



# Montgomery Fire/Rescue



## Above / Underground Storage Tank Removal

Business \_\_\_\_\_ Contractor \_\_\_\_\_  
 Address \_\_\_\_\_ Address \_\_\_\_\_  
 Telephone \_\_\_\_\_ Telephone \_\_\_\_\_  
 Site Supervisor \_\_\_\_\_ City Business License \_\_\_\_\_

Tank 1: Capacity \_\_\_\_\_ Type \_\_\_\_\_ Serial Number \_\_\_\_\_  
 Tank 2: Capacity \_\_\_\_\_ Type \_\_\_\_\_ Serial Number \_\_\_\_\_  
 Tank 3: Capacity \_\_\_\_\_ Type \_\_\_\_\_ Serial Number \_\_\_\_\_

Location of Tank            Above Ground            Below Ground

### 1. Condition of Storage Tanks Removed:

Tank 1:	Excellent	Good (moderate damage, no leak)	Poor (damage, product loss)
Tank 2:	Excellent	Good (moderate damage, no leak)	Poor (damage, product loss)
Tank 3:	Excellent	Good (moderate damage, no leak)	Poor (damage, product loss)

### 2. Method of Degassing:

Purged      Inerted      Other (specify) \_\_\_\_\_

### 3. Destination of Tanks:

Address \_\_\_\_\_

### 4. Was Soil Contamination Present?

Prior to Removal      Yes      No      Undetermined

### 5. Provide the following information on the company performing soil evaluation.

Company \_\_\_\_\_ Site Supervisor \_\_\_\_\_  
 Address \_\_\_\_\_ Phone Number \_\_\_\_\_  
 \_\_\_\_\_ City Business License Number \_\_\_\_\_

### 6. Was the State of Alabama Department of Environment Management Notified?    Yes    No

If yes, provide the name(s) of the State Representative Notified \_\_\_\_\_

### 7. Number of Tanks Remaining on Site \_\_\_\_\_

\_\_\_\_\_  
 Department Representative            Date            Removal Company Representative            Date

Date Soil Sample Test Received From Soil Evaluation Company \_\_\_\_\_