

Above Ground Storage Tank Questionnaire

All questions must be completed in full
Pictures of tanks must be included
Club Name:
Address:
Does the facility currently have underground storage tank(s)? Yes \square No \square
Number of above ground storage tanks at the facility:
Provide the following information on each tank:
1. Manufacturer:
2. Age of Tank: Installation Date: Was the tank new at installation? Yes \(\Brightarrow \text{No} \)
3. Provide a brief description of the tank's construction and size (gallons).
4. What type of safety alarm equipment is being used in conjunction with the tank?
5. What product is stored in the tank?
6. Is the tank diked? Yes \square No \square Will the dike hold the full contents of the tank? Yes \square No \square
7. What is the distance (in feet) of the tank from the nearest:
Building/Equipment Lake Stream Well
8. Describe safeguards in place to control access to the tank:
Completed by (Print or type name) Title
Signature (Insured) Date
Contact: Club Program Division
(P) 800.446.5311
(F) 973.921.2876
(E) Golf@RPSins.com

Additional Comments - Use separate sheet if necessary