signature of Contractor or Authorized Agent: _____ Date: _____

Signature of Property Owner: _____ Date: _____

Signature of Business Owner: _____ Date: _____

****DO NOT DIG OR REMOVE TANK(S) WITHOUT PRESENCE OF FIRE MARSHAL****

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TANK INSTALLATION/REMOVAL AND INSPECTION FORM CONTINUED

TANK REMOVAL INFORMATION

Number of Tanks: _____Tank Size: _____ Contents:_____

Condition: _____ Visible Leakage: _____

SOIL CONDITIONS WITHIN THE EXCAVATION

Detectable product contamination found? _____

Visible Product in Soil? _____

Sheen on Ground water in excavation? _____

Vapor Detection Instrument Used? _____

Soil Type (Clay, Silt, Sand, Gravel)? _____

Product Odors (Weak, Moderate, Strong)? _____

Sheen on water mixed with soil? _____

Product on Ground water in Excavation? _____

Soil Samples taken from under tank? _____

Pictures taken? _____ By: _____

RESULTS OF ANY TESTS TAKEN AT THE SITE, INCLUDING REMEDIAL INVESTIGATION REPORTS, SHALL BE FORWARDED TO THE CONSHOHOCKEN FIRE MARSHAL AT THE ABOVE ADDRESS

Fire Inspector: _____ Date:_____ Time: _____

Comments: _____

_____

Office Use Only:

Application Accepted by:_____ Date: _____ Time: _____

Revised: 1/4/2012